

Genesis of the professional work of nurses in Brazil (1920-1925)

Gênese do trabalho profissional da enfermeira no Brasil (1920-1925)

Génesis del trabajo profesional de la enfermera en Brasil (1920-1925)

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ABSTRACT

Objective: To analyze the genesis of the professional work of Brazilian nurses between 1920 and 1925. **Methods:** This is a historical research, qualitative in nature. The theoretical framework used was the Micro-history. The sources were official and institutional documents, agents' speeches, in addition to investigations related to the subject matter. **Results:** The historical evidence analyzed allows us to state that the genesis of the professional work of Brazilian nurses occurred under a state project of public health, enabled the implementation of national health policy in the 1920s, and established the practice bases of professional nurses in Brazil. **Conclusions:** Nursing structuring in the 1920s was a state strategy, which supported the implementation of the early health policy, whose operating axis was hygiene education. We may also conclude that nurses were important agents in the Brazilian public health history at that time.

Keywords: Labor; Nurse; Public health; Nursing History.

RESUMO

Objetivo: Analisar a gênese do trabalho profissional da enfermeira brasileira entre 1920 e 1925. **Métodos:** Pesquisa histórica, de natureza qualitativa. O referencial teórico-metodológico utilizado foi a Micro-história. As fontes foram documentos oficiais e institucionais, discursos de agentes, além de investigações relacionadas ao objeto de estudo. **Resultados:** As evidências históricas analisadas permitem afirmar que a gênese do trabalho profissional da enfermeira brasileira ocorreu no âmbito de um projeto estatal de saúde pública, possibilitou a implantação da política nacional de saúde nos anos 1920 e estabeleceu as bases da prática profissional da enfermeira no Brasil. **Conclusões:** A estruturação do trabalho profissional da enfermeira nos anos 1920 foi uma estratégia do Estado, que sustentou a implementação da política de saúde nascente, cujo eixo operativo era a educação sanitária. Conclui-se também que a enfermeira foi uma importante agente na história da saúde pública brasileira nesta época.

Palavras-chave: Trabalho; Enfermeira; Saúde pública; História da enfermagem.

RESUMEN

Objetivo: Analizar la génesis del trabajo profesional de la enfermera brasileña, entre 1920 y 1925. **Métodos:** Investigación histórica, cualitativa. El referencial teórico-metodológico utilizado fue la Micro Historia. Las fuentes fueron documentos oficiales, institucionales, discursos de agentes e investigaciones relacionadas al objeto de estudio. **Resultados:** Las evidencias históricas analizadas permiten afirmar que la génesis del trabajo profesional de la enfermera brasileña ocurrió en el ámbito de un proyecto estatal de salud pública, permitió la implantación de la política nacional de salud en los años 1920 y estableció bases para la práctica profesional de la enfermera brasileña. **Conclusiones:** La estructuración del trabajo profesional de la enfermera en años 1920 fue una estrategia del Estado que sustentó la implementación de la política de salud nascente, cuyo eje operativo era la educación sanitaria. Se concluye también que la enfermera fue un agente importante en la historia da salud pública brasileña en los años 1920.

Palabras clave: Trabajo; Enfermera; Salud pública; Historia de la enfermería.

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INTRODUCTION

The objective of this study was to analyze the genesis of the professional work of Brazilian nurses between 1920 and 1925. During this period, two main facts triggered the genesis and the institutionalization of the professional work in nursing in Brazil: the health reform initiated in 1920, and the political-economic approach between the Brazilian and the US government.

The health reform began to be discussed at the end of the 1910s, in a context of social crisis, mobilization of the working class, and debates surrounding the problems of hygiene and public health. The set of propositions of this reform had nationalism and hygienism as ideological bases. In addition to influencing the conformation of health policy in the 1920s, they promoted the substitution of public health intervention guided in the health police concept to another based on health education¹. The latter conception was one of the main operating axes of health policy in the 1920s.

A reform event that deserves to be highlighted is the conformation of the National Department of Public Health (DNSP). Created on January 2, 1920, the DNSP materialized part of the proposals of the hygienist medical elite to the field of public health in Brazil and has emerged as a complex institutional apparatus of national dimensions, whose purpose was to centralize the control of interventions in the health field².

The context of public health modernization, driven by the start of the health reform, demanded skilled labor to operate the emerging health policy, whose foundations were settled in a public health model based on health education actions¹. Thus, the Brazilian government started to invest in the qualification of workers and the structuring of the professional nursing workforce, which was observed especially in the period between 1921 and 1925.

It is worth noting that the establishment of new bureaucratic-administrative bases of the Brazilian public health since 1920, and the qualification of workers to operate in the context of the health reform were based on the American model of public health. One of the facts that makes explicit the US influence in shaping health policy in the 1920s is the insertion (and professionalization) of nurses in public health, something unprecedented in the Brazilian context, but existing in the United States since the early twentieth century^{1,2}.

In addition to an influence the health reform in the 1920s and the very genesis of the professional work of Brazilian nurses relied on the political and financial support from the Rockefeller Foundation. In this direction, "the international cooperation between the Rockefeller Foundation and the Brazilian government promoted some steps towards the health reform in the country, with an emphasis on supporting the teaching of 'hygiene' and training of public health professionals from the early decades of the twentieth century"^{1:66}. Moreover, the origins of the medical and nursing professionalization in the field of public health are strongly associated with the work of this Foundation in Brazil¹.

The presence of the Rockefeller Foundation in Brazil did not result from an imposition, but a decision by the Brazilian government, which chose to reach agreements with the American institution¹. In this sense, the convergence of interests between the Brazilian government and the Rockefeller allowed the Brazilian modernization of the Public Health and nursing professionalization, even in the context of political and economic crisis of the 1920s².

In light of these considerations, we note that the genesis of the professional work of Brazilian nurses is a unique historical event, permeated by singularities that are essential for understanding the historically built relationship between the nurses' professional work and the institutionalized public health. Please note that this study considers that the genesis of the professional work of Brazilian nurses was triggered by the sanitary reform of the 1920s and launched in 1921, after the arrival in the country of the Technical Cooperation Mission for the Development of Nursing in Brazil.

This mission allowed the implementation of a specific training model for nurses (the Nightingale), laid the foundation of professional practice, and initiated the systematization of knowledge characteristic of the professional field of nursing. Moreover, from in the 1920s the national state began to regulate, control, and define the formal boundaries of nursing work in the health field².

Considering these facts and the criteria established by Eliot Freidson³ to characterize a professional job, it is understood that nursing work professionalization in Brazil began in the 1920s, making this decade historically relevant to the study of the history of Brazilian nursing.

METHODS

This is a historical research of a qualitative nature. The chronological beacon began on January 2, 1920 and ended on June 19, 1925. These dates respectively demarcate the creation of DNSP and the graduation of the first class of nurses from the Nursing School of the DNSP (EEDNSP). Data collection occurred in the Health University Library of the Federal University of Bahia and at the documentation center of Anna Nery Nursing School, Federal University of Rio de Janeiro. In the course of this step, a documentary corpus composed of different types of historical sources was built: official documents (laws and decrees); documents published by DNSP (sanitary codes and pamphlet dissemination); investigations related to the study object; discourses of health reform agents.

The theoretical and methodological framework used was the Micro-history (MH), which is a historiographical approach formulated by a small group of Italian historians in the late 1970s. Among its features, the MH allows the historian to overcome the appearance of phenomena, explore deeply the complexity of the social action, and rebuild the context (or contexts) that gives meaning and shape to the experience of men and women in time and societies⁴. Therefore, it is observed that MH is a

specific way to build a research object and, as a result, it is used to reduce the observation scale, microscopic analysis, the contextualization and the intensive study of documentary sources in micro-historical research⁵.

It is worth mentioning that the use of these elements in the construction of this study allowed for the establishment of connections between the studied object and the different contexts (macro and/or microscopes) involving this object. In this process, the determining and conditioning factors that permeated the genesis of the professional work of nurses in Brazil were identified. These factors were the concepts that guided the observation of the phenomenon analyzed: Policy⁶, ideology⁷, and gender⁸.

RESULTS AND DISCUSSION

The Sanitary Reformation in the 1920s

The 1920s is considered by some historians as the peak period of the coffee economy, and coffee was the basis of the Brazilian agricultural export commodity system. At that time, the coffee bourgeoisie, along with the federal government, maintained a valuation and defense scheme for the coffee which boosted the expansion of coffee plantations between 1920 and 1924. However, the increase in planting caused a growing imbalance in the trade balance, culminating in the crisis of the coffee system⁹.

Although this economic crisis was underway, the period 1920-1924 was marked by many changes in the organization of services and public health practices compared to previous services. At that moment, a large health reform was initiated¹⁰ and the Brazilian hygienist medical elite ascended politically inside the state apparatus¹¹.

The starting point of health reform was the sanction of the Decree N^o 3,987, on January 02, 1920. This decree created the National Department of Public Health, which emerged in the Brazilian scenario as an institutional apparatus that expanded the state presence in the field of health and enabled some public health actions to be implemented by the Brazilian government to areas other than the Federal Capital. Among these actions, the DNSP was responsible for building interest research in the public health field; organize demographic and sanitary statistics; operationalize the rural prophylaxis throughout the country; organize the Health Code that would be submitted to the National Congress; and supervise the practice of medicine, obstetrics and dentistry¹².

The action field of the DNSP predominantly encompassed households, industries, commercial establishments and health services in the federal capital. However, this department could also act in other states of the country, as stated in Articles 3 and 9 of the Decree. This action would only take place after the establishment of an agreement between the DNSP and state and local governments, aiming to implement the rural prophylaxis actions of prevention and control of endemic diseases in towns and rural areas in the Brazilian countryside¹².

It is observed that the creation of DNSP aimed to standardize actions and centralize the command of the Brazilian public health as well as increase the state's presence in the country¹⁰. In addition, the conformation of DNSP enabled the ruling classes to frame in a single state apparatus, instruments able to eliminate or control the health obstacles that prevented the expansion of capitalism and republican order in Brazil¹¹.

DNSP was regulated on May 26, 1920, through Decree 14,189. The Health Regulations came into force as from June 1, 1920, "(...) yet the claims being made and the changes suggested led the government to have the necessary changes made, thus resulting in the beginning of the implementation of the Regulation delayed to July 1, and then again postponed indefinitely"^{13:444}.

Regarding this fact, no trace that pointed the claims and modifications that were presented to the government after the publication of Decree 14,189 was found. Nevertheless, the analysis of the Decree N^o 3,987 suggests that many of the proposals defended by members of the hygienist medical elite to the field of public health, since the late 1910s, were not included in this decree, which may have caused dissatisfaction among health policy makers. Thereby indefinitely postponing the regulation and the beginning of DNSP activities was a strategy adopted by the health policy makers to build a health regulation guided by the interests and ideologies of the hygienist medical elite of the 1920s.

The approval of a new health regulations occurred on September 15 of that year, when the Decree 14,354, approving the regulations for the DNSP and replacing Decree 14,189 was sanctioned¹⁴. This new health regulation, considered as the Sanitary Code of 1920 was "(...) the longest and most complete health regulation of Brazil" since it represented "a substantial advance on the previous ones"^{13:446}.

The analysis of the 1920 Health Code content suggests that the DNSP, as an expression of rising health policy, has materialized much of the proposals of the hygienist medical elite, expanded the state's responsibility in the field of public health, and allowed greater interference of doctors and of the state government in the life of the Brazilian citizens. Compared to Decree 3,987/1920, new elements to the Code text were added; among them, that of direct interest to this study is the inclusion of the visiting nurse in the DNSP, since a medical hegemony context in public health, the inclusion of a new worker within a State apparatus did not occur for any reason.

Genesis of the professional work of Brazilian nurses

Health Code in 1920 the evidence in terms of the educational attainment of the visiting nurse as well as their duties were identified. She should act primarily in homes to prevent the spread of tuberculosis; to use the home visit, the hygienic surveillance, and health education¹⁴. With these responsibilities, the work of the visiting nurse would complement that of the doctors who work in health services and under the DNSP, besides serving as their spokesman and of the state with the families.

On the practice of hygienic vigilance by visiting nurses, Code makers were categorical: this practice would be aimed at verifying compliance with the regulations from the home visits and under the supervision of doctors¹⁴, for which the visiting nurse should act as an auxiliary.

As a result, the work of nurses was strategic and utilitarian as it not only allowed the actions made by the medical elite to arrive to the households, but also met the immediate demands imposed by the beginning of the health reform in controlling the prevalent communicable diseases at the time, in the standardization of behaviors and in the hygiene of the life of members of society. It is important to state that at the time of formulation of the public health policy in 1920, the visiting nurse was defined as an agent, as the profession did not exist in Brazil.

A fact should be emphasized: even if health education was initially operationalized by doctors¹⁵, at the time of the formulation of the public health policy in the 1920s it was transferred to the woman/visitor. This relates to the changes in work organization in health and medical work in the early twentieth century, as well as the historical circumstances that led to the use of the attributes of the female labor force to obtain results favorable to the development of the economic production process in the country.

Regarding the formation of visiting nurses, it is possible to observe in the Health Code of 1920 that there was a Nursing School linked to Tuberculosis Prophylaxis Inspection Department that was responsible for issuing diploma and training¹⁴. The activities of this school started in December 1920, when José Paranhos Fontenelle was in charge of the respective inspectorship. At this time, he began a training course for visiting nurses, which was directed to a group of eight women and was taught by doctors José Paranhos Fontenelle, José Paes de Carvalho and Mario Magalhaes. In general lines, the course was intensive, introductory and covered aspects of anatomy, physiology, pathology, microbiology, hygiene and tuberculosis¹³.

Noteworthy is the fact that a school targeted for the training of nurses did not include content specific to the field of nursing that could be accessed and known by the Rockefeller Foundation. This content would be important to enable these workers to provide their "nursing services", as contained in the set of visiting nurses assignments defined in 1920. Thus, who would be the workers called 'visiting nurses' in the public health field?

To answer this question, it should be remembered that the purpose of the work of these nurses was to perform health education activities and hygienic care required by people affected by TB. These actions fully met the complementary role for the medical work and allowed nurses to enter the daily lives of people to watch and sanitize their lives. In this sense, the Nursing School was intended to form working as helpers of doctors with basic knowledge, little or no technical and scientific skills and personal characteristics that would be used to operate tacitly what doctors and the state demanded.

After three months of course, six women were hired by DNSP to start the visiting-nurse activities. Nevertheless, José Paranhos Fontenelle himself has acknowledged that classes were elementary, claiming that the Nursing School did not have the support to form sufficiently trained employees to work on Public Health¹³. This situation began to change in 1921, especially after the return of the physician Plácido Barbosa to Brazil and Carlos Chagas' trip to the United States.

After the return of Plácido Barbosa to Brazil in March 1921, he resumed the direction of the Tuberculosis Prevention Inspection Office and was directly responsible for the training course of visiting nurses¹³. Prior to that, in January 1921, he contacted the General Director of the "International Health Board" (IHB), of Rockefeller Foundation, to check on the possibility of implementing an organized and official nursing service in Brazil¹⁶, according to the American standards.

In the meantime, the director of DNSP, Carlos Chagas, was invited by the Rockefeller Foundation to spend a few months in the United States. On the trip, Chagas deeply understood the North American Public Health organization, "(...) especially in terms of the value of public health nurses and health advertising services"^{13:446}.

Carlos Chagas' trip to the United States allowed for the opening of a cooperation agreement with the Rockefeller Foundation in May 1921. He formalized with the IHB a technical cooperation agreement to organize Nursing Services in Brazil. However, before the crisis context of the Brazilian economy and the general cost-cutting in all organs¹⁶, the government would have no immediate financial condition to take over the costs related to the agreement signed by Chagas.

Thus, after receiving a personal confirmation of the president of the republic signaling support to the agreement established between the DNSP and the Rockefeller Foundation, the director of the IHB in Brazil opted to assume the expenses arising from the payment of salaries and training of the public health nurses until a new budget was presented by the National Congress, thus ensuring the funds promised by the Brazilian government¹⁶.

The maneuvers performed by Carlos Chagas and the representative of the Rockefeller Foundation in Brazil, consubstantiated by the support of the president, were successful and resulted in the beginning of the agreement in July 1921 with the appointment of the North American nurse Ethel Parsons to organize a school and implement a public health nursing service in Brazil¹⁶. Parsons arrived in the country on September 2, 1921, a fact that marks the beginning of the Technical Cooperation Mission for the Development of Nursing in Brazil, also known as Mission Parsons.

The initial activity of Parsons in Brazil was to develop a study on the situation of nursing in the country and prepare a project to be implemented in Public Health. For her, it was essential to know the aspects of Brazilian society before introducing American values, ideologies and culture, as these would have great influence in the project¹⁷.

With the development of the study, Parsons observed that there were no nursing schools that met the US standards in Brazil, as the School of Nurses that was subordinated to DNSP offered a theoretical training which did not include the nursing subjects and its students did not know how to read or to write. Hospitals in the federal capital were well built in their majority, but those responsible for nursing were male and female attendants without formal education and proper training¹⁶.

Another finding of the nurse was on the underdeveloped and unfavorable conception of the Brazilian society in relation to work and nurse image:¹⁵ "(...) The people had a one century late conception regarding nurses; likewise England before Florence Nightingale, that is, roughly in 1820, a time when the profession was still servile"; "(...) Few people in Brazil knew and understood the development and progress of nursing"^{18:14}.

Based on these findings, Ethel Parsons suggests that "the first step in terms of the adaptation of the US system, in Brazil (...)" would be the structuring of a "(...) nurses service in the National Department of Public Health of equal rank to the other inspectorates of the Department and embracing all nursing activities" and "(...) the installation and organization of an adequate instruction course"^{17:202-3} These proposals indicate that the intention was to centralize the command to implant the professional field in public health and form a different type of nurse when compared to previous nurses in Brazil.

Aiming to deconstruct prejudices and publicly announce the changes that would occur in relation to nursing, Parsons and Chagas drafted and released a pamphlet, still in 1921, entitled "The modern nurse - call on the Brazilian women"¹⁹. This document marks the emergence and the public announcement of a new nurse model, the modern nurse, which would be implemented with the support and collaboration of the national state.

The opening words of the appeal show patriotic and religious overtones involving the genesis of the professional work of the Brazilian nurse: "Brazil needs nurses and invites you to the performance of the 'greatest service a very gifted and educated woman can provide - the intelligente and pious assistance to the sick'¹⁹. In this quote, it is clear that the new nurse would not be just any woman and would not exert just any work. As emphasized by Chagas at the beginning of the document, the modern nurse would be a worker who was technically trained to work in disease prevention and patient care both in hospitals and in households. Thus, "not only selflessness and compassion now demands the delicate mister to care for the sick; it also requires accurate technical knowledge"^{19:1}.

In the same document, Parsons^{19:7} adds that the modern nurses could "(...) take several administrative positions that require instruction and ability to execute" and act as public health nurses or as nurses in households and in hospitals. She also claims that the work of the public health nurse was intended "(...) not only to prevent diseases, but also to treat them", teaching "(...) mothers the best way to raise their children" and being "(...) the constant and relentless enemy of tuberculosis, venereal

diseases, and epidemic diseases"^{19:6}. In addition, that same worker should translate "the technical language of physicians and health departments" for the population; comfort "the disconsolate individuals" and instruct "the ignorant ones".

The profile of the modern nurse advertised by Ethel Parsons and Carlos Chagas reveals that this worker would exert overall control of the health condition; she would be an interpreter of the 'men of science'; a disciplinarian in terms of behavior and bodies (sick and healthy); and an agent who would attend the daily lives of people and would complement medical work to ensure compliance with doctors' orders²⁰. In this sense, the professional work of modern nurse was "essential to the full functioning of the public health system and in full compliance with medical determinations"^{20:75}.

Note that the modern nurses, in addition to exercising social control qualifiedly, differed from visiting nurses of the 1920s, as they could take up other functions in addition to the different health services, such as administrative positions. The distinction between the two is also expressed in the nature and type of work performed by them.

In general, the work of the visiting nurse was guided by basic non-technical knowledge that would be useful just to provide health education to patients with tuberculosis. However, the work of modern nurses came up with a professional "status", since it would be technically and scientifically oriented to assist the sick (in homes and hospitals), to teach the principles of good health, to carry out doctor's orders, and prevent the spread of several diseases through health education.

Despite being a technically skilled worker, the work of modern nurses was described as a "life of devotion" because "(...) in any other work, such as nursing, the woman can find greater satisfaction." In the process of work, modern nurses could "(...) practice the sweetest of all the arts of life, finding happiness and favorable opportunity to reveal their gifts and forget themselves. In short, "(...) including, in this view, the part in which it is their responsibility to assuage the suffering of the great human family, goes through the greatest spiritual proof of life"^{19:6}.

Written by Ethel Parsons, these words reveal that the work of the modern nurses would be missionary and imbued with piety, devotion, religiosity, docility, conformity and guided by the spirit of service. These features permeated the genesis of the professional nursing field in Brazil and helped nurses to be a kind of angel, that is, "(...) a being intermediate between God and the world, purely spiritual, devoid of a private life, personal needs, desires and immune to fatigue"^{21:47}.

While these features constituted the work of modern nurses, the same work "(...) will be a vast productive activity field for Brazilian women, in which all the excellences of their pious and unselfish soul are exercised"^{19:11}. These words explain that the new nurse configuration enables women (middle and upper classes) to join the formal labor market and at the same time, make this work an impregnated mission of altruism and idealization.

In the context of 1920s, women's urban middle and upper classes were invited to take multiple and diverse roles, including that of an employed person. In the public sphere, the female labor force was used due to the "biological" female characteristics and in activities which, according to the sexist understanding of the time, demanded "women's skills"²². As a result of women inclusion in the productive sphere, the state began to use biological and socially constructed components of the female labor force for meeting their demands. On the appeal to the Brazilian women, for example, Carlos Chagas reinforces this finding by summoning the Brazilian women to serve the State and extend their role of women and mothers into the public sphere.

Another excerpt of this pamphlet refers to qualifications defined as constitutive of the modern nurse. On this, Parsons^{19:7} stated that "because of her technical work concerning life and death, should the nurse have good educational base, perfect health and moral character that causes her to be trustworthy, careful, compassionate, resolute and courageous".

In this sense, the genesis of the professional work of the Brazilian nurses occurred under the signs of elitism and prejudice²³, since to enter the labor market as a nurse it would be necessary to have "good educational base", a situation which in the 1920s was restricted to women of high socioeconomic status¹⁵. However, these qualifications indicate the intention of Brazilian leaders in creating a professional elite in the field of nursing and legitimize the nascent profession¹ in a society marked by an intensified division of social classes.

Also in the appeal to the Brazilian women, Parsons and Chagas announced the advent of EEDNSP. The goal of the school was "(...) to prepare Brazilian ladies who wish to occupy positions of responsibility in the Department, in hospitals in Brazil and in households where there were sick people"^{19:7}. The requirements for joining were: being female, aged between 20 and 35 years, being a graduate from a Regular School or have equivalent studies, being in perfect physical, mental and health condition, and provide references attesting good behavior¹⁹.

The EEBNSP incorporated major changes regarding the Nursing School of the Tuberculosis Prevention Inspectorship. Starting by the nomenclature, as it was flexed for the female gender, explaining that it was a school structured exclusively for women. Subsequently, there was the assimilation of various rigid and biased criteria for admission of students to the point of directing the selection to a universe of 'noble' women without physical deformities and publicly attested moral.

One of the aspects that calls attention to the EEDNSP announcement is a break with the basic training of the Nursing school and the emphasis on specialization and technification of the modern nurse work. This highlights that one of the objectives of Parsons' Mission was to professionalize the field of public health nursing and implement an educational model that formed a complete professionals that were able to work in various health care fronts that were opening in Brazil¹.

In early 1922, the DNSP Nurses Service was created. Its implementation has meant the centralization of the command of the professional field that would begin to be implemented in Brazil (modern nursing/public health), paving the way for the institutionalization of the professional work of nurses. Within the scope of DNSP, there was the same hierarchical level of the other inspectorship of the Department. This has generated comments abroad, as it was not common for this type of service to compose the structure of national departments of health¹⁷.

The management of the Nurses Service was handed over to Parsons, who also started to coordinate a team of seven North American nurses who arrived in Brazil in February 1922. These professionals were hired, a priori, to act in the direction and teaching of the EEDNSP. The school had planned to start their activities in early 1922; however it would only work in the following year. Two factors may have contributed to this: the financial limitation of the School implementation project and the pressure exerted by doctors at the DNSP.

Regarding the first factor, Ethel Parsons explained that the financial resources for the Nursing School were limited and, as a result, it was decided to start modestly. To get around this, the Brazilian government requested once more the financial support from the Rockefeller Foundation, which accepted it¹⁷.

As to the pressure exerted by the doctors of the DNSP in terms of the Parsons' project, a major factor was identified in the document review: the doctors of the DNSP did not understand or had a quite limited understanding in terms of modern nurse work. Alcantara^{15:26} reinforces this conclusion: "Even in the very field of public health there was not much understanding regarding the meaning of the activities of the graduated nurse".

One must remember that in 1922, the professional model of nurse advertised by Ethel Parsons and Carlos Chagas was known only by the group of doctors/health workers directly involved with the health reform, and for the most of the DNSP doctors the conception that nurses were subordinate workers without technical and scientific qualification, and therefore no professional "status" has prevailed.

Doctors' pressure on Parsons was such that it has modified her action plan and delayed the start of the EEDNSP activities. Moreover, even contradicting her expectations, Parsons took charge of the training of hygiene visitors, workers who had similar functions to the visiting nurses. The replacement of the term "visiting nurse" with "hygiene visitor" indicates a distinction between the workers without technical-scientific qualification and the future professionals, modern nurses, who would be recognized by selection, schooling and professional practice codes based on scientific standards¹⁶.

Despite the limitations imposed on the implementation of professional nursing project of Ethel Parsons, the activities of EEDNSP began on February 19, 1923. The selection of the first students was based on the criteria announced in the call to the Brazilian women, elaborated by Chagas and Parsons. In the end, 13 students were chosen.

Nevertheless, at the beginning of the activities of EEDNSP, department doctors continued pressing Parsons, leading her once again to yield to pressures, as she herself explains: "(...) in order to seek to satisfy the increasingly insistent requests of the inspectors, it was decided to create, concurrently with this course (which provides nurses' degree), an ten-month Emergency Course to the Hygiene Visitors"^{17,205}. Therefore, it is noted that the implementation of professional work of nurses in Brazil was not the result of a social consensus, but a government measure imposed by the Brazilian hygienist medical elite that interfered in the course of the public health field¹⁵.

The ten-month emergency courses concerned Parsons, as they could compromise, for many years, the image and the professional standards of modern nurses, whose training would take place in two years and four months¹³. This concern was grounded, as in the social and medical imaginary the idea that the visiting nurse was a subordinate unskilled worker prevailed, unlike the professional model of nurses she struggled to deploy. Not surprisingly, Parsons struggled to deconstruct the socially negative image attributed to the work of modern nurses.

On December 31, 1923 the new regulation of the DNSP was approved. In this new version, the provisions regarding the service and the DNSP Nursing School were included²⁴. The item referring to the Nursing School, included a curriculum detailing the training of the future modern nurses, the contents that encompassed knowledge in terms of the medical field, of the natural sciences, as well as the specific aspects of the professional nursing field. Knowledge in terms of the hospital administration area were also included, indicating that the work of the modern nurses also included managing health services and that Parsons' intention was to deploy a generalist nursing model, which could act technically grounded on several areas of the health field.

Thus, the training provided by the EEDNSP would be multidisciplinary, in a universalistic standard that would enable nurses "to empower themselves to provide hospital care, to prepare themselves to work in a health center, or join a health campaign against ancylostomiasis"^{1:88}. Although, a priori, these contents referred to the hospital area, they were relevant to the work of public health nurses at the time¹. The work of these agents encompassed educational, preventive, and treatment practices for persons in need of nursing care in the households.

Thus, the idea that the nurses formed by EEDNSP were not prepared to work in the field of public health, but in hospitals, must be questioned, because the historical context involving the implementation of EEDNSP reveals that the professional work of the Brazilian nurses arised within a state project of public health. It should be noted that it was in the context of the health reform that the nation has invested in the structuring of the professional work of nurses, with the explicit aim of using them on public health and not in hospitals, as it has expanded in Brazil from the 1950s, as part of capitalist development in the country.

The graduation of the first class of EEDNSP occurred in June 1925²⁵. The event symbolized the realization of part of the Parsons

Mission objectives in Brazil and has given greater visibility to the nursing project advertised by Ethel Parsons and Carlos Chagas. Moreover, it was this event that publicly demarcated the insertion of the professional model of nurses in the country, whose training was based on scientific, technical and political knowledge. Thus, it has opened the path so that the work of nurses took on new connotations and settings in the field of public health, and later in hospitals, always under the hegemonic care model in each historical moment in Brazil.

CONCLUSIONS

With the analysis undertaken, it was found that the organization of public health in Brazil in the 1920s was influenced by the Brazilian hygienist medical elite project. This project, which was supported by the federal government, centralized public health control, expanded the state's responsibility in the field, allowed greater interference of doctors in the daily life of Brazilian citizens and greater social control of the state over the Brazilian population. With the conformation of DNSP, a context of innovations which required skilled workers to operate the source of health policy, whose base was the modern hygienism and the operating shaft was health education, has begun.

Therefore, it is necessary to insert in the DNSP workers who entered in the households of the people and spreaded the precepts of modern hygiene through health education. It was then that nurses began to be inserted into the state apparatus. Importantly, the nurse insertion process into the DNSP triggered the genesis of nursing in Brazil. Therefore, the professional work of the Brazilian nurses was originated within the public health, communities and households.

One aspect learned on the analysis was that from 1920 to 1925 two nursing models were introduced in Brazil: the visiting nurses of 1920, and the modern nurses of 1923. The visiting nurses of 1920, and later the hygiene visitor, was an unskilled worker without specific nursing training, and whose work was exclusively focused on home visits to people affected by tuberculosis. As a result, the existence of those workers in the field of public health played a utility role aimed to control the bodies and endemic diseases at the time; specially particular tuberculosis.

However, the modern nurses of 1923 were included in the field of public health with a professional "status", and they were qualified as workers with vocational training in nursing. Their training was based on technical and scientific knowledge that would enable operational qualifiedly health education, hygiene monitoring and nursing care in the households and hospitals. Thus, modern nurses were different from visiting nurses, and constituted the qualified technical "staff" at the DNSP that would complement the work of doctors, would spread the precepts of hygiene among the population and would provide nursing care in the households.

On the performance of Ethel Parsons in the country it was found that, along with Carlos Chagas, she undertook a symbolic struggle to deconstruct ideological and gender prejudices

in relation to the work of nurses as well as to announce the appearance of the professional model of nurses in the country. In this process, the agreements between the Brazilian government and the Rockefeller Foundation enabled the professional nursing project outlined by Parsons to be implemented, despite the obstacles, the resistance of doctors and the unfavorable economic context.

This study comes to an end by pointing out that nurses were agents in the Brazilian public health history in the 1920s, since their work has enabled and supported the public health project whose operating shaft was health education. This is evidence that deserves to be highlighted as it explains the historical contribution and participation of women/nurses in the construction of health policy in Brazil.

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