



The public health nurse cutting-edge care model in Spain

Enfermera visitadora modelo vanguardista de cuidados de salud en España

Enfermeira de saúde pública modelo vanguardista de cuidados na Espanha

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ABSTRACT

Objective: to analyze the figure of the Spanish visiting nurse from 1921 to 1953. **Method:** This is a historical-social, qualitative study based on primary and secondary documentary sources. The Dialectical Structural Model of Care (DSSM) was used to support the data management and analysis process. **Results:** Spanish visiting nurses had specialization in public health, acquired at Bedford College, in England, or at the Rockefeller Foundation, in the United States. They worked in rural and urban environments, performing their work in Primary and Secondary Centers of Rural Hygiene, where they educated the population about personal hygiene and public health rules. **Conclusion and implications for practice:** Spanish nurse visitors were able to expand health education throughout the country, promote hygienic and nutritional habits for the general population, reduce the incidence of infectious-contagious diseases, and promote sanitary reforms that began at the beginning of the 20th century. Currently, the figure of the visiting nurse can be considered a forerunner of the specialist nurse in family and community care.

Keywords: Health Care; Community Health Nurses; Nursing; Public Health.

RESUMEN

Objetivo: analizar la figura de la enfermera visitadora española en el periodo comprendido entre 1921 y 1953. **Método:** estudio histórico-social, cualitativo, a partir de fuentes documentales primarias y secundarias. Se utilizó el Modelo Estructural Dialéctico de Atención (MEDC), como soporte al proceso de gestión y análisis de datos. **Resultados:** las enfermeras visitadoras españolas tenían el título de especialistas en salud pública, adquirido en *Bedford College*, en Inglaterra, o en la Fundación Rockefeller, en Estados Unidos. Actuaban en entornos rurales y urbanos, realizando su trabajo en Centros Primarios y Secundarios de Higiene Rural, lugares donde educaban a la población en las normas de higiene personal y salud pública. **Conclusión e implicaciones para la práctica:** la enfermera visitadora española consiguió extender la educación sanitaria por todo el país, promover los hábitos higiénicos y nutricionales de la población en general, reducir la incidencia de las enfermedades infecto-contagiosas y promover las reformas sanitarias que se iniciaron a principios del siglo XX. En la actualidad, la figura de la enfermera visitadora puede ser considerada como precursora de la enfermera especialista en atención familiar y comunitaria.

Palabras clave: Atención a la Salud; Enfermeras Visitadoras; Enfermería; Salud Pública.

RESUMO

Objetivo: analisar a figura da enfermeira visitadora espanhola no período de 1921 a 1953. **Método:** estudo histórico-social, qualitativo, a partir de fontes documentais primárias e secundárias. Utilizou-se o Modelo Estrutural Dialéctico de Atenção (MEDC) como suporte ao processo de gerenciamento e análise de dados. **Resultados:** as enfermeiras visitadoras espanholas tinham o título de especialistas em saúde pública, adquirido no *Bedford College*, na Inglaterra, ou na Fundação Rockefeller, nos Estados Unidos. Atuavam em ambientes rurais e urbanos, realizando seu trabalho em Centros de Higiene Rural Primários e Secundários, locais onde educavam a população sobre as regras de higiene pessoal e de saúde pública. **Conclusão e implicações para a prática:** a enfermeira visitadora espanhola conseguiu expandir a educação em saúde em todo o país, promover hábitos higiénicos e nutricionais para a população em geral, reduzir a incidência de doenças infectocontagiosas e promover reformas sanitárias iniciadas no início do século XX. Atualmente, a figura da enfermeira visitadora pode ser considerada como precursora da enfermeira especialista em cuidados familiares e comunitários.

Palavras-chave: Cuidados de Saúde; Enfermeiras Visitadoras; Enfermagem; Saúde Pública.

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INTRODUCTION

The economic development derived from the industrial revolution produced in Europe an exodus of people from the countryside to the city. This fact caused part of the population to live clustered in urban peripheries.¹ Thus, in cities, the paradox emerged that some people lived in conditions of sufficiency and comfort, while others, even working, needed social and health care to survive.²

This new poor was called “pauper”, a term coined in the United Kingdom during the first half of the 19th century, and was usually a person with a disability and/or mental illness, a child, a widow or a helpless older adult.³ The poverty of these people, associated with the unhealthy conditions of suburbs of industrial cities, caused an increase in alcohol consumption,³ a fact that, associated with the need to earn a daily living, led men and women to negotiate their uncontrolled bodies, allowing an increase in diseases associated with prostitution.^{4,5} Pauperism led people to extreme poverty, causing psychological, physical and moral illnesses, as misery causes deterioration of human dignity.⁴

To combat pauperism, it was essential to help people maintain their work activity as a safeguard of dignity, a human virtue that develops with culture and is lost with indigence.^{3,6} Thus, to combat the disasters that threatened the working class in the mid-19th century, supranational social and health reforms were promoted.^{7,8}

In the United Kingdom, Edwin Chadwick (1800-1890) developed the Poor Law, a welfare model that provided people with outside help (outdoor relief), through parish charity and offered health care in the hospice (workhouses), through professionals trained in public health.⁹ The fact that Chadwick maintained an intense professional relationship with Florence Nightingale (1820-1910) led to The Training School and Home for Nurses in the United Kingdom, entity that in 1859 trained district nurses (today known as visiting nurses), following the precepts of the holistic model of care for vulnerable people advocated by Nightingale.^{9,10}

In Switzerland, the social and health reforms came from the hands of Henri Dunant (1828-1910), founder of the International Red Cross and Red Crescent Movement that, inspired by Nightingale's postulates in relation to his care model, promoted that nurses in Switzerland were trained at Bedford College, London, whose teaching model followed Nightingale's precepts of health care.¹¹

However, in Spain, in the 19th century, there were strong political tensions motivated by the independence of overseas territories,¹² which led to long periods of war so that epidemics, such as cholera, dysentery, typhus, etc., occurred in besieged areas.¹³ The industrial revolution, therefore, did not have the same impact as in Europe, as political destabilization caused an economic deficit, causing shortages of hygiene and materials in hospitals, making them unhealthy facilities. In fact, they looked like warehouses or warehouses for the sick, where they were treated as mere merchandise, not as people.¹⁴

To face its financial deficit, the Spanish administration had to modernize, but a chief structure intertwined in society,¹⁵ associated with continuous wars, prevented any process of change, inexorably leading the country to its political, social and economic drift.

In 1898, the last transoceanic colonies were lost and with them the Spanish empire's hegemony.^{12,15}

With the arrival of the 20th century, Spain's image at the international level was that of a backward and ruined nation, where the infant mortality rate reached 200 per thousand births and epidemics wreaked havoc.¹⁶ At that time, economic, social and health reforms became essential.

The objective of this article is to analyze the figure of the visiting nurse in Spain, a health professional who developed their work between 1921 and 1953, being their cutting-edge care model.

METHOD

This is socio-historical, qualitative research, whose direct sources were written documents existing in: the Library of the *Universidad de Castilla la Mancha* (Campus Toledo); the Archive of the Faculty of Medicine of the *Universidad Complutense de Madrid*; the Spanish Red Cross' Documentation Center; the Provincial Council Archive of Toledo; the Provincial Historical Archive of Toledo; and the Municipal Archives of Toledo and Talavera de la Reina. In order to identify indirect sources, a bibliographic search was carried out in electronic databases such as SciELO, Dialnet, Cuiden, MEDLINE/PubMed, JSTOR (online storage system for academic publications), World Digital Library, *Biblioteca Nacional de España*, CINAHL (Cumulated Index of Nursing y Allied Health Literature), Science Direct and Google Scholar.

Regarding the ethical aspects of this research to collect information from direct sources, it was necessary to request access to documents in the archives of the Faculty of Medicine of the *Universidad Complutense de Madrid*, the Spanish Red Cross' documentation center and the nursing schools of Madrid and Toledo, which were related to the figure of the visiting nurse in the period of time proposed for the investigation, since the documents contained confidential information about these professionals. Once authorization was received, a detailed analysis was carried out. It should be noted that the information discovered in primary sources was very valuable, but at the same time very scarce, as only one manual was found with the study program for visiting nurses: the memory of the Red Cross where the visiting nurse staff of that entity was created; 8 journals from visiting nurses; and documentation from the Secondary Center for Rural Hygiene in Talavera de la Reina regarding the activity carried out by these nurses.

The research was carried out using the Structural Dialectic Model of Care (SDMC), which allows diving into the historical context that motivated the promotion and development of community health, a fact that gave rise to the visiting nurse profession in Spain. The SDMC methodology is based on structures that serve as support for the data management and analysis process, which is why 5 thematic blocks were developed, which allowed obtaining a global view of relevant historical phenomena from a cultural perspective.¹⁷

In short, the primary and secondary sources inherent to the purpose of this study were carefully analyzed. For information

extraction and data synthesis, an inferential interpretation was performed by the researchers. When there was a discrepancy in the choice and inclusion of studies, it was resolved by consensus among the members of the research team. Thus, after reading and rereading the chosen articles, it was possible to address the objective of the research.

This study was approved by the Social Research Ethics Committee (SREC) of the *Universidad de Castilla-La Mancha* (UCLM) in Toledo, Spain, under SREC-614921-X8N7.

RESULTS

Prelude to public health in Spain

At the beginning of the 19th century, monarch Carlos IV (1748-1819), moved by his desire to eradicate smallpox, promulgated the Royal Dispatch of September 1, 1803, which enabled overseas authorities to extend smallpox vaccination to all territories overseas. Thus, on October 14 of that same year, he authorized the Philanthropic Vaccination Expedition through another Royal Order. The mission that lasted ten years managed to reduce infant mortality rates throughout his kingdom. The expedition was headed by physician Francisco de Balmes y Berenguer (1753-1819), with Isabel Zandal Gómez taking part as a nurse (1771-?).^{18,19} During the expedition, Zandal was in charge of caring for and supervising the health of the 22 founding children who were part of the mission, since, due to the anti-smallpox preparation's thermolability, the children carried the vaccine in their bodies, acting as living recipients of the preparation.^{20,21} It should be noted, therefore, that the survival of these children was

decisive for the expedition to reach its objective, with Zandal's work throughout the entire transatlantic journey being essential.^{22,23}

Likewise, prelude to public health in Spain was linked to Nicasio Landa (1830-1891), a military physician and founder of the Spanish Red Cross who fought against endemic diseases caused by poor hygiene, poor diet, poor quality drinking water and debris accumulation, causal agents of the sources of infection and, therefore, triggers of diseases in conflict zones.²⁴ These circumstances were already observed by Nightingale in the Crimean War, when it was revealed that the loss of human life was due to infectious diseases, not injuries caused during the war.¹³ Thus, the concept of health and care that Landa defended was based on Nightingale's postulates, which were promoted by Henri Dunant in all actions carried out by the International Red Cross and Red Crescent Movement.¹¹ Therefore, as Landa is a member of the Spanish Red Cross, this concept was put into practice in all Spanish field hospitals, thus remaining intertwined in the nursing staff's daily work, as happened at the *Hospital de Sangre de Miranda de Ebro*, where Concepción Arenal (1820-1893) provided her services^{13,14,24} (Figure 1).

Health reforms at the beginning of the 20th century

Faced with the urgency of a profound renewal in the State administration in terms of health, in 1904 the General Health Institution was created, an entity that prepared the Hygiene Regulations, which detailed the local authorities' duties and functions.²⁵ In order to comply with the aforementioned regulation, the municipalities of all locations in the national territory publicized job vacancies associated with health professions. Each of these vacancies had to be endorsed by most councilors that made up the



Figure 1. Hospital "El Lazareto" de Santa Cruz de Tenerife. Neighborhood El Cabo. Members of Benemérita and Red Cross, nurses and patient on stretcher, 1918.

Source: Photography by Dr. D. Alfonso Morales Morales. Royal National Academy of Medicine.

corporation and signed by the mayor. It is inexcusable that health professionals, once selected for one of these positions, present the official academic title as a guarantee of professionalism.^{18,26}

The health crisis associated with the 1918 flu pandemic forced the state to promote vaccination campaigns to guarantee society's health.⁷ Aiming at improving citizens' health care, as well as modernizing state structures in terms of health, the Royal Decree was enacted on December 9, 1924, which gave rise to the National School of Public Health. When 1925 arrived, the Royal Decree of October 20 was promulgated, by which the Provincial Institutes of Hygiene and the Secondary Centers of Rural Hygiene were created.^{26,27}

To achieve this goal, since 1931, with the support of the Provincial Councils, Provincial Institutes of Hygiene and Secondary Centers of Rural Hygiene have been built throughout the Spanish territory.²⁶⁻²⁸ In order to consolidate the health reform, the Second Republic promotes collaboration with the Rockefeller Foundation,^{28,29} an institution that will defend the creation of an official title of visiting nurse.³⁰

Origin of nursing as a profession

In Spain, the genesis of contemporary nursing is usually associated with the Act of Public Instruction of September 9, 1857, known as the Moyano Law, which regulated the theoretical-practical training of practitioners and midwives.³¹ However, that law did not recognize nursing care as a profession, since, at that time, this function was considered domestic work performed by women with little training and few economic resources.³⁰

Thus, in 1870 Concepción Arenal began to demand that hospitals provide assistance to the sick, carried out by educated and trained people.^{14,32} Even if this was the case, they were asked to care for patients empathetically at home without questioning their conditions of hygiene or poverty.²⁸

In turn, in 1890 Francisco Vidal Solares (1854-1922) claimed this care to care for pregnant women and newborns at the *Hospital de Niños Pobres*' free clinic in Barcelona.³³ However, Federico Rubio y Galí (1827-1902), surgeon and ambassador to England, fascinated by the care model defended by Nightingale, founded in 1896 the Nursing School of Santa Isabel de Hungría at Madrid's Therapeutic Institute.^{28,30} So Dr. Rafael Ulecia Cardona (1850 - 1912) invited nurses trained in that place to work at *Gota de Leche* institutions, which he founded in 1902 in Barcelona and in 1904 in Madrid.³⁴

Finally, at the request of the Servants of Mary, nursing care was professionalized through the Royal Order of May 7, 1915, which created the title of nurse, and from that moment on studies became university-based, with nursing schools linked to universities.^{30,34,35}

Staying in England and the United States to acquire the specialty

Queen Victoria Eugenia of Battenberg, wife of King Alfonso XIII, president of the Spanish Red Cross and main supporter of the nursing profession,³⁶ following the League of Red Cross

Societies recommendations, whose objective was to prevent and alleviate human suffering,³⁷ founded the Red Cross' Professional Health Nurse Association (*Asociación Profesional de Enfermeras Visitadoras*) in Spain in 1929 to provide specialist care in the home of patients by professional nurses, and in no case should this be an act of charity towards people without resources. Said nurse staff would provide care and assistance to children, pregnant women, bedridden patients, etc., indoors.³⁸ This queen arranged for these nurses to undertake their nursing studies at Bedford College under the direction of Katherine Olmsted.³⁹

At the same time, Gustavo Pittaluga (1876-1956) was another of the main promoters of the creation of visiting nurses in Spain, since, being director of the National School of Public Health and a relevant person within the Rockefeller Foundation,^{26,40} managed to make the Second Republic to sign a collaboration protocol with that entity with a view to training nursing staff in public health.

Thus, through a scholarship program, a group of 14 nurses undertook two-year international training at various universities in the United States. Thus, they received academic instruction in different American Nursing Schools.^{32,41}

Spanish visiting nurses, cutting-edge care model

After completing the international academic training, back in Spain, visiting nurses held relevant positions in the State administration in relation to management. Their functions were developed both at hospital and community levels, as they developed health education, especially aimed at the family, to integrate home care after discharge from the outpatient clinic.

At *Gota de Leche* institutions, these nurses were in charge of monitoring and supervising newborns who attended the institution, going to the family's home in case of need to monitor on-site newborns' breastfeeding and development.³⁶

In the Provincial Institutes of Hygiene and in the Secondary Centers of Rural Hygiene, their work consisted of promoting health through health education. In terms of public health, they established existing vaccination programs. In these centers they fought against trachoma, tuberculosis, venereal diseases and malaria, but they also provided their help in dentistry, ophthalmology and otorhinolaryngology services existing in those centers.³²

So important was their work activity that in February 1934 specific training was launched at Visiting Nurse Schools in Spain.⁴¹ Theoretical instruction was given on the premises of the school itself and was also carried out in the Red Cross anti-tuberculosis dispensaries. On the contrary, the practice has developed in the Secondary Centers of Rural Hygiene of Talavera de la Reina (Toledo), Sigüenza (Guadalajara) and Valdepeñas (Ciudad Real) as well as in institutes in Navalmoral de la Mata (Cáceres) and in the province of Cáceres.^{8,32,41} (Figure 2).

Also on March 25, 1934, the Professional Health Nurse Association was created, whose president was Mercedes Milá Nolla and Gustavo Pittaluga its main supporter, as it facilitated the procedures for creating the aforementioned association, being located temporarily at the National School of Public Health.⁴¹



Figure 2. Nurse at the Secondary Center of Rural Hygiene in Talavera de la Reina, Spain.

Source: Photography by Mario Fernández Albarés, Municipal Archive of Toledo, Spain.

In July 1936, the Spanish Civil War (1936-1939) produced a social wound in the population and marked this profession's destiny. On the one hand, the promotion of nurses that arose at that time could not graduate.³² On the other hand, after the Civil War hiatus, the building built in Madrid to house the National School of Visiting Nurses was in a deplorable state.⁴¹ In 1941, teaching resumed under the name of "National School of Health Instructors", but this new institution's model did not resemble the immediately preceding project "National School of Visiting Nurses of Madrid".^{32,41}

However, there is no doubt that this health figure served as an inspiration for creating specialty of family and community care nurses, today closely linked to Primary Health Care.⁴¹

DISCUSSION

The World Health Organization (WHO) recognizes Isabel Zenda Gómez as the first public health nurse, for her great achievement accomplished during a period of 10 years in the care and maintenance of children in the first world vaccination campaign.²³ After periods of epidemics, lack of hygiene and major

sources of infection, where Nightingale's postulates as well as Landa's recommendations have already tried to promote the concept of hygiene in field hospitals, holistic care of the sick and the provision of health services to the civilian population both in their defense and in the siege, as a measure to prevent infectious diseases such as cholera, scurvy, dysentery and typhus.^{13,24}

Most activities launched throughout the 19th and 20th centuries, in terms of health education in the community, currently have special relevance, since they constitute the essence of care that leads nursing workers who work in Primary Health Care to carry out.

During the Second Spanish Republic (1931-1939), the government intensified health promotion and education campaigns in order to suppress the social, economic and cultural conditions that negatively interfered with citizens' health.^{8,26} In fact, these campaigns were carried out in health centers where infectious diseases such as malaria, tuberculosis, trachoma and pathologies associated with prostitution were being fought.²⁸⁻³⁰

It is true that, since 1931, through the collaboration between the Second Republic and the Rockefeller Foundation, the premises agreed upon during the Rural Hygiene Conference of that year have been put into practice to implement in urban and rural populations sanitary means and hygienic education.³¹ Still to provide qualified personnel to the newly founded institutions, on May 16, 1932, the titles of visiting hygiene nurse and visiting nurse were created.^{8,32} This is a situation of great importance in Spain, as it can be considered that these titles could be the seed of the current specialty of nursing in public health.^{32,33}

The approval of the Moyano Law (1857), the first regulatory law of the Spanish educational system, promoted and designed by Claudio Moyano, (Minister of Public Works), consisted of four sections: 1) studies, unifying the levels of the educational system from primary education to higher education and professional education; 2) educational establishments, regulating public and private educational centers; 3) public school professors; 4) government and administration of public education, establishing three levels of educational administration, central, provincial and local. They were of great importance at the national level, but did not affect nursing care, which were forgotten in the aforementioned law.³⁴

It is true that, years later, the involvement of a female figure, Concepción Arenal, promoted the physical conditions of patients' environment and applied the relationship of help in the mental health of prisoners, the poor and the sick. The characteristics of care she promoted represented a step forward in the development of the future science of nursing, reaching the point of practicing community-based nursing. This situation exerted and still exerts a notable influence on the corpus of the Spanish deontological code.^{25,38}

On the other hand, it is important to comment that the secular Nursing School of Santa Isabel de Hungría, within Madrid's Therapeutic Institute, charged women, future nurses, with fulfilling a series of requirements, such as: 1) formalizing their registration; 2) being over 23 and under 43; 3) if under age, having parental leave; 4) knowing how to read, write, add, subtract, multiply; 5)

being healthy, vaccinated, clean; and 6) having good manners and customs.^{28,30} It is noteworthy that these nurses, once trained, were obliged to carry out pest control and health education actions at the national level, playing a major role in the fight against poverty, acting directly at *Gota de Leche* institutions.³⁶

It is worth mentioning May 21, 1915, when the title of nurse was promulgated in the *Gaceta de Madrid*, an edition that was produced by the impetus and tenacity of the congregation of the Servants of Mary, ministers of the sick. In the aforementioned journal, it is clear that, from that moment on, women who so desired, whether religious or not, could qualify as nurses.^{30,34,37}

Thus, documentation analysis shows that the nursing profession has always been linked to the university, as since 1915 they had academic training and currently the nursing team has university training.

In fact, Queen Victoria Eugenia of Battenberg was one of the main drivers behind the creation of visiting nurses in Spain (1929), following Nightingale's guidelines. Thus, nurses at the time carried out theoretical-practical training with a very high standard of quality, since in order to receive the visiting nurse diploma it was necessary to pass a final exam.⁴⁰

A similar situation occurred with an agreement signed between the Second Republic government and the Rockefeller Foundation, obtaining the training of a group of Spanish nurses at the Western University of Cleveland, at the East Harlem Nursing and Health Service in New York and at the Teachers College, Columbia University.³² All completed the same theoretical-practical program and passed the final exam required to receive a visiting nurse certificate.^{32,41}

Visiting nurse Mercedes Milá Nolla (1895-1990) was of great importance in our country, as she was the one who held the position of general inspector.³⁸ This care-level nurse had several skills. In a hospital environment, she managed patient discharge care, adapting their room so that it was in the best conditions that the home allowed. She taught and educated patients' family in relation to hygiene and food care. At the same time, in cases of extreme poverty, they managed to seek for help until their recovery and even complex nursing care that patients might need.³⁸

In short, visiting nurses, with their good work, expanded public health throughout the national territory.³² In fact, they found that the prescribed hygiene and nutrition measures were carried out at *Gota de Leche* institutions, both urban and rural, a situation that promoted good nutrition for newborns and hygiene education for breastfeeding mothers. This function fulfilled the objective of modifying people's hygienic habits, with special emphasis on children and puerperal women due to the large number of infant deaths.³⁶ A point to highlight is that since the beginning of the figure of a visiting nurse, the role that Concepción Arenal played in this profession in Spain has been highlighted, starting to consider her its precursor.⁴¹

Analyzing the journals published by the Professional Health Nurse Association, it is discovered that these professionals put into practice a cutting-edge person-centered health care model

and, through empathy, managed to expand health education throughout the country, managing to launch multiple health promotion campaigns, a fact that allowed to reduce the prevalence of infectious diseases by promoting adequate hygienic and nutritional habits among the population.⁴¹

The Spanish Civil War lasted three long years (1936-1939) and, after the victory of the national front, it had to manage nurses' health studies, which had a negative impact on the training of this health body, since this new political regime unified the nursing profession in the title of sanitary assistant, a fact that produced the definitive extinction of the specialty of visiting nurse in 1953, and the Spanish administration dispensed with their services.¹⁰ In short, these nurses were able to carry out the health reforms initiated at the beginning of the 20th century and put into practice the concept of holistic care for vulnerable people advocated by Landa and Arenal, based on Nightingale's postulates.⁴¹

CONCLUSION AND IMPLICATIONS FOR PRACTICE

The investigation allows us to discover that visiting nurses developed their activity in rural and urban areas, spreading their knowledge throughout the national territory. Thus, during the so-called Reforming Biennium (1931-1933) of the Second Spanish Republic, the country was a reference in rural hygiene, which allowed this figure to be a highly valued professional inside and outside the Spanish territory. This so-called figure was the forerunner of nursing specialized in family and community care.

Thanks to the international training received, both at Bedford College, in England, and at the Rockefeller Foundation, in the United States, visiting nurses put into practice the care model claimed by Arenal and defended by Nightingale, with a person-centered cutting-edge care model. Thus, through her knowledge, she favored the encounter between the scientific culture of health and the popular culture of health. Currently, family and community nurses carry out their work in Spanish primary care centers in both rural and urban areas.

Finally, it should be noted that the cutting-edge care model developed by visiting nurses in Spain is of special interest today, especially when current social circumstances, preventing workers from reaching the end of the month with their wage, a situation reminiscent of the pauperism of the 19th century, where the poor negotiated with their bodies to escape reality and earn their daily livelihood.

The limitation of this study is in the scarcity of written documents related to the theme. It is noteworthy that this limitation did not weaken the research results, but reveals a gap that still needs to be worked on by other investigations.

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