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CIRCUMSTANCES OF THE CREATION OF THE FIRST GRADUATION COURSE IN NURSING OF ESPÍRITO SANTO¹

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ABSTRACT

Objective: to analyze the circumstances of the creation of the first nursing undergraduate course in Espírito Santo from the expansion of nursing undergraduate courses in Brazil in the 1970s.

Method: socio-historical documentary study, with a qualitative approach. The period covered was from 1972 to 1976, the initial milestone set by the III Meeting of the Ministers of Health of the Americas, held in Chile. Two written documents were used as central primary sources: the report of the work entitled "Data on the Training of Nursing Personnel in Brazil", produced by the Documentation and Studies Commission of the Brazilian Nursing Association, published in 1969, and the report "Nursing Higher Education Development in Brazil", published by the Department of University Affairs of the Ministry of Education and Culture in 1979.

Results: The increase in the number of undergraduate nursing courses in Brazil in the 1970s, based on the Ten-Year Health Plan for the Americas, provided favorable conditions for the creation of the first nursing undergraduate course in Espírito Santo.

Conclusion: Brazil, through the Department of University Affairs of the Ministry of Education and Culture and with the support of the Brazilian Nursing Association, initiated a nursing development policy, in which, during the 1970s, a significant number undergraduate courses in nursing were created, allowing a better geographical distribution of nurses in addition to the increase in the number of these professionals.

DESCRIPTORS: History of nursing. Nursing. Higher education. Nursing education. History.

CIRCUNSTÂNCIAS DA CRIAÇÃO DO PRIMEIRO CURSO DE GRADUAÇÃO EM ENFERMAGEM DO ESPÍRITO SANTO

RESUMO

Objetivo: analisar as circunstâncias da criação do primeiro curso de graduação em enfermagem do Espírito Santo a partir da expansão dos cursos de graduação em enfermagem no Brasil na década de 1970.

Método: estudo sócio-histórico documental, com abordagem qualitativa. O recorte temporal compreende o período de 1972 a 1976, sendo o marco inicial demarcado pela III Reunião de Ministros da Saúde das Américas, ocorrida no Chile. Foram utilizadas como fontes primárias centrais dois documentos escritos: o relatório do trabalho intitulado "Dados sobre a formação do pessoal de enfermagem do Brasil", produzido pela Comissão de Documentação e Estudos da Associação Brasileira de Enfermagem, publicado em 1969, e o relatório "Desenvolvimento do Ensino Superior de Enfermagem no Brasil", publicado pelo Departamento de Assuntos Universitários do Ministério da Educação e da Cultura, em 1979.

Resultados: a expansão do número de cursos de graduação em enfermagem no Brasil na década de 1970, a partir do Plano Decenal de Saúde Para as Américas, propiciou condições favoráveis para criação do primeiro curso de graduação em enfermagem do Espírito Santo.

Conclusão: o Brasil, por meio do Departamento de Assuntos Universitários do Ministério da Educação e da Cultura e com o apoio da Associação Brasileira de Enfermagem, iniciou uma política de desenvolvimento da enfermagem, onde foram criados, na década de 1970, um expressivo número de cursos de graduação em enfermagem, possibilitando além do aumento do quantitativo de enfermeiros uma melhor distribuição geográfica desses profissionais.

DESCRIPTORIOS: História da enfermagem. Enfermagem. Ensino superior. Educação em enfermagem. História.

CIRCUNSTANCIAS DE LA CREACIÓN DEL PRIMER CURSO DE GRADUACIÓN EN ENFERMERÍA DEL ESPÍRITO SANTO

RESUMEN

Objetivo: analizar las circunstancias de la creación del primer curso de graduación en enfermería del Espíritu Santo a partir de la expansión de los cursos de graduación en enfermería en Brasil en la década de 1970.

Método: estudio socio-histórico documental, con abordaje cualitativo. El recorte temporal comprende el período de 1972 a 1976, siendo el marco inicial demarcado por la III Reunión de Ministros de Salud de las Américas, ocurrida en Chile. Se utilizaron como fuentes primarias centrales dos documentos escritos: el informe del trabajo titulado "Datos sobre la formación del personal de enfermería de Brasil", producido por la Comisión de Documentación y Estudios de la Asociación Brasileña de Enfermería, publicado en 1969, y el informe "Desarrollo de la Enseñanza Superior de Enfermería en Brasil", publicado por el Departamento de Asuntos Universitarios del Ministerio de Educación y Cultura en 1979.

Resultados: la expansión del número de cursos de graduación en enfermería en Brasil en la década de 1970, a partir del Plan Decenal de Salud para las Américas, propició condiciones favorables para la creación del primer curso de graduación en enfermería del Espíritu Santo.

Conclusión: Brasil, a través del Departamento de Asuntos Universitarios del Ministerio de Educación y Cultura y con el apoyo de la Asociación Brasileña de Enfermería, inició una política de desarrollo de la enfermería, donde se crearon, en la década de 1970, un expresivo número de cursos de graduación en enfermería, posibilitando además del aumento del cuantitativo de enfermeros una mejor distribución geográfica de esos profesionales.

DESCRIPTORES: Historia de la enfermería. Enfermería. Enseñanza superior. Educación en envejecimiento. Historia.

INTRODUCTION

The aim of this study was to analyze the circumstances of the creation of the first nursing undergraduate course in Espírito Santo (ES), based on the expansion of undergraduate nursing courses in Brazil in the 1970s. The period covered was from 1972 to 1976, with 1972 being the initial milestone, when the III Meeting of the Ministers of Health of the Americas took place in Santiago, Chile. This meeting was the starting point for the expansion of nursing undergraduate courses in Brazil.

From the 1960s the Latin American countries came together to fulfill the proposals for institutional changes considered fundamental in the field of human resource training in Public Health. These proposals were part of the Ten-Year Health Plan for the Americas, proposed in the Charter of Punta del Este.¹ This Charter was one of the products of a political strategy organized by the government of the United States (USA), written by the Inter-American Economic and Social Council (*Conselho Interamericano Econômico e Social* - CIES) and signed by the countries of the Organization of American States (OAS), in the event that took place in the city of Punta del Este, Uruguay, in August 1961, for the implementation of the "Alliance for Progress". Brazil was among these countries. In general terms, this "Alliance" sought to stimulate social and structural reforms in the countries neighboring the USA. In order to elaborate strategies to put the recommendations proposed in the Punta del Este Charter into practice, the United States promoted three meetings between the Ministers of Health of the American Countries, which took place respec-

tively in Washington (1963), Buenos Aires (1968) and Santiago (1972). These meetings were known as the I, II and III Meetings of the Ministers of Health of the Americas.

The III Meeting of the Ministers of Health of the Americas, held in Santiago, Chile, in October 1972, aimed to evaluate the progress achieved in the period 1961 to 1970, in accordance with the objectives set out in the Charter of Punta del Este, and to define projections in the continental context up to 1980. The main recommendations of this meeting were: to develop a human resource planning process in member countries integrated into health planning and to develop health personnel at all levels in each country.²

Both the 1972 Meeting of the Ministers in Santiago and the Pan American Conference on Human Resource Planning in Health, held in Ottawa, Canada, the following year (1973), were decisive for the advancement of the human resources theme as a key issue for the discussion of the advances considered necessary in the field of Public Health on the American continent, as pointed out in the Charter of Punta del Este.¹ This final meeting, which was the Pan American Conference on Human Resource Planning in Health, sought to discuss and operationalize the recommendations concerning the training of human resources for health, elaborated in the III Meeting of the Ministers of Health in 1972.¹ From this perspective, the training of human resources became a key issue in the whole process, being paramount both from a quantitative perspective, considering that the number of health professionals was low, and from a qualitative point of view, since the aim was to redesign a new profile of health

professional, paying more attention to national or regional epidemiological circumstances.

Regarding nursing, at the III Meeting of Ministers of Health of the Americas, the diagnosis presented by each participating country regarding its health conditions made it possible to relate that the acute shortage of nurses, this being 2.3 for 10,000 inhabitants, impacted directly on the health problem, since their distribution and utilization put the nursing actions offered to the community at risk. This was because these actions were being performed by nursing assistants without proper preparation and supervision.² In view of this finding, before the Ten-Year Health Plan for the Americas, nursing undertook the commitment to eliminate or minimize by 1980, among other problems, those related to risk-free nursing care in 60% of the community health services and 6% of the hospitals with 100 beds or more, which in proportional terms would be 4.5 nurses for every 10,000 inhabitants and 5.2 nurses for every 100 hospital beds.²

The intensification of training of nursing personnel aimed to reach 127,917 nurses and 360,000 nursing assistants by the end of the decade in the countries of Latin America. For Brazil, this meant 55,250 nurses and 181,000 nursing assistants by 1980. At that time, the number was 10,814 nurses and 23,488 nursing assistants.^{2,3} The distribution of nursing courses up to the year of 1969, numbering 34, was characterized by a concentration in the Southeast Region and offered a total of approximately 1,900 annual places. There was restricted federal participation, contributing only 37.2% of the places offered.³ According to the Ministry of Education and Culture (*Ministério da Educação e da Cultura - MEC*), until 1974, Brazilian nursing presented profession characteristics that increased less in the health area, with an inverted ratio of 6.7 physicians to 01 nurse; and, in this same relation, 08 medical students for 01 nursing student.²

From 1975 on, the development of a policy aimed at correcting the most obvious distortions in health was initiated in Brazil. It was in this context that, in 1976, the first nursing undergraduate course of the state was created. Espírito Santo (ES) is located in the Southeast region and is formed by 78 municipalities, with Vitória being the capital city. Its development began late when compared to the other states of the Southeast. In the field of higher education in nursing, this situation can be clearly seen, since nursing schools had already been created in the 1920s and 1930s in the other three states of the Region.

In order to elucidate the delay in ES, in relation to the other states of the Southeast region, the circumstances regarding the development of higher education in the state in question need to be clarified. The creation process of UFES, which hosted the first undergraduate nursing course, started in the 1950s.

On January 31, 1951, the period began of Jones dos Santos Neves as state governor, during which time an integrated development plan was executed. Consequences that were most significant for the progress that the state would experience. New institutions of higher education appeared in a period of no more than two years: the Polytechnic School; the Faculty of Philosophy, Sciences and Letters; the School of Fine Arts; and the Institute of Music. In addition, the School of Nursing Assistants and the Institute of Technology were created.⁴

This intense development of higher level state education had already occurred before, in the 1930s, the difference between the two moments being that the former was the result of private initiatives, while that of the 1950s stemmed from concerns of the public sector. The government's goal, however, was much broader. The Department of Education and Culture had been performing the relevant work in order to create the conditions for the implementation of a University.⁴

On May 5, 1954, State Law No. 806 was approved, thus consummating the creation of the University of Espírito Santo, which began to bring together the Faculty of Philosophy, Sciences and Letters; the School of Medicine; the Faculty of Dentistry; the School of Industrial Chemistry and Pharmacy; the Polytechnic School; the School of Music; and the School of Fine Arts.⁴ Soon after its creation, in 1954, the University of Espírito Santo began to face problems of different magnitudes. The paralyzation of the activities of the Rectory and the University Council in 1958 and the difficulties encountered in the recognition process meant that efforts were directed towards transferring the University to the federal system of education. After an intense period of negotiations, on January 30, 1961, under the government of the president of the republic Juscelino Kubitschek, Federal Law No. 3868 was approved, integrating the University of Espírito Santo into the federal system. With this integration, it became known as the *Universidade Federal do Espírito Santo (UFES)*.⁴ In accordance with Federal Law No. 3.868, UFES was constituted by the following schools and faculties: School of Fine Arts; School of Law; Faculty of Economic Sciences; Faculty of Dentistry; Faculty

of Philosophy, Sciences and Letters; Polytechnic School; School of Physical Education; and Faculty of Medicine.⁴

In relation to the undergraduate courses included or created at UFES, a brief description of those linked to the Biomedical Center (BMC) should be given. Although it has been in operation since March 1972, the BMC of UFES was formally established on February 15, 1973. This Center was created to absorb the professional activities of the courses of Dentistry and Medicine, which took place in the Faculties of Dentistry and Medicine, respectively.⁵

On July 12, 1972, by means of Ordinance No. 245, of the Rector Máximo Borgo Filho, the Commission was constituted to present a proposal for a departmentalization of the Biomedical Center to the University Council. The work of this Commission resulted in Resolution No. 22, of November 17, 1972, of the University Council, which defined the departmental structure of this Center, including six Departments.⁵

In August 1976, the Nursing Course was created and included in the Department of Social Medicine of the BMC. Although the undergraduate nursing course in ES was created almost four decades after the other nursing courses in the states of the Southeast Region, compared to the date of creation of health courses formed in the state, this interval was not so disagreeable when considering that it was the third course to be created - with a difference of 26 years to that of dentistry and 15 years to the medical course. After an interval of more than three decades from the creation of the UFES Nursing Course, the courses of pharmacy, physiotherapy, occupational therapy, nutrition and phonoaudiology were created. In this way, eight undergraduate courses form part of the BMC, currently the Health Sciences Center (HSC).

At the time of creation of the nursing course, a survey of the nursing resources in the state was carried out, in order to fulfill the request of the *Departamento de Assuntos Universitários do Ministério da Educação e da Cultura* (DAU/MEC), which detected a contingent of 50 nurses for 1,005 physicians. Regarding nursing staff training courses, it was found that only two nursing assistant courses and one technical course existed in ES.⁶

Given the above, this study aimed to analyze the circumstances of the creation of the first Nursing Undergraduate Course in ES, from the expansion of nursing undergraduate courses in Brazil in the 1970s. It is important to highlight that the increase in the number of Undergraduate Nursing Courses

in Brazil has always been based on social, political and economic determinants, that is, from a defined social reality, in a context of accelerated processes of urbanization and industrialization, of which the policies were necessarily reflected in the areas of education and health. Thus, the main historical moments of nursing in Brazil must therefore be interpreted both from their specificity and from their relationship with the general transformations in the infrastructure of Brazilian society.⁷ This means that the history of nursing did not take place in an abstract space, but concretely occurred in Brazilian society, with its economic, political and ideological determinants.

METHOD

This was a socio-historical documentary study with a qualitative approach. This type of research is understood as a synthesis and allows the reaffirmation of the principle that, in history, all the approaches are inscribed in the social and are interconnected, allowing the delimitation of a specific field of problems to be formulated to the historical discipline. Documentary research is a procedure that uses methods and techniques for collecting, understanding and analyzing the most varied types of documents.⁹ It has been observed in recent years, according to database records, that nurses have more frequently used the thematic oral history associated with documentary research as methodologies in their publications, increasingly reaffirming the importance of history for the record of nursing memories.¹⁰

In the present study, data collection was performed from October 2015 to February 2016. The central primary sources consisted of two written documents, namely: the report entitled "Data on the training of nursing staff in Brazil", produced by the ABEn's Documentation and Studies Commission and published in 1969; and the report "Nursing Higher Education Development in Brazil", published by the DAU of the MEC in 1979. Both these and the other primary sources were located in the Memory Center of the Undergraduate Nursing Course of UFES. These documents received a critical inspection considering their socio-historical context, who produced them (authors and co-authors), their authenticity and the reliability of the text, their nature and their key concepts. The analysis was performed using content analysis, with the diagnosis of the unit of context, paying attention to the objectives, research questions and nature of the problem. To support the analysis of the findings,

secondary sources inherent to the theme of the study were used. The data analysis, in consonance with the historical method, included data collection, critical evaluation of the data and analysis based on the knowledge produced on the theme.⁹

The present study, in addition to allowing the construction of an original version of the context of the creation of nursing courses in Brazil in the 1970s, will allow the current student and teacher bodies, as well as the graduates of these courses, to understand the context of their creation. "Who knows how to encourage those who do not yet have their history written to do this, since the construction of a collective memory is what enables us to become aware of what we really are as a historical product, the development of the collective self-esteem and the task of (re)construction of professional identity".^{11:90}

The project that gave rise to the present study was approved by the Research Ethics Committee of the Anna Nery Nursing School EEAN/São Francisco de Assis Hospital (EEAN/HESFA), being approved on 26/11/2014 under authorization No. 887.407.

RESULTS AND DISCUSSION

Department of University Affairs of the Ministry of Education and Culture and the Development of Nursing Education in Brazil

Based on the affirmation that nursing was in the process of development, within a social, political and economic context, the DAU/MEC accepted the challenge proposed at the III Meeting of the Ministers of Health of the Americas, held in 1972, and proposed to lead the nursing education renewal movement. The justification for the implementation of the nursing development policy in Brazil can be seen in the introduction of the report "Nursing Higher Education Development in Brazil", published in 1979, where it was shown that: "The effort for continuous and consistent changes in nursing education stems from the need for nurses' training to be adapted to the growing health demands of the population. [...] The training of nurses proposes a new concept that requires a decisive attitude given the facts related to the: new health care philosophy, with emphasis on preventive aspects; organization of the national health system; raising the level of the populations; assistance directed toward integral healthcare provided directly to individuals and groups in the community".^{2:15}

In view of this statement, it can be confirmed that the development of nursing takes place from the

needs and contexts of a given moment, in order to attend to these aspects. The Survey of Nursing Resources and Needs in Brazil, conducted in the 1950s by the *Associação Brasileira de Enfermagem* (ABEn), showed that the insufficient number of nurses had always been present throughout the development of the profession in the country, however, there was little nursing alone could do to try to reverse this situation.¹²

The ABEn, as an entity that has followed the entire course of the struggle and development of the profession, saw the possibility of correcting this deficiency, now that the cause had a greater interest: to fulfill the demand of a certain context. In this way, it was allied with the DAU/MEC in pursuit of an interest that was now common to both institutions. In addition to making itself available to the DAU/MEC, the ABEn provided data on the training of nursing personnel in Brazil up to the year 1969.¹²

One of the first steps to begin the work, that had the expansion of nursing undergraduate courses in Brazil as one of its final goals, was the designation of a Health Sector Group (HSG) to provide assistance in the diagnosis regarding nursing courses. This group had three nursing educators in its initial composition: Maria Nilda de Andrade, from the *Universidade Federal de Pernambuco* (UFPE); Maria Rosa Souza Pinheiro, from the *Universidade de São Paulo* (USP) and Maria Dolores Lins de Andrade, from the *Universidade Federal University do Rio de Janeiro* (UFRJ). After completing this work, they became known as the "Three Marias".^{2:13} This working group met in Brasília, in the DAU/MEC conference room on March 12, 13 and 14, 1975 and, based on a script established under the guidance of Lynaldo Cavalcanti de Albuquerque, deputy director of the DAU/MEC at the time, and with advice from Dr. Célio Cunha, as coordinator of the HSG, prepared a document entitled "Situation of Nursing - 1975".² Among other actions, the document recommended that federal participation in nursing education be expanded by: increasing the number of places in existing federal nursing schools with the potential and demand; creating nursing schools in Federal Universities that did not have this institution or, if it were convenient for both parties, absorbing an existing school in the region into the University and creating a nursing school in geoelectoral districts not yet served.²

To support the implementation of these recommendations, a survey was made of the conditions of the institutions dedicated to nursing education in Brazil. Thus, in 1975, with the results of the "Survey

of Nursing Higher Education" in hand, the HSG began the process of carrying out the recommendations, especially regarding the following aims: "To stimulate the creation of new nursing undergraduate courses in federal, state, municipal and private institutions, where the installation of these courses would be supervised and assisted; to start work on the minimum requirements for the creation of nursing undergraduate courses and to develop specialization courses as a minimum qualification for new teachers of newly created courses".^{2,16} In order to ensure the continuity of the work of the HSG, the collaboration of the EEAN/UFRJ was requested, which provided two of its teachers, who joined the HSG at that time.¹³ In addition to these teachers, the group had the collaboration of nurses from several regions of the country, who participated in the entire work process, each with their specific function.²

In quantitative terms related to the number of undergraduate nursing courses in the country, it can be said that almost half of the courses established

over 51 years (1923-1974) were created from 1975 to 1980. In this period 20 new nursing undergraduate courses began to operate in the country.² Considering the nursing courses that began to function in Brazil in the 1970s, this growth over a short period becomes even more evident. In the country, the 1960s ended with a total of 30 undergraduate nursing courses in operation, while the 1970s ended with 61 undergraduate nursing courses. That is, the number of courses created over 47 years (1923-1970) was practically the same as the total number of courses created in a decade (1971-1980). The creation and operation of 12 nursing courses between 1972 and 1975, even before the implementation of the policy of nursing higher education development in Brazil indicates that the country was already aware of the need to train nursing human resources and was working to meet this demand.

Table 1 shows the undergraduate nursing courses created in Brazil in the 1970s.

Table 1 - Year, state, city, name and type of the undergraduate nursing courses created in Brazil in the 1970s.

No	Year beginning	State	City	Name	Type
1	1972	PR	Londrina	<i>Departamento de Enfermagem da Universidade Estadual de Londrina (UEL)</i>	State
2	1972	RN	Mossoró	<i>Curso Superior de Enfermagem da Fundação Universidade Regional Rio Grande do Norte (FURRN)</i>	Municipal
3	1973	CE	Fortaleza	<i>Departamento de Enfermagem da Universidade de Fortaleza (UNIFOR)</i>	Private
4	1973	SP	Mogi das Cruzes	<i>Escola de Enfermagem de Mogi das Cruzes</i>	Private
5	1974	RN	Natal	<i>Departamento de Enfermagem da Universidade Federal do Rio Grande do Norte (UFRN)</i>	Federal
6	1974	PI	Teresina	<i>Departamento de Enfermagem da Universidade Federal do Piauí (UFPI)</i>	Federal
7	1974	AL	Maceió	<i>Departamento de Enfermagem da Universidade Federal de Alagoas (UFAL)</i>	Federal
8	1974	PB	Campina Grande	<i>Departamento de Enfermagem da Fundação Universitária de Apoio ao Ensino, Pesquisa e Extensão (FURNE)</i>	Municipal
10	1975	DF	Brasília	<i>Departamento de Enfermagem da Universidade de Brasília (UnB)</i>	Federal
11	1975	PR	Curitiba	<i>Departamento de Enfermagem da Universidade federal do Paraná (UFPR)</i>	Federal

No	Year beginning	State	City	Name	Type
12	1975	SP	Campinas	<i>Escola de Enfermagem da Universidade Estadual de Campina (UNICAMP)</i>	State
13	1976	ES	Vitória	<i>Departamento de Enfermagem da Universidade Federal do Espírito Santo (UFES)</i>	Federal
14	1976	CE	Fortaleza	<i>Departamento de Enfermagem da Universidade Federal do Ceará (UFC)</i>	Federal
15	1976	AC	Rio Branco	<i>Departamento de Enfermagem da Fundação Universidade Federal do Acre (FUFAC)</i>	Federal
16	1976	MT	Cuiabá	<i>Departamento de Enfermagem da Universidade Federal do Mato Grosso (UFMT)</i>	Federal
17	1976	Goiás (GO)	Goiânia	<i>Departamento de Enfermagem da Universidade Federal de Goiás (UFGO)</i>	Federal
18	1976	RS	Pelotas	<i>Departamento de Enfermagem da Universidade Federal de Pelotas (UFPel)</i>	Federal
19	1976	PA	Belém	<i>Departamento de Enfermagem da Universidade Federal do Pará (UFPA)</i>	Federal
20	1976	SP	São Carlos	<i>Departamento de Enfermagem da Universidade Federal de São Carlos (UFSCar)</i>	Federal
21	1976	SE	Aracaju	<i>Departamento de Enfermagem da Universidade Federal de Sergipe (UFS)</i>	Federal
22	1976	RS	Rio Grande	<i>Departamento de Enfermagem da Universidade Federal do Rio Grande (FURG)</i>	Federal
23	1976	RS	Santa Maria	<i>Departamento de Enfermagem da Universidade Federal de Santa Maria (UFSM)</i>	Federal
24	1976	BA	Feira de Santana	<i>Departamento de Enfermagem da Faculdades Unidas Feira de Santana (FUFS)</i>	State
25	1976	CE	Sobral	<i>Escola de Enfermagem da Faculdade do Vale do Acaraú</i>	Municipal
26	1976	SC	Tubarão	<i>Escola de Enfermagem da Faculdade Estácio de Sá de Santa Catarina (FESSC)</i>	Private
27	1977	MG	Alfenas	<i>Departamento de Enfermagem da Universidade Federal de Alfenas (UNIFAL-MG)</i>	Federal
28	1977	RJ	Rio de Janeiro	<i>Escola de Enfermagem Gama Filho Universidade Gama Filho (UGF)</i>	Private
29	1977	SP	Bauru	<i>Escola de Enfermagem da Universidade do Sagrado Coração</i>	Private
30	1977	RS	Passo Fundo	<i>Escola de Enfermagem da Fundação Universidade de Passo Fundo (FUPF)</i>	Private
31	1977	SC	Concórdia	<i>Escola de Enfermagem do Centro Integrado de Ensino de Concórdia (CIEC)</i>	Private

Source: MEC/DAU, 1979.²

Of the 31 nursing courses created in Brazil in the 1970s, two began their activities in 1972, two in 1973, four in 1974, three in 1975, fourteen in 1976, and five in 1977. The most recent year of

new courses was in 1976, as it was the year following the implementation of the nursing higher education development policy in the country, where the DAU/MEC through the HSG encouraged, facilitated and monitored the creation of these courses.

Regarding the distribution by region, the Northeast led in number, with the creation of ten courses in the Region, followed by the South, with eight courses created. The Southeast Region was next with seven, then the Central-West Region with three, and finally the Northern Region with the creation of two undergraduate nursing courses in the 1970s.

Concerning the institutional link, twelve courses were related to the federal institutions, followed by courses linked to private initiatives, which totaled seven; then those related to the state, with three, and to the municipalities, with two.

The providence to create courses, mainly through federal initiatives, was not and could not be isolated. Concomitant to the creation of the new courses, many activities were implemented to monitor them in all the aspects that can be referred to as quality indicators.²

Determinants of the creation of the Undergraduate Nursing Course in Espírito Santo

The time between the creation and the beginning of the operation of the nursing graduation course of UFES was relatively fast. This agility was a consequence of the Nursing Higher Education Development Policy in Brazil, which began in 1975. This policy had the establishment of favorable conditions for the creation of Nursing courses as one of its purposes, prioritizing federal institutions that still did not have the course. It was up to UFES to seize the moment. Thus, at the beginning of 1975, the professor and head of the Department of Social Medicine of UFES and sanitary doctor, Thomaz Tommasi, began work to make the creation of the Undergraduate Nursing Course feasible at the University. In addition to appreciating and recognizing the importance of this science in health services, the physician already envisaged a nursing course in the institution.¹⁴

The first step in creating favorable conditions for the implementation of the course at UFES was to appoint the nurse Dulce Neves da Rocha to organize and develop the necessary work in order to fulfill

the requirements established by the DAU/MEC. The choice of this nurse was determined due to her: having been born in Vitoria; having experience as a nurse in the state; having already worked with Dr. Thomaz Tommasi, maintaining a friendly relationship with him and, therefore, having his total confidence; and, finally, being an EEAN professor and contemporary to the EEAN professor Lygia Paim, who, at the time, was in the position of HSG Nursing Coordinator.

The rector of UFES appointed Professors Cassiano Antonio Moraes, Thomaz Tommasi and Fausto Edmundo Lima Pereira, all from the CBF of UFES, and Professor Dulce Neves da Rocha, from the EEAN/UFRJ, under the presidency of the first, to constitute the Commission in charge of the implantation of the nursing course in the University.¹⁴ The Commission, despite having four members, had its work performed by only one of them, Dulce Neves da Rocha. Its first assignment for the implementation of the course was to select at least three nurses newly qualified by THE EEAN to accompany the construction of the course, and then to come to UFES to compose the faculty of the course that would be created.

The second step was to conduct a survey of health resources and needs in the state, in order to fulfill the request of the general director of the DAU/MEC. In order to carry out this survey, nurse Dulce Neves da Rocha collected official data from the World Health Organization (WHO), the Ministry of Health (*Ministério da Saúde* - MS) and the ABEn. In addition to the survey, she had to complete a form prepared by the advisory program of the DAU/MEC called the Nursing Care Plan - Verification Form - Situation Record, in which the following components were verified about the University that was requesting authorization for the creation of the course: physical area; departmental structure; human resources; library and internship fields. For completing the form, a visit was required by the professor to the University, for the on-site verification of each of the components.¹⁵ At the end of the work performed by the Commission for the Creation of the UFES Nursing Course, a report was prepared stating that UFES, through its CBM, after some adjustments, was able to offer the nursing course and that all health sectors of the state were receptive to the creation of the course, as they found it very difficult to find nurses for their services.⁶

With the work of the Commission in charge of meeting the requirements of the DAU/MEC for the implementation of the UFES nursing course com-

pleted on October 17, 1975, Edson Machado, then general director of the DAU/MEC, sent a telegram authorizing the implementation of the UFES nursing course from 1976. Finally, less than two years after the beginning of the work of the Commission responsible for implementing the course, on May 28, 1976, through Resolution No. 7 of the rector Manoel Ceciliano Salles de Almeida, the UFES nursing course was created.¹⁶

It was determined that the nursing course would function provisionally as a nucleus within the Social Medicine Department of the CBM and would also provisionally have a workload of 2,730 hours of activities, of which 750 hours would be allocated to a supervised internship, with a minimum of six academic semesters, which slightly exceeded the minimum hours recommended by the Federal Council of Education (*Conselho Federal de Educação - CFE*). The precarious care conditions of the University Hospital and the restricted number of teaching staff were determinants for the establishment of a reduced number of hours for the nursing course.¹⁴

The curriculum was proposed based on the legislation in force at the time, that is, its curricular table was prescribed by authorization No. 163 of 1972. In addition to the disciplines of the minimum curriculum of the CFE, some disciplines that were indispensable for the training of nurses were selected. This aimed to enable them to carry out nursing activities in an appropriate manner, according to the country's process of development, more specifically considering the socioeconomic and care characteristics of the state.¹⁶ The course was divided into two parts: the first called pre-professional, lasting two academic periods; and the second denominated professional, lasting four academic periods. The disciplines of the pre-professional part had their study hours divided into theoretical and practical activities. The disciplines of the professional part, however, were divided into theoretical, practical and performance activities that corresponded to the internships in the fields of practice. The objectives of the course were to prepare a nurse with the capacity to act as a participant in the nursing care process, an educator and a researcher, as well as administering nursing services and participating in the class associations.¹⁶

In July 1976, the first selection process was held for admission to the newly created nursing course. A total of 258 candidates were registered and competed for the 30 places, in a proportion of 08 candidates per place. The following month,

classes began and those that were approved began to study the basic cycle.

The creation of the nursing course of UFES, with less than two years from beginning the necessary procedures to its implementation, demonstrates the ease and agility in the bureaucracy of the entire process. These aspects can be attributed to the interests of the institutions represented by the DAU/MEC and of UFES itself, which was able to seize the opportunity facilitated by the political, economic and social moment. As the university is socially recognized as the seat of knowledge production in contemporary societies,¹⁷ the creation of the first Nursing Undergraduate Course of Espírito Santo linked to UFES was an important milestone for the society of Espírito Santo.

CONCLUSION

The expansion of the number of undergraduate nursing courses in Brazil in the 1970s was based on the Ten-Year Health Plan for the Americas, where it was related, among other subjects, that the nursing shortage impacted directly on the health problem. It was from this point on that the Latin American countries pledged to correct or reduce the large deficit by the year 1980. Brazil, through the DAU/MEC and with the support of the ABEn, began in 1975 a policy of nursing development.

The collaboration of the Association and of teacher nurses was fundamental throughout the work process, which had the expansion of Undergraduate Nursing Courses as one of its goals, giving priority to the Federal Universities that did not yet offer this type of training. It was through this policy that a significant number of undergraduate Nursing courses were created in the country in the 1970s. In addition to increasing the number of nurses, this made a better geographical distribution of these professionals possible, since one of the prerequisites for the creation of these new courses was that they be implemented in cities or states that did not already offer this.

This study is important to sensitize the reader regarding the circumstances of the creation of undergraduate Nursing courses in the 1970s and to encourage the interest of researchers in nursing history to study the trajectory and contribution of each of these courses.

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