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Nurses' practice in the context of quilombolas communities[a]

A prática de enfermeiros no contexto das comunidades quilombolas

La práctica de enfermeras en el contexto de las comunidades de quilombolas

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Abstract

Objective: To understand the particularities of quilombola communities for the construction of the nurses´ practice in the Family Health Strategy, from the perspective of Feminist Ethics. **Method:** Qualitative single integrated case study, based on the epistemological framework of feminist ethics. The collection took place between 2018 February-June by means of individual, collective interviews and observation with the participation of 59 quilombolas and 07 nurses from the Family Health Strategy team, in the Metropolitan Region of Belo Horizonte. Data submitted to content analysis with the aid of ATLAS.ti 8.0 software. **Results:** The particularities of quilombolas are identified in the aspects of afrodescendence such as kinship ties, and cultural and religious manifestations. Living in the community means sharing, and cultural preservation. The nurses´ practice is built, in these communities, by means of the individual/family/community, by strengthening of interpersonal relationships and of the respect and appreciation of people's culture and ways of life. A practice of sharing responsibility is reiterated, in the duality built between quilombolas and professionals. **Conclusions and implications for practice:** The practice of nurses in quilombola communities is based on the recognition of social and cultural specificities of groups with ancestors from the African continent and contributes to strengthening the integration of care in the individual-professional meeting with shared responsibilities.

Keywords: Nursing; Culture; Family Health Strategy; African Continental Ancestry Group; Minority Groups.

Resumo

Objetivo: Compreender as particularidades de comunidades quilombolas para a construção da prática do enfermeiro na Estratégia Saúde da Família, sob o prisma da Ética Feminista. **Método:** Estudo de caso único integrado qualitativo, sustentado no referencial epistemológico da ética feminista. A coleta ocorreu ente fevereiro-junho/2018 por meio de entrevistas individuais, coletivas e observação, com a participação de 59 quilombolas e 07 enfermeiros da equipe de Estratégia Saúde da Família, na Região Metropolitana de Belo Horizonte. Dados submetidos à análise de conteúdo com auxílio do software ATLAS.ti 8.0. **Resultados:** As particularidades dos quilombolas são identificadas nos aspectos da afrodescendência, como os vínculos de parentesco e manifestações culturais e religiosas. Viver na comunidade significa compartilhamento e preservação cultural. A prática do enfermeiro, nessas comunidades, é construída por meio do encontro do indivíduo/família/coletividade, do fortalecimento do vínculo e do respeito e valorização da cultura e modos de vida das pessoas. Reitera-se uma prática de compartilhamento de responsabilidade, na dualidade construída entre quilombolas e profissionais. **Conclusões e implicações para a prática:** A prática do enfermeiro em comunidades quilombolas é pautada no reconhecimento de especificidades sociais e culturais de grupos com ancestrais do continente africano e contribui para o fortalecimento da integração do cuidado no encontro indivíduo-profissional, com responsabilidades compartilhadas.

Palavras-chave: Enfermagem; Cultura; Estratégia Saúde da Família; Grupo com Ancestrais do Continente Africano; Grupos Minoritários.

Resumen

Objetivo: Comprender las particularidades de las comunidades quilombolas para la construcción de la práctica de las enfermeras en la Estrategia de Salud Familiar, desde la perspectiva de la ética feminista. **Método:** Estudio de caso cualitativo integrado único, basado en el marco epistemológico de la ética feminista. La colección se realizó entre febrero y junio de 2018 por medio de entrevistas individuales y colectivas y observación con la participación de 59 quilombolas y 07 enfermeras del equipo de Estrategia de Salud Familiar, en la Región Metropolitana de Belo Horizonte. Datos enviados al análisis de contenido con la ayuda del software ATLAS.ti 8.0. **Resultados:** Las particularidades de los quilombolas son identificados en los aspectos del afrodescendiente, como los lazos de parentesco y las manifestaciones culturales y religiosas. Vivir en la comunidad significa compartir y la preservación cultural. La práctica de las enfermeras, en estas comunidades, se construye a través del encuentro del individuo/familia/comunidad, el fortalecimiento del vínculo y el respeto y la apreciación de la cultura y las formas de vida de las personas. Se reitera una práctica de compartir la responsabilidad, en la dualidad construida entre quilombolas y profesionales. **Conclusiones e implicaciones para la práctica:** La práctica de las enfermeras en las comunidades de quilombolas se basa en el reconocimiento de las especificidades sociales y culturales de los grupos con antepasados del continente africano y contribuye a fortalecer la integración de la atención en el encuentro individuo-profesional con responsabilidades compartidas.

Palabras clave: Enfermería; Cultura; Estrategia de Salud Familiar; Grupo de ascendencia continental africana; Grupos Minoritarios.

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INTRODUCTION

The practice of the nurse in the context of the Family Health Strategy (ESF) happens through the strengthening of the bond and co-responsibility among professionals, individuals, families and the community. In this scenario, the nurse experiences the challenge of building his practice in a context of socioeconomic, cultural and religious inequalities.

Feminist Ethics, defended by Margaret Walker, is based on the recognition of inequalities, in a defined social context, in order to give them visibility and allow moral reflections on the ways of acting and interacting with responsibility, collaboration and social justice in these spaces. For the interaction between individuals, it is important to consider aspects such as moral values, human experience and expression of judgment for decision making in appropriate responses to people in their own context.[1] Recognize such aspects as effective co-responsibility for care. Ignoring them can create barriers to care for groups of people with diverse characteristics, whether they are minority groups or special groups that are distinguished by their cultural and ethnic roots.

When considering special groups, we highlight the remaining communities of the quilombos, defined as a group with ancestors from the African continent. These communities have kinship ties and are organized as a social group, in rescue of their humanity, culture and identity.[2,3] The remaining communities of the quilombos were defined by decree 4.887/2003 as self-declared ethnic-racial groups that have a relationship with a specific territory and black ancestry, related to the resistance to oppression suffered throughout history.[2]

This population contingent lives in socioeconomic marginalization,[4] presenting precarious living and health conditions, alarming poverty rates, lower life expectancy at birth, as well as lower access to health services. It presents an unsatisfactory level of assistance, higher infant and maternal mortality, and a worse perception of health status compared to the white population.[5,6] Another important issue is the existence of racism, which has a negative impact on their living conditions, even compromising access to health services.[2,7]

Walker[1] assumes that, when considering minority groups, it is essential to know the situations of vulnerability and iniquities experienced, as well as the cultural diversity and particularities of the social context. In addition, it is essential to analyze the places and social positions people occupy in society.[1] In this context, it is essential to analyze the social positions and positions that people occupy in society. Thus, it is perceived that, for the nurse's performance in the context of communities where minority groups prevail, it must be developed in order to apprehend singular situations experienced by the population.

In their work, professionals should recognize the particularities of each individual/family and strengthen the bond with these subjects through the meeting.[8] In this way, the practice of the nurse is configured in the meeting constituted by the exchange of knowledge and respect, enabling the effective participation and emancipation of the subjects in the conduction of care.[8] This action, from the perspective of Feminist Ethics, should be permeated with responsibilities, built into relationships, reproducing existing recognitions or transforming them, promoting social inclusion and eliminating existing forms of oppression and domination in the contemporary social context.[1]

The model in which the practice is built, understanding that the knowledge and lives of the subjects are in consonance with the morality impregnated, shared and recognized in the community, encourages constructive and collaborative interpersonal relationships so that decisions make sense to people, promoting subject autonomy. This model, considered by Walker[1] as Collaborative-Expressive, is dynamic and conforms to the morality of the population, in which values, experiences and knowledge of and among the subjects build and sustain the practice of responsibility, shared in a common space. Morality allows and requires people to understand themselves and their relationships in daily life, defined by certain values already established in the social environment.[1]

In view of the above, it is assumed that the construction of the nurse´s practice in quilombola communities should take place within and close to the communities, so that the nurse is able to (re)know the particularities of this population group, in order to direct his actions in accordance with the local values and culture. From this perspective, considering the particularities of quilombola communities, the question that guides this study arises: How is the construction of the practice of nurses in quilombola communities in the context of ESF?

The objective of this study was to understand the particularities of quilombola communities for the construction of the nurse´s practice in the Family Health Strategy, from the perspective of Feminist Ethics. The results can contribute to a more collaborative and co-responsible professional practice, built through effective relationships in a social context, aiming at care centered on the individual, the family and the community.

METHOD

It is a single integrated case study of a qualitative approach. The qualitative approach is able to expose the complexity of human life and highlight subjective meanings of social life.[9] The case study, in turn, enables the understanding of a contemporary, social and complex phenomenon in its context in the real world.[10] In this study, the case defined was "the practice of nurses in quilombola communities".

Considering the complexity of the case under analysis and the relationship required for the practice in minority groups, the epistemological reference of feminist ethics defended by Margaret Urban Walker[1] was used. This referential refers to the appropriate understanding of moral philosophy and reflective analysis of moral life forms in a social context, revealing that society is sustained by a practice of mutual responsibility.[1] Thus, feminist ethics can base critical analysis on the construction of the practice of nursing in quilombola communities, assuming it as a practice of shared responsibility in the understanding of morality impregnated among people. This is because morality

represents the subject's moral and social conscience in a given context, being concretized in his or her social (re)knowledge through the duality between subjects. In this way, the practice is collaborative and carried out in the sharing of knowledge and values, in the recognition of differences and different positions of social agents in the community.

The scenario of this study was the ESF where all 10 quilombola communities in the Metropolitan Region of Belo Horizonte[11] are registered, certified by the Palmares Cultural Foundation (FCP):[12] four urban communities, three located in Belo Horizonte (Quilombola of Luízes Community, Manzo Ngunzo Kaiango and Mangueiras) and one in Contagem (Quilombola Arturos Community); and six rural communities, of which three are located in Brumadinho (Quilombo of Sapé; Marinhos; and, Ribeirão), two in Jaboticatubas (Quilombola Mato do Tição Community and Dam) and one in Pedro Leopoldo (Quilombola of Pimentel Community). According to data from FCP in 2019, there are 2,744 quilombola communities in Brazil, 301 of which are in Minas Gerais.[12]

The number of participants was the total number of nurses (seven) from the ESF team that worked in these communities, being: three nurses from Belo Horizonte; one from Contagem; one from Brumadinho (that he attends to the three quilombola communities in the municipality); one from Pedro Leopoldo and one from Jaboticatubas. There were no nurses working in one of the communities located in Jaboticatubas during the data collection period. There were also 59 residents of the quilombos enrolled in the ESF, living in the communities of Arturos (07), Marinhos (07), Ribeirão (08), Sapê (08), Açude (10), Mato do Tição (11), Pimentel (08), making a total of seven communities. The contact with the communities was mediated by the Community Health Agents (ACS), who activated the community leader and discussed the research. The leaders were then responsible for the invitation and scheduled the day and time of the meeting for those who wanted to participate voluntarily. The number of participants (sample = 59) was defined by the acceptance of the people and a group was held for interview in each community. Residents of the quilombola communities of Belo Horizonte refused to participate in the press conference, and visits were made to these places with informal conversations with the leaders. Considering that the sample would be defined by the desire of the people to participate, it was perceived that the adhesion was low. However, the participants present joined the group, motivated to express themselves, exposing their experiences, feelings and values, contributing to meet the objectives of the research. The inclusion criterion for the nurses was to be working in ESF in attending the quilombola community and, for the residents, to be enrolled in the ESF.

Data collection was carried out from February to June 2018 through three empirical sources: direct and informal observation, the individual interview with nurses and the collective interview with the quilombolas.

Direct observation takes place without the need for a previously established script, maintaining a broad perspective that allows for the valorization of social actors, their traditions and customs, verbalized or evidenced in gestures and attitudes and categories of thought.[13] The observation took place in Quilombola Communities and in ESF units. Approximately 60 hours of observation were recorded, recorded in field diaries, and identified in the results as Observation Notes (NO), in which the impressions of the researcher were scored, as well as the results of informal conversations.

The interviews with the nurses were individual, with an average time of 30 minutes, with a script of questions that dealt with the practices developed in the quilombo, the recognition about the community, the obstacles to accomplish the practice and the potentialities of the work development.

The interviews with quilombola residents were collective and lasted an average of 40 minutes per group and addressed questions related to the meaning of being and living in the quilombola community, with an emphasis on health care.

The testimonies of participants, nurses and quilombolas were recorded and transcribed in full. Empirical data derived from the interviews and NO were submitted to Content Analysis.[14] The Atlas.ti *software* was used for the analysis. 8.0® as an operational tool for data organization, favoring indexing, search and theorization.[15] Content analysis consists of a set of techniques for analyzing the communications established between the researcher and participants, aiming at obtaining the essence of the reports by procedures organized with the objective of describing the content of messages. For this analysis, it was organized in three stages: pre-analysis, exploration of the material and the treatment of the results and inference and interpretation.

In the first stage, *pre-analysis*, when the corpus was read and the main ideas were extracted. The second, *exploration of the material* and treatment of the results consisted in breaking up the text into *codes* - and regrouping them. The codification was carried out by means of cutting, aggregation and enumeration of the text data and allowed the representation of the content or its expression. The third stage, *inference and interpretation*, corresponded to the final stage, in which the categorized data were treated so as to have meanings, in order to deepen the analysis and give greater density to the investigation of the phenomenon, establishing a dialogue with the literature.[14]

The study respected the requirements of Resolution 466/12 of the National Health Council. The project was approved by the Research Ethics Committee of the Federal University of Minas Gerais (CAAE 71509317.0.0000.5149) and authorized, with a Term of Consent, by the Municipal Health Departments of the municipalities in question. The Informed Consent Form (TCLE) was read and signed by the participants after explanation of the objectives, risks and benefits of the research and sources of data collection. To ensure anonymity, the nurses received the denomination "ENF" followed by the random number from 1 to 7, and the groups of the collective interviews, in addition to the denomination "QUILOMBO", also followed by the random number from 1 to 7. It should be noted that the study followed

the COREQ criteria, which covers the necessary components of the study design for the quality of the research.

RESULTS

The results showed that the particularities of quilombola communities are related to tradition, values, cultural history and ascendant history. The practice, in this context, was built in a transversal way, through an understanding of the morality, proper to the quilombola community and its responsibilities regarding the demands of the community, based on respect and recognition of its singularities.

The quilombola participants reinforced the characteristics and kinship ties they perpetuate in their ways of life, involving cultural expressions and manifestations of music, dance and religion seized from their ancestors and associated with afrodescendence and slavery. In this way, the testimonies of QUILOMBO1 and QUILOMBO2 show the preservation of culture in a cycle of continuity between generations.

> *It's an origin our grandfather left, I feel that way. Being a quilombola is the origin of our great-grandfathers, their living matter is here* (QUILOMBO1)
>
> *Everyone who lives here is a family. It's a family community. For me, to be a quilombola is to be a person who comes from an afrodescendant origin, who has a root, a culture that wants to preserve, that wants to continue, to pass on to the children, to the grandchildren, to the friends, to the children who are arriving here* (QUILOMBO2)

It was identified that the quilombolas value the culture learned by their ancestors as a rescue of their own history and strengthening of the quilombo, which constitute the construction of community morality. The development of cultural and religious activities in the communities and the involvement of all, including children, was observed. During the data collection period, the researcher experienced the visit of King Ooni of the Ifé region in Nigeria to one of the communities. The quilombolas were involved in the preparations for the visit, which was marked by a cultural meeting and the confluence of knowledge of the traditional peoples of the African Matriz, between the Yoruba peoples and the quilombola community (NO).

The participation of children in festivities like the one mentioned is valued and taught by their parents. Another way of teaching the tradition and history of Afro-Brazilian culture is the partnership of the community with the school.

> *The same way I speak, the little ones seem to come in the blood, they've been touching and when it starts it all gets crazy. This one right here I've never seen, this little guy likes it too much...* (QUILOMBO5).
>
> *Since the little child in the womb, they start to participate in the parties, everybody participates. The children participate. She makes a little box (drum) for the children* (QUILOMBO7).
>
> *We go to school, too, to be showing, telling a little, how it started, how the people did, what went by* (QUILOMBO2).

Considering the strong kinship and union ties among the quilombolas, ENF3 perceives the importance of solidarity among them as a form of social organization, which is marked by cooperation among families.

> *The quilombo is very organized, they are relatives, they help each other. There's one who's got a car, go get the one who doesn't. It has many children, the patriarchs have many children, the thing is well organized.* (ENF3)

The nurse highlights the importance of recognizing the daily life of the community as a social organization, in order to understand the morality impregnated in the context in which they live to build a practice of responsibility. As a social organization, living in community means sharing and joining cultural and religious aspects.

> *The unity, the tranquility of being together. Anything you need always has someone helping, worried about us. There' s always the dialogues, the conversations, the party! So, there is a lot of unity, the cultural issue too, the faith* (QUILOMBO7).
>
> *Candomblé is a very good cultural party. Blessed Virgin! It's too good! People come from every corner and everyone loves the party. It's a dance of the old, of the slaves. Actually, it's our religion. Here there is the manifestation of the Catholic religion, but the candomblé which is the tradition that the community carries, it was the inheritance of the slaves, the black slaves who were our ancestors, our family* (QUILOMBO5).

The cultural issue and the religious appreciation of the quilombolas are so strong that ENF3 recognizes them as constituents of the communities, as a way of acceptance by the community and of strengthening the relationship of trust between professional-user and the practice according to the creation of a bond with the community.

> *The religiosity part is also very strong. There's a gentleman who's the benefactor. There are people from the city, from the metropolitan area, artists, you get there you have pictures of everyone, people come from everything that is place to bless. He's very old. They're very attached to the Congado, to the Folia de Reis. They are always in events.* (ENF3)

The recognition of traditions and respect for the established relationship is a way to promote the practice of responsibility and

collaboration, strengthening assistance focused on the needs of the community, with a view to promoting practices of self-care, maintenance of life and links between professional-users-family. To recognize the values of the community is to develop moral sensitivity attentive to the identity, needs, emotions, motives and desires, which are proper to individuals in their social context, the differences in living and thinking in the world and their perception and attitudes of health.

One action to implement responsible practices is the creation of a bond. The bond is directly linked to the attitudes and sensibilities of the professional in knowing how to listen and welcome the individual/family. The participants pointed out that living directly with the community and knowing how to deal with it is fundamental to its practice.

> *The nurse is the fundamental role, what we do, we deal directly with the patient, it's a direct connection, contact, it's the bond we create with the community, it's fundamental, isn't it?* (ENF2*).*
>
> *I think it's the way to welcome, the way you talk, talk, and understand, it's the main action* (ENF6).

There were reports that indicate weaknesses in the conformation of the community due to the absence of belonging of some people to the group, the precariousness in the bonds, the discrimination and the lack, in general, fruit of the neglect of public policies and assistance services for the quilombolas. In an informal conversation with the researcher, a nurse stated that she knows only one quilombola grandson, without, however, presenting any attitude in relation to the recognition of the formation of groups of remnants in the region, in spite of acting in the area of a community (NO).

> *Now there are people who have, as he said, the prejudice of talking about being Quilombola* (QUILOMBOLA1).
>
> *Unfortunately, the quilombo is poor, there's no one rich here, but we've been running after one thing and another, and yet there's no recognition* (QUILOMBOLA6).
>
> *For me, I think this way, here is a special community very needy, lacking everything, not only money* (ENF7*).*
>
> *It could be different, I feel that way, it is not equal to equal, I feel that they are a bit discriminated against, this really rooted thing, I do not know, but there is racism yes. The people here are forgotten, dumped.* (ENF2)

To assume the prejudice and the unjust social experiences of the quilombola community, not only from the perspective of those who live (quilombola), but of those who live together (nurse), means to recognize the situation of vulnerability of this community and the maintenance of racism, generating situations of oppression and discrimination in the black population. The socioeconomic and ethnic-racial factors cited in the testimonies are associated with social determinants of health, which lead to inequalities, interfering with the conditions of well-being of the population.

The construction of the practice of the nurse is done in a transversal way in the (re)knowledge of values, history, culture and needs of the quilombola community, in order to plan strategies directed to the health care of the black population, eliminating forms of oppression and social invisibilities that affect this population. Faced with the scenario, the nurse needs to build his practice based on a sense of responsibility, respect and social justice, considering the positioning of the moral subject in its social context, that is, in a practice of responsibility defended by the collaborative-expressive model.

DISCUSSION

The quilombo assumes a prominent position in Brazil, representing the past of a people that resisted the slave system, becoming a form of political-social organization and ethnic identity. It is distinguished, therefore, by socially constructed and consolidated elements and by its culture and religious aspects.[16] In the present study, it was identified that, for the quilombolas, belonging to a community is a reason for pride, allowing them to remember the history of their ancestors and keep alive their history of struggles.

For the participants, the representation of the quilombo takes on dimensions beyond land ownership, with solidarity, organization as a social group, and the ties of kinship being considered significant identity traits[17] of the community, thus reinforcing their ties of belonging. It draws attention to the importance of living in community, of participating in events and meetings that enhance the channels of communication, and of union. Belonging to the quilombola community is linked to the bonds established between people, as well as to cultural identification and spirituality. It is understood that the ways of living in these communities dictate the relationships that are established with the inhabited space, so that the physical space serves as the basis for the construction of identity bonds of the whole group that collectively constitutes it.[18]

Religion legitimizes and strengthens family ties among the quilombolas. In many cases, religious practices are one of the essential components for the maintenance and reproduction of cultural practices. Thus, it is perceived that the relationship of the quilombola, as well as other communities, goes beyond land ownership, that is, it is linked to faith and community relations.[19]

The community consists, therefore, in the organization of people in a given territory, with the configuration of a social group, establishing solidarity relations and seeking to achieve freedom and dignity. The collective use of land is configured as the basis of a fraternal society free from the most cruel forms of prejudice and disrespect.[20]

Articlerd of Decree 6040/2007, which establishes the National Policy of Sustainable Development for Traditional Peoples and Communities, defines Traditional Peoples and Communities as culturally recognized groups, with their own forms of social

organization, occupying territories and natural resources for cultural, social, religious, ancestral and economic reproduction, using knowledge and practices generated and transmitted by tradition.[21] Thus, tradition can be recognized as a guide and a form of knowledge transmitted between generations, and it changes over time.[22]

A study conducted in a quilombola community in Goiás showed that the participation of children in this continuity of tradition, especially in the organization of parties, is a potential factor of (re)interpretation of culture, making it perpetuate between generations. In this perspective, children recognize their capacity to renew their own culture, strengthening the bonds of identification with the presented universe.[23] In this way, stories are told and retold by generations and transformed over time. Through culture, quilombolas express their values and principles, linking them in a symbolic and affective way to the group, which allows the residents to feel that they belong to the group, in a space of exchange and sharing.[23]

To consider the solidarity between the quilombolas and the social organization of the group is to recognize that history, tradition, values and culture constitute their morality, which is culturally situated and socially recognized in the ways of living in a given context.[1]

It is important to emphasize that understanding the history and social formation of the groups leads to the construction of practices focused on meeting the needs of the population, and therefore the practice of the nurse is legitimized by the search for understanding the ways of living in the quilombola community and the creation of a bond for the sharing of decision making in health. In view of this, the practice is built on interpersonal relationships to articulate what can be done and how to meet the needs of the black population supported by respect. This is configured as a practice of responsibility that sustains community morality and defends this way of life as proper to that place, so it is a collaborative and shared practice among the subjects. It understands that everyone is responsible for things and people. But he is only responsible when he knows himself1. In this sense, the nurse must insert, in his practice, strategies that aim at building community knowledge, strengthening the bond for the practice of self-care and maintenance of health.[24] It is the responsibility of the professional to be responsible and coherent in the doing, in the way he does it and to whom he directs his practice, bearing in mind also the responsibility of the subjects involved in the care. The understanding of morality and the visibility of the situations in which the community lives guides the practice to promote the autonomy of the subjects.[1]

As a barrier to the development of the practice of responsibility, one finds the hegemonic and dominant power rooted in society, which interferes in relations and produces the invisibility of cultures subordinated to this power1. Thus, forms of oppression and exclusion are produced and reproduced, impacting on people's difficulty in locating themselves in their environment1,25. However strong the ties and traditions in the quilombola community may be, it is subject to social standards resulting from the hegemonic model, and there may be questions from community members about the characteristics of afrodescendence, which may generate prejudiced and discriminatory actions among them, weakening their belonging to the quilombola community. In this sense, faced with the barriers of dominant power, the Expressive-Collaborative Model emphasizes that the practice needs to encompass moral responsibility for health care and social care in a broader way, which is inherent to the moral positioning of the nurse within the health system.[1,25]

FINAL CONSIDERATIONS AND IMPLICATIONS FOR PRACTICE

For the quilombolas, identification with the history to which they belong, the maintenance of culture and religion is important for the group. It is therefore necessary to make health professionals aware of specific aspects of this population group, in order to provide care that is consistent with the reality presented.

In this way, the practice of the nurse must assume a significant social role in order to value culture and values, as well as eliminate the forms of oppression and prejudice experienced by the black population. For this, it is imperative to know the values and knowledge of individuals and collectivity, in addition to the situation of minority in which this group finds itself. The nurse must then build his practice in order to position himself morally before the reality presented, which implies developing moral sensitivity from his professional training. Moreover, this development culminates in the valorization of nursing as a social commitment in the Family Health Strategy.

This study can provide subsidies for the analysis of work management and policies with emphasis on both nurse practice and care for the black population. In this sense, it is essential to focus on people management to (re)value and (re)mean the production of subjectivities and practice of nurse responsibility in the Family Health Strategy. Furthermore, the practice needs to be supported by policies that guarantee the rights of the black population, enabling means for the nurse to configure his actions in line with the Single Health System.

It is important here to highlight the scarcity of studies on the theme in focus and its limitations within quilombola communities, although the National Agenda of Health Research Priorities highlights the health of the black population as a research priority, thus establishing the importance of more studies on the health situation of black populations living in remnants of the quilombos.

The limitations of the study are based on the geographical limit. It should be noted that the choice was the metropolitan region of Belo Horizonte, Minas Gerais, Brazil. Thus, it is suggested that other studies be carried out in various regions, since the organization of the work of the nurse and the Family Health Strategy may have different connotations. The theoretical limitation is presented in the complexity of the approach, which may lead to some incoherence with respect to gender, which is still much emphasized. Another limitation refers to the social

issues identified, which are extremely large for the professional nurse, individually, change, however, it is suggested a professional training with emphasis on cultural, moral and political skills, so that the professional is able to acquire moral responsibility before the reality that is presented.

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AUTHORS' CONTRIBUTION

Study design. Acquisition. data analysis and interpretation of results. Writing and critical review of the manuscript. Approval of the final version of the article. Responsibility for all aspects of the content and integrity of the published article. Lilian Cristina Rezende. Maria José Menezes Brito. Carolina da Silva Caram. Luana Silva Rezende. Kênia Lara da Silva.

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