

Nursing Service at the current Hospital Federal de Bonsucesso (1950-1951): From laic to religious

Serviço de Enfermagem do atual Hospital Federal de Bonsucesso (1950-1951): De laico a religioso
Servicio de Enfermería en el actual Hospital Federal de Bonsucesso (1950-1951): del laico al religioso

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ABSTRACT

Objective: Discuss the repercussions of the symbolic struggle between laic nurses and Sisters of Charity on the leading position of the hospital's nursing service. **Methods:** Historical and social study. Primary sources: written documents and oral testimonies. Secondary sources: bibliography on the theme. **Results:** The organized and analyzed data show that the religious nurses were successful in their fight strategies to occupy the spaces of power at the hospital, successfully replacing laic nurses. **Conclusion:** The religious habitus associated to the social capital and symbolic capital, represented by important alliances with the hospital board were efficient in the struggle for positions of power and prestige in the hospital.

Keywords: History of Nursing; Nursing Service, Hospital; Schools, Nursing; Hospitals, Federal.

RESUMO

Objetivo: Discutir as repercussões da luta simbólica entre enfermeiras laicas e Irmãs de Caridade pela chefia do Serviço de Enfermagem para o referido hospital. **Métodos:** Estudo histórico-social. Fontes primárias: documentos escritos e depoimentos orais. Fontes secundárias: bibliografias acerca da temática. **Resultados:** Os dados organizados e analisados evidenciaram que as enfermeiras religiosas foram bem sucedidas em suas estratégias de luta pela ocupação de espaços de poder no hospital, logrando êxito na substituição de enfermeiras laicas. **Conclusão:** O *habitus* religioso associado ao capital social e capital simbólico, representado pelas importantes alianças com a direção do hospital, foram eficientes na luta por posições de poder e prestígio no hospital.

Palavras-chave: História da Enfermagem; Serviço Hospitalar de Enfermagem; Escolas de Enfermagem; Hospitais Federais.

RESUMEN

Objetivo: Discutir las repercusiones de la lucha simbólica entre enfermeras laicas y Hermanas de Caridad por la autoridad del Servicio de Enfermería para el Hospital Federal de Bonsucesso. **Métodos:** Estudio histórico-social. Fuentes primarias: documentos escritos y testimonios orales. Fuentes secundarias: bibliografías sobre la temática. **Resultados:** Los datos organizados y analizados evidenciaron que las enfermeras religiosas fueron bien sucedidas en sus estrategias de lucha por la ocupación de espacios de poder en el hospital, logrando éxito en la sustitución de enfermeras laicas. **Conclusión:** El *habitus* religioso asociado al capital social y simbólico, representado por importantes alianzas con la dirección del hospital, fueron eficientes en la lucha por posiciones de poder y prestigio en el hospital.

Palabras-clave: Historia de la Enfermería; Servicio de Enfermería en Hospital; Escuelas de Enfermería; Hospitales Federales.

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INTRODUCTION

This study looks at the replacement of laic nurses by nurses from the Sisters of Charity in the nursing service of the Hospital of the *Instituto de Aposentadoria e Pensões dos Empregados em Transportes e Cargas* (IAPETC), currently *Hospital Federal de Bonsucesso*, located in the city of Rio de Janeiro.

The socio-historical context of the study is the mid-1950's, in Rio de Janeiro, federal capital at that time, under the presidency of general Eurico Gaspar Dutra (1946-1950) and Getúlio Vargas (1950-1951), when the health policy started to attend to the needs of the workers involved in the industrialization process, creating the so-called modern hospitals, which were technically more sophisticated and required more qualified health professionals¹.

In that context, the IAPETC Hospital (*Instituto de Aposentadorias e Pensões dos Empregados em Transportes e Cargas*) was inaugurated on January 31st 1948, molded according to the modern hospital model, constructed based on technological and advanced standards at that time, as a form of complying with one of the targets of the Dutra government's political program (1946-1950)².

The implementation of the nursing service was coordinated by Cecília Pecego Coelho, a laic nurse, with the support of 18 nurses and 25 auxiliary nurses from Anna Nery School of Nursing (EAN). In view of the power the State had granted to that School in Decree 20.109/1931, EAN was entitled to indicate nurses to inspect and control everything related to Brazilian nursing, guaranteeing the power to issue the official discourse on nursing teaching in Brazil. Since the Hospital had started functioning, however, there were conditions for religious people to work at the institution, which also created room for the Sisters of Charity to develop strategies and establish alliances to achieve their objectives^{2,3}.

This fact can be confirmed during the inauguration ceremony of the IAPETC Hospital, when a thanksgiving mass was held, celebrated by Dom Jorge Marcos de Oliveira. In addition, other important alliances were established, which contributed to the Sisters going to that hospital, including: political alliance between Osvaldo Correa de Araújo (first hospital director) and Hilton Santos (IAPETC president) and between the former two and the Dutra Government, which was well related to the Catholic Church².

The Sisters of Charity of the São Vicente de Paulo Association (ASVP) arrived in Brazil in the 19th century to take charge of educational and hospital institutions. At that time, the congregation's interest in expanding its role in the country's hospitals could already be observed, in view of the acknowledgements they had received in different European countries for their good work in hospitals, especially in sectors like nursing wards, pharmacy and administration^{4,5}.

The Sisters of Charity arrived at the Hospital in July 1948, when the Hospital director, Dr. Osvaldo Correa de Araújo, authorized Sister Vicência to take charge of the Administration Service (laundry, linen and meals), which was the ASVP's first initiative to occupy the social space of the IAPETC Hospital. It should be highlighted that it was very common for the Sisters to be responsible for this kind of work in hospitals^{5,6}. Later, a contract was closed between the ASVP and IAPETC to hire the ASVP's services to the hospital 24 hours per day, which significantly contributed to expand the Sisters of Charity's role at the hospital, where Sisters with a nursing degree also started working in nursing care⁶.

The Sisters of Charity's arrival at the IAPETC hospital started the division of the social space and, therefore, the establishment of symbolic struggles between laic nurses and the Sisters of Charity to occupy it. The laic nurses from EAN were responsible for the nursing wards and were called chief nurses, but the Sisters of Charity little by little divided this responsibility with them.

Thus, the Sisters gradually entered all sectors, increasing their power and occupying all social spaces of laic nursing, with support not only from the Catholic Church, but also from the IAPETC hospital managers. This situation did not represent the nursing reality in the Brazilian society as, in the second half of the 20th century, the religious nurses gradually divided spaces and were replaced at most institutions by laic nurses.

Hence, during the first years the IAPETC hospital was functioning, the laic registered nurses lost power spaces in the hospital and were replaced by religious nurses, a process that did not happen or has not been registered yet at other hospitals in Rio de Janeiro.

In view of the above, the objective in this study is to discuss the repercussions of the symbolic struggle between laic nurses and Sisters of Charity for the leading position of the Nursing Service at that hospital.

This study is justified by the need to understand the power of laic and religious female nurses in the construction of the history of women in the Brazilian society, besides registered a moment in nursing history when the laic nurses were replaced by religious nurses, considering that the historical movement went in the opposite sense in that period.

METHOD AND THEORETICAL FRAMEWORK

Historical-social study focused on the period 1950-1951, which corresponds to the start of the replacement process of laic nurses by Sisters of Charity in the Nursing Service of the IAPETC hospital.

The primary sources include written documents from the Memory Center Matilde Nina and oral testimonies by two laic nurses and one Sister of Charity. The inclusion criteria established were the interviewees' activities at the hospital during the study

period, time available to grant the interview and intact memory. As regards the documents, a search was undertaken for their identification, considering the following inclusion criteria: elaboration date of the document, relation between the document and other documentary sources and relation between the document and the study period. The secondary sources include articles and books on the theme studied. The data were collected between March 2009 and August 2010, through procedures that included, documentary analysis and interviews, according to the thematic oral history technique, which permits registering testimonies and grants access to the "stories inside the history", thus enhancing the possibilities to interpret the past⁷.

The interviews were recorded at the testimonies' homes and took between 1 h and 30 min. and 3 h. One of the authors transcribed them soon after they were held. The text was forwarded to the testimony for verification and validation, in compliance with National Health Council Resolution. All testimonies permitted the dissemination of their name in the research and donated their testimony by means of a legal document to the Oral History collection of the Documentation Center at Anna Nery School of Nursing, permitting the creation of oral sources.

The project that originated this study received approval from the Institutional Review Board at Hospital Federal de Bonsucesso on April 12th 2010 (Protocol: CEP-HGB 08/10). The selected sources were submitted to internal and external criticism and related to the historical context⁷. Thus, the analysis and interpretation procedures, such as the classification and contextualization of the data, permitted the discussion of the results in the light of the theoretical support concepts.

In the attempt to better understand the symbolic struggles among the Sisters of Charity, IAPETC hospital agents and the laic nurses to occupy the social space at the IAPETC hospital in the mid-20th century, the reading and analysis of this study's documentary corpus were based on some concepts from the French sociologist Pierre Bourdieu's theory of the social world. The selected concepts were: *habitus* (mainly the religious and professional *habitus*), field, capital (cultural, professional, religious, social and symbolic), symbolic power and religious violence.

RESULTS AND DISCUSSION

Symbolic struggle between laic nurses and Sisters of Charity nurses for the leading position of the Nursing Service at the IAPETC Hospital

A laic team of nurses and auxiliary nurses was in charge of the nursing service at the IAPETC hospital. Since its inauguration, it was lead by Nurse and EAN Professor Cecília Pecego Coelho, who was the niece of the hospital director at that time Dr. Osvaldo Correa de Araújo. Nurse Cecília organized and prepared the Hospital sectors to start functioning even before its inauguration².

Under the leadership of Cecília Pecego, the ASVP took its first initiative to occupy the IAPETC hospital's spaces, in July

1948, when Sister Vicência, a member of the ASVP, took charge of the hospital's administration, upon the invitation and with the support of its managers⁶.

This first Sister of Charity's entry into the IAPETC hospital was possible due to the hospital director Dr. Osvaldo Correa de Araújo's relation with the Sisterhood of the Santa Casa de Misericórdia, where he worked and where the Sisters of Charity delivered services since 1852^{2,5}. In addition, Dr. Osvaldo was a fervent catholic, nephew to Sister of Charity Helena Duque Estrada, who worked at the Santa Casa hospital and highly appreciated the Sisters of Charity's work:

My uncle [Dr. Osvaldo] worked at the Santa Casa for a long time [...] He loved the Sisters of Charity. He adored the Sisters, because of their work, of course [...] He was in need of someone to take better charge of the employees in the pantry, kitchen, administration. The linen too.

The interview excerpt cited above shows that, as the nursing service was already functioning with laic nurses, the main argument for the hospital's interest in hiring Sisters of Charity was not their role in the nursing service, but in the administration. Despite EAN's outstanding position in Brazilian nursing and decisive contribution to the implementation of the IAPETC hospital nursing service, Nurse Cecília Pecego recognized that, by the will of the director, the Sisters of Charity would be responsible for preparing the institution's nursing service:

I believe that he [Dr. Osvaldo] contacted the Sisters of the Santa Casa [de Misericórdia in Rio de Janeiro], where he worked. But they were unable to introduce nursing at the Hospital because of their engagement in the service at the Santa Casa.

Sister Maria Tereza Notarnicola, who later became the head of the nursing service at the IAPETC hospital, confirms that assertion: "And when he [Dr. Osvaldo] was [the director], Cecília started with the Hospital [implementation of the Nursing Service], but he wanted people to sustain the Hospital 24 h".

In fact, Nurse Cecília was given over by EAN, which gave her activities a temporary nature, and the hospital could later indicate a nurse hired by the IAPETC itself to become the head nurse. The hospital director preferred religious nurses though, whose professional trajectory in hospitals had always been linked to these women's characteristics. Particularly, because They were are prepared by the religious institutions to be self-sacrificing, obedient, humble and subservient, as a proof of their inclination and commitment to Christian life⁵. In addition, the Sisters of Charity lived at the institution where they worked and did not build a family, facts that allow them to dedicate themselves more to the work, offering financial advantages to the institution that hired them.

To formalize the hiring of the Sisters of Charity to deliver services to the hospital, the IAPETC closed a contract with the ASVP to guarantee the Sisters of Charity's stay at the institution 24 hours per day⁶. Therefore, the sisters lived at the hospital, as Sister Maria Tereza Notarnicola affirmed: "That was why we lived at the Hospital; everything had a sound signal [...] when the sound signal rang we had to answer".

In addition, the IAPETC hospital became the training area for the students from EELM, created in 1939, according to the teaching pattern, whose model was EAN. That allowed the Catholic Church to reproduce its religious *habitus*; and, what is more, the incorporation of the Catholic *habitus* by lay girls during academic education, so that they could reproduce the ASVP ideology in private as well as in public life⁹.

It should be highlighted that, at that time, Sister Matilde Nina was the director of that religious school and had closed an important alliance with the director of the IAPETC hospital, in view of the contents of Proceedings Number 9 of the EELM alumni meeting, dated September 20th 1948, preceded by that director. That document reveals that: although the Sisters of Charity of ASVP occupied the nursing area in the IAPETC hospital as from March 1949, the nurse Sisters' entry into the institution was being settled already in 1948⁶. This shows that, in accordance with the director, Sister Matilde Nina, the preparation of a larger number of nurses with a religious professional *habitus* was extremely important for the occupation of that field.

These measures evidence that the Church aimed to conquer or preserve a more or less comprehensive monopoly on an institutional or sacramental capital and that this "is an object of exchange with the lay professionals and an instrument to exert power over them"^{9:58}. As discussed, the Church wanted the monopoly in health and education. Therefore, it used each possibility available to somehow guarantee its space in those areas.

The sisters' availability was very advantageous to the hospital, which could count on the nurses, teachers and religious students' services, while the IAPETC was responsible for transferring a certain amount of money to the ASVP and for guaranteeing medical care, accommodation and meals to the Sisters of Charity and to the students who worked and took their training there, respectively. The ASVP had to maintain a certain number of Sisters of Charity working at the hospital and supervising the students, which guaranteed qualified nursing care in compliance with the highest nursing standards, reducing staff costs for the hospital. In that respect, Sister Maria Tereza Notarnicola explains: "We were not individual employees at the IAPETC hospital. They [IAPETC] paid the Congregation [ASVP] for a determined number of Sisters".

Concerning the transfer of the training area from the EELM to the IAPETC hospital, it should be highlighted that the hospital offered advantages in line with the Sisters' interests, as the EELM had to comply with the legal requirements of Decree

20.109/1931. Article 7 of this Bill, in a single paragraph, specified that the schools without a training area for all specialties, determined by law, should forward their students to a hospital that was able to offer these teaching and learning experiences, which was the case of the IAPETC hospital⁶.

Thus, not only the transfer but also the arrival of Sister Matilde Nina, the EELM dean, furthered the establishment of a strong alliance with the hospital director, considering that, when she arrived in December 1948 to take charge of the Administrative Division of the IAPETC hospital, she consolidated the Sisters of Charity's stay in this social space. Cecília Pecego confirms this when she says that: "In July 1948, Sister Nina (MATILDE NINA) was at the IAPETC hospital to transfer the EELM training area from the Santa Casa de Misericórdia in Rio de Janeiro to that hospital".

In that sense, Sister Maria Tereza Notarnicola informs that: "since the start, the Sisters wanted to go there [IAPETC hospital] because of the students' training. So the pretext they found to go was because Dr. Osvaldo offered training".

In principle, it was clear to Cecília Pecego what the Sisters wanted: "The Sisters' objective was to have a training for the students; that was their main objective". Nevertheless, Cecília perceived that it was not only the need for a training area that attracted the Sisters to the hospital: "[...] I believe that, at first [when Sister Matilde Nina arrived at the hospital], her goal was already to assume the entire Nursing Service".

Thus, the Sisters' major objective by introducing the EELM students' training at the IAPETC hospital was to guarantee their participation in the hospital nursing administration and care. Therefore, the Sisters attempted to associate their institutionalized cultural capital to the religious capital. The nurse Sisters occupied social spaces in the health area to guarantee the continuity of the ASVP's activities in the hospitals they already administer or would come to administer, but with a new religious professional *habitus*, based on the Christian ideology⁹.

It should be mentioned that Dr. Osvaldo's attempt to include Sisters of Charity in the IAPETC Hospital was very successful and represents an emphatic demonstration of the use of symbolic violence against Cecília Pecego, the head of the Nursing Service. The symbolic power is "an invisible power, which can only be exerted with the complicity of those who do not want to know that they are subject to it or even that they exert it"^{10:7-8}. It also implies symbolic violence, where the power to make people see and believe, to produce and impose a perspective, depends on the position in the social space¹⁰.

Hence, whoever holds more efficient symbolic capital in a given field (hospital director) imposes what he wants on the other (Nursing Service head); which is in line with the former's interests. In other words, it imposes a recognition obtained by extortion on the other. This invisible and silent violence is expressed through punctual or long-lasting coercions, which the subjects submit to without the use of physical strength^{10,11}.

At the same time as the transfer of the EELM training area from the SCMRJ to the IAPETC hospital, the Sisters took charge of the clinics together with the laic nurses, in accordance with Sister Tereza Nortarnicola:

At each clinic, there was one laic nurse and one Sister of Charity. At night, it also worked in the same way: one nurse [laic] and one Sister. In addition, the Sisters of Charity on duty that day monitored the students' training at night.

Thus, at the same time as the Sisters of Charity increased their power, they gradually occupied new spaces and conquered better positions in the nursing team, strengthened as carriers of different kinds of capital, such as: institutionalized cultural capital (degree nurses); social capital (support of Hospital director and, consequently, of the institution's president); symbolic capital (great reputation and prestige). The economic capital was linked to the ASVP, which received support from the government and from several other entities that granted financial cooperation for its philanthropic activities.

Two other factors that contributed to the Sisters' occupation of the space and formalized the directors' support to them were: the construction of a chapel inside the hospital to allow them to practice their religious activities; and the Mother Superior's easy access to the IAPETC director, even ignoring the authority of the head physician at the clinic, which enhanced that director's control and intervention power. Sister Tereza described this easy access the Sisters of Charity were granted in the hospital's organizational chart as follows:

Mother Superior went to talk to him [hospital director], we only went when he called us, in a specific case at our clinic. Mother Superior intermediated, as she had direct access to the director. She didn't go through the head of the clinic. The Sisters were able to get many things through him [the director].

This loss of spaces and positions, in addition to confrontations between laic and religious nurses caused by the differences characteristic of their *habitus*, negatively affect the head nurse's relationship with the director and determined that Cecília Pecego, the nurse responsible for the organization and implementation of the Nursing Service at the IAPETC hospital, resigned from her function as head nurse of the hospital in 1949. The observation that she was in no conditions to continue the game, as she did not have enough strength to play it, made Cecília Pecego leave on vacation in November 1949 and not return to continue her activities at the hospital².

Thus, Cecília Pecego did not accept the symbolic violence the hospital director practiced, in the belief that this interfered in the entire organization of the nursing service under her responsibility, and also affected her authority, therefore leaving the play of

the forces. That is so because the asymmetric social relations derive from a confrontation, a game, in which the agents interact and can acquire and accumulate symbolic profits or spend resources. The agents who participate in these symbolic exchanges, giving (dominated) or receiving (dominating), unknowingly cooperate with a concealment (characteristic of the dominated) that aims to deny the truth of the exchange⁹. Understanding the sense of the game, Cecília Pecego did not accept the domination.

It should be highlighted that Cecília Pecego, who represented modern and therefore laic nurses, received pressure from the hospital board and the Sisters of Charity and was obliged to fight symbolic struggles to maintain her position of power and prestige as the head of the nursing service in that social space. Without similar weapons, however, she dropped out of the fight in November 1949.

After Cecília Pecego's departure from the head of the nursing service, the laic nurses gradually withdrew from that social space as well, but not at one time. In that sense, it is highly probable that agents who occupy similar positions, in similar conditions, will adopt similar attitudes⁶. That seems to have been the case of the laic nurses graduated from EAN who worked at the IAPETC hospital. In her testimony, Raimunda Becker affirms that, when she arrived at the IAPETC hospital in 1951 as an EELM student, she did not meet any laic nurse from Cecília Pecego's term (1947-1949).

The fact that most of the nurses graduated from EAN were Catholic and had started their education at a religious college may have contributed to their withdrawal from the play of strengths, like in the case of Cecília Pecego. When the head of the nursing service resigned from her function and withdrew from the hospital, it seems that all others took the same course, avoiding confrontations with the Sisters of Charity. Nevertheless, the laic nurses were unable to continue working in a space in which the religious capital was granted a distinct symbolic weight. That is so because the structure of a field that is not indistinguishable from the direct relation with its principals or representatives determines decision making, through the constraints and interests linked to a position in the field¹⁰.

After Cecília Pecego's departure, Nilza Moraes Passos assumed as the nursing head for a mere two months, as she was invited to lead the IAPETC outpatient clinic. After her departure, Edith Oliveira became the head but was deposed from her function by the hospital director in 1951⁶. In this respect, Sister Maria Tereza Notarnicola comments:

I arrived on the day Madam Edith was deposed. They stopped me in the corridor and said: 'You are going to take office'. I said: 'Of what? [LAUGHS] I don't even know my way around her, how am I going to take office? 'But we strictly obeyed the order. So I awaited the nomination by the president of the institution for 24 hours. The nomination could not be internal. Sister Josefina became the head of the Nursing Service.

According to Sister Maria Tereza Notarnicola, the order for her to take office as the head of the nursing service for 24 h came from her Mother Superior, Sister Matilde Nina, upon the request of Dr. Getúlio José da Silva, the IAPETC hospital director.

This appointing authority “represents the best way of the authorized word, public, official word, pronounced on behalf of and before all”. In addition, these acts are magical and successful, because they are universally recognized^{10:236}. Therefore, nobody refused the viewpoint, the vision these acts impose. Hence, in accordance with the IAPETC rules of procedure, the hospital director had the power to appoint and dismiss the head of the nursing service.

Thus, yet another ASVP strategy in alliance with the IAPETC was made feasible, that is, to indicate a Sister of Charity to take office as the head of the nursing service at the IAPETC hospital. Sister Josefina Filgueiras was chosen⁶.

On January 31st 1951, Getúlio Vargas returned to the presidency of the Republic with the support of Ademar de Barros and maintained his earlier position, i.e. favorable to the Church. Therefore, the context for the replacement of the laic nurses by religious nurses in the nursing service of the IAPETC hospital is the rule of president Getúlio Vargas, the political-governmental authority, whose discourse was favorable to the Catholic religious congregations, in view of the known alliance between the State and the Church¹². These alliances guaranteed the necessary conditions to preserve the Sisters of Charity’s struggle to occupy prestigious spaces in nursing¹³ and, as the Catholic Church tried to maintain its hegemony, the Sisters of Charity were a necessary instrument to disseminate the ideology of religious care into the society of that time¹⁴.

This opened the way for the Sisters of Charity to occupy the leading position of the nursing service and, thus, the previous alliances that granted a large volume of accumulated capital to the EAN nurses were undone. Thus, they lost space to continue exercising the symbolic domination, due to the strong alliances between the State and the Church, within a macro perspective; and between the hospital director and the Sisters of Charity within a micro perspective.

FINAL CONSIDERATIONS

The analyzed data show that the symbolic struggle between the laic nurses and the social agents of the IAPETC hospital and the Sisters of Charity over the occupation of the IAPETC hospital’s social space was one of the many actions deriving from the alliance between the Catholic Church and the State.

The dissemination of the contemporary model nurse as a problem-solving and Christian professional supported the nurses who had acquired the religious professional *habitus*, despite a movement of nursing as a scientific and laic profession. Thus, the nursing service at the IAPETC hospital was

organized, implemented and functioned during its first years along the lines of EAN, which contributed by ceding Cecília Pecego, by graduating 25 auxiliary nurses and by the occupation of the field by 18 nurses graduated from the school.

During her term in office as the head of the nursing service, Cecília Pecego had to fight countless symbolic battles, with the IAPETC hospital director as well as with other social agents affiliated with the IAPETC, and also with the Sisters of Charity, who entered the field as from 1948, and took charge of the Administration Service as a first strategy. When more Sisters arrived at the hospital, the laic nurses started to divide that social space with the religious nurses. The Sisters created countless strategies to gain control of the field, probably due to the symbolic strength the ASVP representatives exerted, aimed at occupying the hospital spaces.

Although Cecília Pecego organized and implemented the nursing service at the IAPETC hospital, she did not accept to continue being part of the play of strengths, which she considered unfavorable to nursing and to herself, who had been raised and practiced the Catholic religion, which made her not pursue the confrontations with the Sisters from the ASVP. Thus, the laic nurses from EAN started to lose power and prestige in the field and withdrew little by little, making room for the religious nurses.

Although the contract closed between the ASVP and the IAPETC hospital was only legalized in 1952, it represented an important legitimate weapon in the play of strengths over the occupation of the field between the Sisters of Charity, as the social agents affiliated with the IAPETC, and the laic nurses. This proved that the alliances had been established in advance; the Sisters very probably did not implement the nursing service at the hospital due to the small number of qualified Sisters for that purpose.

The religious nurses’ occupation of the nursing field was determined by the strength of their social and symbolic capital, allied with the religious *habitus*. The Sisters of Charity tend to reproduce the *habitus* desired by the religious organization they are affiliated with, which characterizes them as agents who participate in the choice of role they are to perform within their religious organization and inside the teaching system, favoring nursing care in accordance with the religious principles.

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