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EXPERIENCES OF NURSES IN THE BRAZILIAN ARMY OFFICER CORPS: AN ANALYSIS FROM 1992 TO 2020

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ABSTRACT

Objective: To analyze the career path of nursing officers from 1992 to 2020 within the military ranks of the Complementary Officer Corps and the Temporary Technical Officer Corps, based on the Army Reserve Nursing Corps.
Method: This is a qualitative, historical-social study using a thematic oral history approach. We interviewed fifteen nursing officers belonging to the active or reserve Temporary Technical Officer Corps or to the active or reserve Complementary Officer Corps, who served from 1992 to 2020 as coordinators/managers of healthcare services or Brazilian Army Health Fund management. Thematic analysis was performed, and data were interpreted in light of Pierre Bourdieu's Theory of Social Fields.
Results: Three subcategories were identified as characteristics of nursing's professional experience in the Brazilian Army: battlefields, lack of knowledge of military nursing, and conflict in self-perception of identity.
Conclusion: Nursing undertook struggles for belonging within the Brazilian Army, as it was the first group of women in the military healthcare service, which until then was predominantly male. Currently, nursing is enabling another battleground: for institutional recognition of its professional identity and for social recognition of military nursing, given that it is still a predominantly female healthcare profession in a health scenario characterized by male-dominated medical systems, leading to institutional invisibility for nursing competencies and barriers to its consolidation as a healthcare profession.

DESCRIPTORS: History of Nursing. Military personnel. Military nursing. Nursing. Social identification. History. Profession. Hospitals, military.

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VIVÊNCIAS DE ENFERMEIRAS NOS QUADROS MILITARES DE OFICIAIS DO EXÉRCITO BRASILEIRO: UMA ANÁLISE DE 1992 A 2020

RESUMO

Objetivo: Analisar a trajetória do oficial de Enfermagem no período de 1992 a 2020, a partir do Quadro de Enfermeiras da Reserva do Exército, nos quadros militares do Quadro Complementar de Oficiais e Quadro de Oficial Técnico-Temporário.
Método: Estudo de natureza qualitativa, histórico-social, com abordagem da História Oral Temática. Foram entrevistados 15 oficiais de Enfermagem pertencentes ao Quadro de Oficial Técnico-Temporário, da ativa ou da reserva, ou ao Quadro Complementar de Oficiais, da ativa ou da reserva, que atuaram de 1992 a 2020 como coordenadores/gestores dos serviços de saúde ou do serviço de gestão do Fundo de Saúde do Exército Brasileiro. Realizada análise temática, cujos dados foram interpretados à luz da Teoria do Mundo Social de Pierre Bourdieu.
Resultados: Foram identificadas três subcategorias que se configuraram como características da vivência profissional da Enfermagem no Exército Brasileiro: campos de luta, desconhecimento da Enfermagem Militar e conflito na autopercepção identitária.
Conclusão: A Enfermagem empreendeu campos de luta para pertencimento ao Exército Brasileiro pois foi o primeiro grupo militar de mulheres no Serviço de Saúde que era até então, predominantemente masculino. Na atualidade, a Enfermagem viabiliza outro campo de luta, para reconhecimento institucional de sua identidade profissional e para o reconhecimento social de Enfermagem Militar, haja vista ainda ser profissão da saúde de maioria feminina em um cenário de saúde caracterizado por centralismo médico-masculino, ensejando invisibilidade institucional para as competências da Enfermagem e barreiras para consolidação como profissão de saúde.

DESCRITORES: História da Enfermagem. Militares. Enfermagem Militar. Enfermagem. Identidade Social. História. Profissão. Hospitais Militares.

EXPERIENCIAS DE ENFERMERAS EN EL CUERPO DE OFICIALES MILITARES DEL EJÉRCITO BRASILEÑO: UN ANÁLISIS DE 1992 A 2020

RESUMEN

Objetivo: Analizar la trayectoria laboral de los oficiales de enfermería desde 1992 hasta 2020, con base en el Cuerpo de Enfermería de Reserva del Ejército, dentro de las filas militares del Cuerpo de Oficiales Complementarios y del Cuerpo de Oficiales Técnicos Temporales.
Método: Se trata de un estudio cualitativo histórico-social con un enfoque temático de historia oral. Se entrevistó a quince oficiales de enfermería pertenecientes al Cuerpo de Oficiales Técnicos Temporales, en activo o en reserva, o al Cuerpo de Oficiales Complementarios, en activo o en reserva, que se desempeñaron entre 1992 y 2020 como coordinadores/gerentes de servicios de salud o en la gestión del Fondo de Salud del Ejército Brasileño. Se realizó un análisis temático y los datos se interpretaron a la luz de la Teoría del Mundo Social de Pierre Bourdieu.
Resultados: Se identificaron tres subcategorías como características de la experiencia profesional de enfermería en el Ejército brasileño: campos de batalla, desconocimiento de la enfermería militar y conflicto en la autopercepción de la identidad.
Conclusión: La enfermería luchó por su pertenencia al Ejército Brasileño, al ser el primer grupo militar femenino en el servicio de salud, hasta entonces predominantemente masculino. Actualmente, la enfermería está propiciando otro campo de batalla: el reconocimiento institucional de su identidad profesional y el reconocimiento social de la enfermería militar, dado que aún es una profesión sanitaria predominantemente femenina en un contexto sanitario caracterizado por un centralismo médico dominado por los hombres, lo que genera invisibilidad institucional para las competencias enfermeras y obstáculos para su consolidación como profesión sanitaria.

DESCRIPTORES: Historia de la Enfermería. Personal militar. Enfermería militar. Enfermería. Identificación social. Historia. Profesión. Hospitales militares.

INTRODUCTION

Nursing formally entered the ranks of the Brazilian Army in 1944, through the newly created Army Reserve Nurses Corps (In Portuguese, *Quadro de Enfermeiras da Reserva do Exército* – QERE). This corps was created due to the need for a military contingent of nurses to form the Brazilian Expeditionary Force (In Portuguese, *Força Expedicionária Brasileira* – FEB) Healthcare Service in Brazil's battle alongside the Allied countries (United States, United Kingdom, France, and Soviet Union) against the Axis powers (Germany, Italy, and Japan) during World War II[1]. Previously, the Brazilian Army Healthcare Service was composed only of men – medical officers and corporals or sergeants who were nurses. The latter were junior military personnel trained by the Divisional Sanitary Training Schools, which granted them the right to legally practice nursing, through Decree 21,141 of the Army Nursing Corps[2].

The presence of women in the Brazilian Army through QERE in 1944 was exceptional and temporary, resulting from an imposition by the highly trained American Military Nursing staff, who already possessed military capital, on the commander of the American troops, who in turn imposed himself on the commander of FEB, Division General João Baptista Mascarenhas de Moraes[2]. Initially, the request for volunteer nurses to Laís Netto dos Reis, then director of *Escola de Enfermagem Anna Nery* (1938-1950), was denied, since the wage and rank conditions of second lieutenant for nurses were not accepted by Laís Netto dos Reis. In this regard, this commander began calling for volunteer nurses in widely circulated newspapers in Rio de Janeiro and São Paulo, with messages that instilled patriotic values, selflessness, dedication, and maternal and gratuitous care, fostering institutional perception within the army and social perception at the time regarding nursing and Brazilian women[3].

Of the 113 candidates for the position, 67 were approved for incorporation into QERE (FEB group), having been assigned as follows: 61 nurses to work in field hospitals and six nurses to work in air transport. These last six, belonging to *Escola de Enfermagem Anna Nery*, two of whom were instructors of students at the newly created Central Air Force Hospital, were selected by Laís Neto dos Reys to work in the conflict exclusively with the 1st Fighter Aviation Group (considered the elite of aviation)[4].

These nurses faced many challenges, and their struggle to belong to a space never before occupied by women – the military public service – began within the family and social nucleus of the time, coping with prejudice and resistance to their applications, since they all came from a controlled domestic space where public life, especially in a military environment, was never imagined for women[3,4].

The selected nurses faced numerous challenges and obstacles on Italian soil, such as the cold climate, precarious uniforms, the wage of a junior military officer, communication challenges, and difficulties working with American nurses. These challenges served as a stimulus for Brazilian military nurses to assert their identity and seek social recognition.

Upon returning to Brazil, they were demobilized from military service, thus beginning their second battle for reintegration. Reintegration occurred through Law 3,160 of June 1, 1957, which granted them the hierarchical rank of officer, with consequent prerogatives and rights to remuneration.

Since most of them were already at the age limit for remaining in active military service at the time of their reinstatement, they went into paid reserve (retirement) three years after reinstatement, once again distancing nursing (the female profession) from the military field[5]. This situation lasted for 35 years, until it was broken in 1992 with the inclusion of nursing in the Complementary Officer Corps (In Portuguese, *Quadro Complementar de Oficiais* – QCO), created by Law 7,831 of October 2, 1989[6].

Although there is no published evidence regarding the purpose of the nurses being reinstated into the army through this framework instead of joining the healthcare service, it is inferred that, at the time, political and social transformations regarding gender roles in society may have occurred,

brought about by the redemocratization process based on the 1988 Federal Constitution. Women gained equal legal rights to men, including for work in male-dominated spaces, such as the Brazilian Armed Forces, particularly the Brazilian Army, which were encouraged to adapt to constitutional and legal precepts and accept women in predominantly male activities.

When QCO was created in 1989, Maria Quitéria was recognized as its patron, given that she was the first Brazilian woman considered a war heroine, through her participation as "soldier Medeiros" in the fight for the independence of Bahia[7], which favored the symbolic memory of representation of a military cadre that received, for the first time, women as career officers, through the nursing specialty.

Furthermore, another hypothesis to be raised to describe the reintegration of nursing through QCO, and not in the healthcare service, is that the hospital-centric and medical-surgical care model of the Armed Forces would prevent the institutional vision of patient health needs met by other non-medical specialties such as nursing.

These hypotheses favor the perception of nursing by the Brazilian Army as symbolically predominantly female, constructed by the presence of illustrious women such as Maria Quitéria and FEB nurses, replacing or neglecting nursing's professional capital for belonging to the healthcare service, and instead focusing on QCO, as a career nursing officer, or temporary technical officer (TTO), as a nursing officer in the temporary military service. In this regard, TTO was regulated by Decree 9,455 of August 1, 2018, for the call-up of TTOs to eight years of military service to support the Brazilian Army's technical-administrative and health activities[8].

In light of all the above, it is important to investigate nursing's professional experience in the Brazilian Army through the military cadres QERE, QCO, and TTO, in order to elucidate the challenges that impact their professional identity, based on the research question: What was the trajectory of nursing in the military cadres QERE, QCO, and TTO in the Brazilian Army?

This study aimed to analyze the career path of nursing officers from 1992 to 2020, based on QERE, within the military cadres of QCO and TTO.

METHOD

This is a qualitative historical-social study, employing thematic oral history as a research method. Oral history is a systematic collection of narratives and statements for analysis in relation to social phenomena under investigation [9]. The methodology was developed following Consolidated criteria for REporting Qualitative research (COREQ) guidelines[10]. This study used data from the research entitled "*Identidade e perspectivas da Enfermagem Militar Brasileira – uma análise historiográfica (1992-2020)*" which, through interviews conducted with nursing officers from QCO and TTO military cadres of the Brazilian Army, identified meanings apprehended through nursing's professional experience in the Brazilian Army.

In 2023, the Army Health System management report indicated a national distribution of 629 QCO nurses, with no record of the number of TTO nurses. Given that the Brazilian Army is an institution with a social and humanitarian role in health, in addition to defending national sovereignty in all 26 Brazilian states, the presence of nursing officers in only 12 states[11] demonstrates a low number of nursing officers, as well as their territorial dispersion throughout the country, which justified the digital data collection method.

The study was conducted with 15 officers, including 11 nurses and four male nurses belonging to TTO, some of whom are active duty military personnel while others are on leave (R2 non-remunerated reserve military personnel). There was also participation from QCO military personnel, some active duty and others retired (R1 remunerated reserve military personnel). This group worked from 1992 to 2020 in coordination/management roles within FuSEx or in coordination/management roles within a

hospital sector/area/unit of the Army Healthcare Service. All participants gave their consent through the Informed Consent Form (ICF).

An invitation text, drafted by the principal researcher, was sent to WhatsApp groups of military nurses from QCO and TTO cadres. The motivation for this type of contact was the lack of a formal communication channel where the invitation text could be published, given that existing institutional channels, such as the intranet, only dealt with information of internal interest to the army. Although the invitation covered all QCO and TTO military personnel, only 30 military personnel expressed interest in participating via WhatsApp message sent to the researcher. Furthermore, the invitation text was sent to telephone contacts of nursing officers working in the same military unit as the researcher who had expressed interest in voluntary participation after verbal dissemination of the research. From there, inclusion occurred through the snowball sampling technique, as these contacts spontaneously invited other nursing officers to participate in the study.

Either nursing officers from QCO, active or reserve (R1), or from TTO, active or reserve (R2), who hold/have held either a coordination/management position in a sector of the Army Health Fund or a coordination/management position in a sector/area/hospital unit of the Army Healthcare Service during the period from 1992 to 2020 were included, as described in Chart 1. Nursing officers from QCO, active or reserve (R1), or from TTO, active or reserve (R2), who held either a coordination/management position in a Garrison Medical Post or a position in a Military Battalion Medical Post were excluded. Interviews that were interrupted due to withdrawal or refusal to answer any of the questions stipulated in the interview guide were also excluded. Professionals who met the inclusion criteria received the ICF by email, which, after being answered and signed, was sent back to the researcher's email. To protect participant anonymity, the words "military service member" were used in all cases, followed by the interview number (e.g., Military service member 1).

Information was obtained individually, with only the researcher and the participant present, through an online interview via Google Meet. The duration of each interview varied from 17 minutes to 420 minutes, scheduled according to the availability of dates and times of those involved. The interviews took place from January to August of 2023.

A semi-structured interview guide was used for data collection, addressing professional trajectory, career motivation, leadership, hierarchy, and representativeness. Data saturation occurred when narratives showed similarities in content identified in the statements of previous participants, which was confirmed in the interview with the fifteenth interviewee. A total of 15 nursing officers participated in the study, whose interview data were transcribed, validated by participants, transcribed again, categorized, and their content analyzed according to the model proposed by Bardin[12] and interpreted in light of French sociologist Pierre Bourdieu's Theory of Social Fields[13].

Laurence Bardin's thematic analysis was guided by the three phases he proposed. The pre-analysis phase began with a preliminary reading of the material obtained during the interviews to identify key points. This was a moment of intuition and reflection characterized by a preliminary analysis of the identified content. Adhering to rules of homogeneity, exhaustiveness, and representativeness, the transcribed interviews were analyzed according to the objectives of this research, and the information was separated into categories based on similarities. No software was used for data management in this process. All interviews containing information related to professional trajectory, career motivation, leadership, hierarchy, and nursing representativeness in the Brazilian Army were included. For each interview, fragments related to the objectives of this investigation were highlighted and subsequently grouped by similarity of meaning. In the material exploration phase, a process of breaking down the essence of the messages was carried out, which served to identify expressions with equivalent meanings present in each participant's interview. It is in this phase that the material is organized for analysis through a coding process. The aim was to identify the recording units from the material that

Chart 1 – Summary of participant profiles. São Paulo, SP, Brazil, 2024 (n=15).

Participant	Age	Sex	Length of service	Active	QCO	TTO	R1	R2
Military service member 1	59	F	33 years	No	Yes	No	Yes	No
Military service member 2	34	F	8 years	No	No	Yes	No	Yes
Military service member 3	32	F	8 years	No	No	Yes	No	Yes
Military service member 4	39	F	8 years	No	No	Yes	No	Yes
Military service member 5	39	F	2 years	No	No	Yes	No	Yes
Military service member 6	36	F	5 years and 2 months	Yes	No	Yes	No	No
Military service member 7	33	F	2 years	No	No	Yes	No	Yes
Military service member 8	33	F	8 years	No	No	Yes	No	Yes
Military service member 9	33	F	9 years	Yes	Yes	No	No	No
Military service member 10	33	F	9 years	Yes	Yes	No	No	No
Military service member 11	52	M	17 years	No	Yes	No	Yes	No
Military service member 12	36	M	5 years and 6 months	Yes	No	Yes	No	No
Military service member 13	35	M	3 years	Yes	No	Yes	No	No
Military service member 14	38	M	3 years	Yes	No	Yes	No	No
Military service member 15	38	F	5 years	Yes	Yes	No	No	No

had been coded and gathered according to each proposed objective. In this method, this process corresponds to a transformation of the material into a representation of the content to offer information about the general characteristics of the material, in order to support what was established through indices and aggregation of units. Finally, in processing and interpretation of results, inferences and interpretations were proposed regarding the intended objectives, and in the third and final phase of the thematic content analysis method, the data were interpreted.

This research, whose project was submitted for assessment by the *Universidade Federal de São Paulo* (UNIFESP) Research Ethics Committee, under Certificate of Presentation for Ethical Consideration (In Portuguese, *Certificado de Apresentação para Apreciação Ética* – CAAE) 54969421.7.0000.5505, was approved by Opinion 5,584,693.

During the preparation of this manuscript, the authors did not use any type of artificial intelligence tool.

RESULTS

When conducting content analysis according to Bardin[12], 17 registration units were identified within the context unit “Entry of nursing into the Brazilian Army”. In this context unit, the three subcategories, namely “Battlefields”, “Lack of knowledge in military nursing”, and “Conflict in self-perception of identity”, were identified as meanings of participants’ discourses that resulted in the category “Trajectory of nursing in the Brazilian Army”.

Battlefields

The narratives that follow present perceptions and meanings regarding the career paths of the nursing officers participating in this study.

"*In 1995, I faced a feeling of demotivation in my first unit of work, as I perceived a lack of autonomy justified by obstacles to the professional practice of nursing, such as the failure to practically follow COREN regulations. However, this feeling changed when, over the years, COREN gained access to military health establishments for inspection... it was only when I went to the Central Army Hospital that I was able to practice nursing for a period of time that brought me satisfaction.* [...] *I was able to identify in the army that skill and competence are not requirements for performing a given function, but rather hierarchy...*" (Military service member 01)

"Initially, the first few years were very good; I was able to develop good work and have a lot of autonomy in my actions. However, throughout my career, I encountered many difficulties and barriers in implementing certain practices and establishing a position regarding my technical conduct..." (Military service member 2)

"Regarding the professional perspective of nursing, sometimes we are placed in situations or roles that we are not so suited to because it is an order given by a superior. [...] *I observe that, often, the head of the Nursing Division does not have the autonomy to assign roles to newly arrived professionals, or even to reallocate them based on job affinity or service needs.* [...] *In many places, the hospital management and other immediate supervisors* (composed of senior military personnel with various specialties) *define and appoint the professionals, sometimes even without considering the head nurse".* (Military service member 10)

Lack of knowledge in military nursing

The narratives that follow present study participants' perspectives regarding the institutional perception of the Brazilian Army and civil society's perception regarding military nursing.

"Before joining the army, I didn't know what military nursing was like, and I had no frame of reference; I thought it would be similar to nursing in civilian life. I can conclude that serving in the army is seen by many as something great for the nation, specifically for those who see nurses able to work on humanitarian missions, which is an incentive for those outside the military to join. However, there isn't much work being done on this, publications or dissemination, especially by the nursing council, which should happen to impact the image of nursing in the army and its leadership. The institution's view of nursing is still very incipient because, on several occasions, I entered places where we weren't recognized as military healthcare service personnel, but as part of an administrative service..." (Military service member 2)

"Despite the army's social visibility, I believe that military nursing is still not widely known, as many people believe that nurses working in the army only undergo training for war. Of course, that type of training exists, but what prevails is the role of officer nurses in providing care similar to that in a civilian hospital setting." (Military service member 6)

"Initially, I didn't know what the role of a nurse was in the Brazilian Army when I took the public service exam; therefore, my motivation for choosing this career was the wage combined with financial stability, along with the benefits of medical and hospital care and education for military personnel. [...] *I believe that nurses are not yet recognized as a healthcare workforce within the army, mainly by the military personnel themselves, because they lack knowledge of the specificities and professional specialties of the healthcare field. For them, nurses and nursing technicians are all considered nurses. Thus, nursing in the army remains unknown both within the institution itself and within Brazilian nursing, partly because there is no regulated definition of a military nurse."* (Military service member 9)

Conflict in self-perception of identity

Professional identity was present in the perspective of each military nurse interviewed, which will be presented below.

"When I joined, I often heard, 'This is the army, this is how it is, and you need to adapt... you're a soldier 24 hours a day'. Besides all these institutional difficulties in our work routine, I have a concern about the role of nurses here: whenever I see a nurse performing tasks that aren't necessary because they are highly skilled and their absence compromises patient care, it bothers me. This doesn't only happen with nurses, but also with nursing technician sergeants [...]*."* (Military service member 6)

"Throughout our institutional practice, we are constantly reminded that we are first and foremost military personnel, and only then are we nurses. This troubled us because we have a professional nursing registration that allows us to practice legally and demands ethical, technical, and legal commitment, meaning we cannot act in any way we please [...]" (Military service member 7)

"During my service, when I was in administrative-military roles, I questioned my purpose as a nurse in the army. Today, I am the coordinating nurse for the inpatient units of the medical and surgical clinics at the hospital, which I see as an opportunity for nursing. However, I have suffered a lot for not working exclusively in nursing, because I think I have a more clinical than military profile, which, for two years, did not serve me well. When I joined the institution, I expected that we would go to the front lines, to combat as health support, but to this day I haven't had that opportunity. The fact that nurses are part of the Complementary Officer Corps and not the Healthcare Service raises questions about nurses' institutional perception. Perhaps nursing in the army hasn't found its place." (Military service member 09)

In all participants, there is a noticeable discomfort regarding the representation of nurses within the army. The lack of definition of professional roles, fostered by the precedence of military hierarchy in the fulfillment of orders, distances nursing from its essential professional role in caregiving. The imposition of military identity, based on the values of hierarchy and discipline, alienates nursing's professional identity in healthcare, resulting in symbolic violence against its existence, preventing nurses from occupying positions of power within the military, even when assuming responsibilities or coordination/management roles. This perpetuates a struggle, initiated by nurses in QERE during World War II for belonging within the military field through nurses' professional identity.

DISCUSSION

Participants' statements indicate that nurses' professional practice in the Brazilian Army involves many challenges, such as lack of autonomy, hierarchical imposition, and delegitimization of nursing's professional identity. These challenges lead to confrontations within the hierarchical power relations of the Brazilian Army's military field, striving for belonging and recognition of military nursing. In participants' perception, military nursing does not yet have the visibility it deserves, commensurate with its technical complexity in healthcare, from the Brazilian Army, nor the social recognition of its professional practice in military health. One possible contributing factor is the misinformation about the professional role of nursing within the Brazilian Army itself, fueled by an organizational structure of healthcare centered on the medical figure, especially due to the hierarchy of positions held.

Nurses have built a significant part of their professional trajectory on the battlefields, which shaped inexorable values into their professional identity, such as the hierarchical structure of nursing[13]. However, existing hierarchy in the military field is different from the hierarchy of nursing, since the former represents an imposition that violates nursing's identity and limits it to spaces of power. For Pierre Bourdieu, the field of power is a space of struggle, whose agents and institutions relate to each other according to the agents' position based on the volume of their capital (power)[14].

In this regard, when a limit is established through military hierarchy in a medical-centered healthcare setting, nursing does not advance towards representation and legitimacy of its professional identity, favoring a decrease in the volume of its capital for symbolic power.

Thus, despite historical records of war decorations awarded to QERE nurses, which symbolized recognition by the Brazilian Army for the work of these volunteer nurses during World War II[15], these achievements were not sufficient for institutional awareness of nursing's identity as a care profession[16–17] and its importance for military health practice as an independent category. This perspective sheds light on a professional trajectory of struggle to occupy spaces of power in being, doing, and existing as military nursing, within the military ranks of the Brazilian Army's QCO and TTO.

In these scenarios, when nurses act as support staff, predominantly performing ancillary (administrative-military) activities such as checking and receiving medical supplies, assessing military paychecks, controlling administrative materials, instructing investigations, and supporting hospital bidding processes and institutional security, the core activities related to individual and collective health care, such as bedside assistance and nursing management (processes and people), become precarious due to their absence. The result is a smaller accumulation of symbolic capital[13] in nursing compared to the volume of symbolic capital in the medical profession, which is institutionally supported for the majority of health activities.

Therefore, the environment is designed for an organizational framework in healthcare that has been established and prevails for the centrality of hierarchical capital, most often medical. For Bourdieu[13–15], the greater the volume of capital an agent possesses, the greater their presence in the field, and the more legitimate their power will be.

Since the Brazilian Army's Military Healthcare Service originated with a prominent male presence in the medical officer corps, the nursing profession was relegated to a subordinate position from its inception, starting with corporals and sergeants—military personnel of subordinate rank in the military hierarchy—recognized as nurses and having the function of assisting in healthcare[2]. This historical context, coupled with the current role of nursing as a support function within military frameworks, and despite holding military power through officer rank, reduces its leadership capacity in the military health field. This is exacerbated by medical capital and the servile/subordinate institutional view that nursing still faces. This fosters and demonstrates a lack of autonomy in its practice, limitations in its professional scope as a specialty, and an unrecognized power within the field of military health, both inside and outside the Brazilian Army[18–19].

A new model of healthcare, designed for performance in military health, is identified as a possible solution to this problem. This model would change work relationships, shifting the focus from the objective aspect of military predominance and the purpose of military personnel to the human subjectivity of the population assisted, through care focused on their needs in an efficient manner, leading to better clinical outcomes.

We believe this favors the joint and balanced action of all military health personnel, even if the formality of rank is maintained, as it will give way to the common purpose of restoring and promoting health through working relationships in which hierarchy is perceived as a division of skills and responsibilities, rather than positioning individuals within the military social space.

This study was limited by the difficulty of accessing participants remotely for data collection, given the geographically dispersed nature of the nursing officers.

This study fills bibliographic gaps on military nursing in the history of nursing in Brazil and the world. It presents the barriers to the advancement of nursing as a healthcare profession within the Brazilian Army's military field, contributing as a source of data that stimulates reflection and critical

thinking among nursing professionals regarding military careers. It promotes the dissemination of the trajectory of nursing within the military ranks of QCO and TTO of the Brazilian Army so that nurses can reflect on what to do to redefine nursing's institutional and social role in the military area, in order to achieve recognition of its professional identity.

CONCLUSION

Military nursing has made efforts in the field of struggle within QERE, and still faces barriers to expanding its symbolic power in QCO and TTO. The military hierarchy and the healthcare model, centered on the medical figure, are barriers to nursing consolidating itself as a healthcare profession and having its professional identity validated as a result of the struggles undertaken within the Brazilian Army military ranks. As a possibility for transforming this scenario, we identify the redirection of nursing from the current military ranks to the healthcare service, the replacement of the current care model with a patient-centered care model, the predominance of a clinical governance culture over the military organizational culture, and greater representation of nursing in high-ranking military positions – hierarchical ranks of colonel and general.

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