



Political activism of union chilean nurses: a grounded theory study

Activismo político de enfermeras pertenecientes a gremios en Chile: un estudio de teoría fundamentada en datos

Ativismo político de enfermeiras chilenas sindicalizadas: um estudo de teoria fundamentada em dados

Greys González González¹

Edith Rivas Riveros¹

Maggie Campillay Campillay²

1. Universidad De La Frontera. Araucanía, Temuco, Chile.

2. Universidad de Atacama, Departamento de enfermería. Copiapó, Atacama, Chile.

ABSTRACT

Objective: To explain the political activism of professional nurses affiliated with Nursing union organizations in Chile, through a theory based on data. **Method.** It is approached from the interpretive paradigm, qualitative methodology, and with a systematic Grounded Theory design of Strauss and Corbin. The sample corresponds to 14 nurses who actively participate in union organizations. Conducting in-depth interviews, with several rounds of data analysis and interpretation for conceptual refinement, following the TF trajectory: open, axial and selective phase. **Results:** Four codes are obtained, with 16 subcodes, which are expressed in the selective phase, through the political activism central code, which maintains professional depoliticization as a causal, intervening and contextual condition, which develops as a consequence of political disinterest, as well as the professional defense that groups the strategies carried out or identified to maintain professional activism arises. **Conclusions and implications for practice:** The theory highlights political activism as the central code, and reveals weak collective strategies to promote professional political participation. This opens up interesting lines of research, and challenges for the teaching and community work of nurses.

Keywords: Health; Nurses; Nursing; Political Activism; Politics.

RESUMEN

Objetivo: Explicar el activismo político de las profesionales enfermeras afiliadas a organizaciones gremiales de Enfermería en Chile, a través de una Teoría Fundamentada (TF) en datos. **Método:** Se aborda desde el paradigma interpretativo, metodología cualitativa, y con diseño de TF de Strauss y Corbin. La muestra corresponde a 14 enfermeras que participan activamente en organizaciones gremiales. Realizando entrevistas en profundidad, con varias rondas de análisis de datos e interpretación para refinamiento conceptual, siguiendo la trayectoria de TF: fase abierta, axial y selectiva. **Resultados:** Se obtienen 4 códigos, con 16 subcódigos, los cuales se expresan en la fase selectiva, a través del código central *activismo político*, que mantiene como condición causal, interviniente y contextual a la *despolitización profesional*, que desarrolla como consecuencia al *desinterés político*, así mismo surge la *defensa profesional que agrupa las estrategias realizadas o identificadas para mantener el activismo profesional*. **Conclusiones e implicaciones para la práctica:** La teoría destaca el activismo político como código central, y devela débiles estrategias colectivas para promover la participación política profesional. Esto abre interesantes líneas de investigación, y desafíos para la docencia y el trabajo comunitario de las enfermeras.

Palabras claves: Activismo político; Enfermeras; Enfermería; Política; Salud.

RESUMO

Objetivo Explicar o ativismo político de profissionais enfermeiros afiliados a organizações sindicais de enfermagem no Chile, por meio de uma teoria baseada (TF) em dados. **Método** É abordado a partir do paradigma interpretativo, da metodologia qualitativa, e com um desenho sistemático da TF de Strauss e Corbin. A amostra corresponde a 14 enfermeiros que participam ativamente de organizações sindicais. Realização de entrevistas em profundidade, com diversas rodadas de análise e interpretação dos dados para refinamento conceitual, seguindo a trajetória do TF: fase aberta, axial e seletiva. **Resultados** Obtêm-se 4 códigos, com 16 subcódigos, que se expressam na fase seletiva, através do código central do ativismo político, que mantém a despolitização profissional como condição causal, interviniente e contextual, que se desenvolve como consequência do desinteresse político, bem como Surge a defesa profissional que agrupa as estratégias realizadas ou identificadas para manter o ativismo profissional. **Conclusões e implicações para a prática.** A teoria destaca o ativismo político como o código central e revela estratégias coletivas fracas para promover a participação política profissional. Isso abre interessantes linhas de pesquisa e desafios para o ensino e o trabalho comunitário do enfermeiro.

Palavras-chave: Ativismo político; Enfermagem; Enfermeiras; Política; Saúde.

Corresponding author:

Greys González González.

E-mail: g.gonzalez06@ufromail.cl

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INTRODUCTION

Throughout its history, the nursing profession has opposed restrictive, unjust and oppressive social structures, using activism to benefit the health both of the population and of the profession, through investigation, public policies and professional organisations, **accepting the social responsibility of action in the face of injustice in health.**¹⁻³ Activism is an essential tool for the profession, requiring concrete actions to make progress in reforms that will benefit individuals, families and communities, thus narrowing the gaps of inequality in health.^{4,5}

Despite its virtues, activism is a concept that is little used or understood by nurses; the use of the concept *activism* in the nursing literature is unclear, and texts often have recourse to alternative concepts like representation, defence and commitment to health when referring to the participation of the nursing profession in just social causes.^{4,6,7}

From a feminist perspective, this lack of interest in activism distances nurses from their political role, keeping them out of spaces of power and decision-making, as well as limiting their global view.⁸ This phenomenon has been associated historically, socially and culturally with the feminised professions, responding to virtues demanded by society such as obedience, respect for the hierarchy, and humility. Thus the nurse accepts a passive, submissive role, which contrasts with the proactive attitude expected of activism, more associated with critical analysis, proposals for change, and empowerment, characteristics normally attributed to the male sex.⁸

Nevertheless, the profession has produced influential activists whose support for social causes has led to significant progress in global public health and civil rights – Florence Nightingale, Lilian Wald and Margaret Sanger to name some of the most influential.⁴ Perhaps the principal consequence of the disinterest of nurses in activism is that it excludes them from more active participation in society, as is evident from the make-up of committees where public policies are discussed.^{9,10} This exclusion from government decision-making has hindered the nursing profession from having an impact on health practice, despite its enormous experience in caring for people and communities.¹¹

As a result of the lack of interest among nurses, and their low participation in politics through unions and professional organisations, improving their working conditions is an uphill struggle.¹²⁻¹³ Although nursing professionals have a solid basic training in promoting health.⁴ For decades nurses have led changes in health and health-care systems without putting a value on, or seeking recognition for, their own activities. Furthermore, it is suggested that nurses continue to focus on the technical aspects of their profession, ignoring the fact that their community and social actions generate political awareness by addressing the social determiners of health.¹⁴

Although it is not nurses' responsibility to guarantee that the members of society have access to health-care, their function as care-managers does require them to provide timely, safe and efficient attention, and thus to involve themselves in the decisions that guarantee high quality care to individuals and the

community.^{15,16} Moreover it is imperative that they make an effort to understand the causes of health problems and socio-health injustice, and contribute to the discussion of public policy with reasoned, solid arguments, as they have a strong grounding in public health, as well as valuable experience and a global inside view of the health system.^{4,5,16}

Investigations into nursing show gaps in the socio-political knowledge of nurses, since teaching is still focused mainly on institutionalised clinical aspects. For these reasons, investigating activism carried out by nurses who are members of a union or professional body is considered a contribution to the visibilization of their social role, and to grounded discussion of the socio-political pattern of the profession. This work therefore will contribute to a change in the future social contribution of nurses, moving from action focused on bio-medical practices to social care models, and from a local and national disciplinary approach to one of global public health, in which nursing will help to close disparities in health attention and environmental justice, beyond the strict limits of the profession.^{4,17}

Object To explain the political activism of nurses enrolled in a nurses' union or professional body in Chile, using grounded theory.

METHOD

The present study was undertaken under an interpretative paradigm, using a qualitative approach and a systematic design based on Grounded Theory (GT). The methodological reference was Strauss and Corbin, complemented with Creswell's Coding Process.^{18,19} The proposal allowed us to interpret the facts so as to describe and explain the *activism* process of nurses affiliated to the main nurses' unions in Chile. A systematic design based on GT was used, consisting of three specific analytic phases: open, axial and selective coding. This was combined with constant comparison of data, and refinement of the theoretical codes that contributed to the formulation of an explanatory theory. The theoretical proposal originates with a central or substantive category able to associate conceptually all the other categories of the proposed model. The explanatory theory is emergent and will be presented in accordance with Creswell, through a coding chart with the following components: central category, causal category, strategies, consequences, intervening factors and contextual factors of the phenomenon.^{18,19}

The theoretical sample was intentioned; it included initially clinical and administrative nurses, and subsequently teachers affiliated to the Chilean College of Nurses and the National Federation of Female and Male Nurses of Chile (FENASENF) in the Araucanía Region of Chile. The selection criteria were qualified nurses, with at least three years' membership in one of the unions named. The nurses were contacted through a first key participant, who started a snowball process in which each nurse suggested another participant. The data were collected between October and December 2021. Sixteen in-depth individual interviews were carried out, two of which were second interviews to complement the initial interpretation. Theoretical saturation was achieved in interview 14. The interviews were based on three questions

designed to generate dialogue, subjected to validity rounds by experts in GT; they were intended to achieve greater depth both in political activism in nursing, and in the obstacles and facilitators of union membership. The nurses contacted were informed about the study, and 100% consented to participate. The interviews, of mean duration 90 minutes, were recorded and transcribed in full. Microanalysis of the data was then carried out, and codes were created using the Atlas ti® software. Interpretation was complemented with memoranda developed during the field work. Interviews were coded with a letter and a correlative number to preserve anonymity.

Data analysis started with preliminary microanalysis of each interview, in which the data were examined as they were obtained, by constant comparison; this led to the identification of 60 preliminary codes in the coding phase, which were reduced to 20 after joint analysis by the investigators. These were then related in the axial coding phase, carried out in three rounds of analysis by the principal investigator. The results were sent to expert investigators, who analysed them to obtain individual relations, and then shared them in two rounds of interpretative review, in order to avoid biases in the investigation. The final result was a matrix with associated codes, and related empirical evidence. The product of this process was a substantive theory, which was reviewed in four rounds of analysis. It was then applied to three of the interviews in which the theory was anchored, confirming that the conceptual elements included explain activism as the principal phenomenon.

The reliability criteria included: triangulation of the sample using interviews and memos; and triangulation between investigators. Given that the principal investigator had only incipient experience, this was complemented with the advanced experience of the secondary investigators in rounds of interpretative review. This allowed the categories from the open coding phase, and theoretically those of the axial phase, to be refined, and the proposed theory to be revised in review rounds. Turning to the transferrability of the theory, although it is a substantive theory situated in the context of local union action, we consider that it could be used in similar contexts at a national level, since nurses in Chile share very similar cultural and training conditions, and the only unions involved are the two mentioned in the study.²⁰

The principal ethical aspects of the investigation were its social value and the risks-benefits of the participants; respect for the participants' autonomy was ensured by providing them with complete information on the study, and by obtaining broad voluntary consent before starting the fieldwork. The study was approved by the Scientific Ethics Committee of Universidad de La Frontera (Folio no. 092/21).

RESULTS

The average age of the study participants was 43 years; ten participants were female and four male; nine were members of the Chilean College of Nurses, four of the FENASENF, and only one was a member of both organisations. The mean period of union membership of the study participants was eight years.

In the first microanalysis of the data, 60 preliminary codes were identified in the open coding phase, which were reduced to 20 after analytic review. Subsequently, in the axial phase, the "Coding with associated codes, and related empirical evidence" matrix was produced (Table 1), in which theoretical definitions were created by seeking similarities and possible properties allowing the proposal of an association. This identified four codes with sixteen sub-codes.

From the result of this process, we proposed the substantive theory of the selective phase, through the coding diagram "Process of political activism in nursing" (Figure 1).

According to the coding diagram *Process of political activism in nursing*, the central substantive code is *Political activism* based on its capacity to relate all the emergent codes; while *Professional depoliticisation* covers the contextual, intervening and causal conditions that have, or have had, a negative effect on activism, and *Professional defence* groups the strategies applied or identified to maintain professional activism, and finally *Political apathy* is the ultimate consequence, a weakening of political activism in nursing.

DISCUSSION

The discipline of nursing includes six patterns of knowledge: firstly the four areas proposed by Carper in 1978, *empirical, ethical, aesthetic and personal*, which refer to the 'what' and the 'how' of nursing knowledge; second to them, White's pattern of 1990, which allows critical thinking on care policies; and finally, *emancipatory* knowledge developed by Chinn and Krammer in 1995, which focuses on awareness of social problems in order to propose solutions, using professional, collective and political power to generate changes that will reduce injustices in health and increase the dignity of individuals. The last of these patterns is based on activism to promote changes in the area of structural determiners – social, political and cultural – that affect human health and care.²¹ In this respect, the importance of the two latter patterns is that they contribute to social development and broaden the horizon of the profession in terms of its autonomy, its visibility, the governance and improvement of its own welfare, and social representation.²²

The theory of the *Process of political activism in nursing* can validate activism as the force concept that demonstrates the socio-political role of the profession. This, as the central substantive concept, enables us to recognise the secondary concepts that act as triggering or causal agents, intervening factors, strategies, and consequences of the process.

Political activism

Political activism refers to participation in an organisation, through opinion and continuous work, with a political posture that arises from the subject's professional role and personal motivation, part of a commitment based on common principles and values. It is unconnected to political parties, but is a higher relationship that connects the nurse with his/her community. Its specific object is to raise a clear, strong voice against the injustices that

Table 1. Matrix derived from the axial phase “Coding with associated codes, and related empirical evidence”.

XCodes	Sub-Codes	Empirical evidence – Verbatim
Professional depoliticisation	Feminisation of care	<i>Eighty percent of the members of our profession are female, and the leaders among our colleagues have roles to play as mothers; this is often incompatible with union work (...), because they have children, or they are pregnant, and they give priority to that role (...) and they don't have the time to carry out other activities, it is difficult; so that is why most of the leadership roles in a career that is predominantly feminine are taken by men (...) (E5) (5:66).</i>
	Depoliticised university training	<i>We find it hard to talk about politics. I think it has to do with our training in the nursing schools; when a nurse sets foot in a hospital, she is taught not to say anything, to be correct, not to have a hair out of place, that you have to be impeccable. Nursing has remained like that over the years, it hasn't evolved (...) (10) (10: 256</i>
	Chile's military-political history	<i>Our generation experienced a political problem in the 1970s, where many people were frightened to participate. I think that is why we don't take part in movements, only the bravest participate because we are frightened of possible reprisals. There are people who participate actively in political groups, but they don't tell anyone because they are afraid. This is a generational thing, and in the last few years it has been changing (...) (E4) (4:90).</i>
	Self-censure	<i>Nurses don't fight for their jobs, and so they are losing functions, actions that historically belonged to nursing and that obviously other professionals are taking on, because the nurses don't want to do it; they don't want to fight to keep those fields, because it means extra work, because they lack knowledge, lots of reasons, and this finally keeps nurses out of politics, action and the struggle (...) (E14).</i>
Political activism	A personal background connected with activism	<i>I started doing this work as a girl, in school, in the class student committee, at university, representing people I could help; for that reason, when I left university I joined FENASENF. I think that people feel that they have a responsibility to represent others when we assume these roles, and the same happens in nursing (...) (E7) (7:170).</i>
	Feeling of belonging to the organisation.	<i>Feeling part of something always empowers you, feeling that you belong, feeling that there is room for your opinion; besides, the College gives you tools in the form of social contact with other colleagues, and this opens doors, fills you with different experiences that make you feel a bit more secure in your work (...) (E8) (8:185).</i>
	Leadership	<i>Leadership is fundamental, it lets you generate a voice that will represent a group of people, that will be expressed through the capacity for dialogue, being conciliatory and flexible, committed, innovative; and all this will enable you to have a group of people that you can represent, and to be the person the authorities contact to negotiate and generate change (...) (E2) (2: 31).</i>
	Union representation	<i>One of the benefits of joining a union is without doubt representativity in general; in other words, what people are asking for is consistent with how they feel, and this is being presented in the places where changes and improvements are made, like the bosses, the government and other unions (...) (E10) (10:260).</i>
	Referents of unionism	<i>I became involved in activism because when I was an internee, a colleague in paediatric surgery – who didn't do shifts, she only worked during the day – told me that it was important to belong to a union. She explained why these things had to stop, what our rights were, she gave me those ideas and motivated me to join (...) (E11) (11:287)</i>
Professional defence	Generating changes	<i>I am a union leader here, and I see how through the Colleges we can get a lot of changes introduced and we can support our colleagues or our work to make them better, providing better health to our patients. This what motivates me most to be a member of the Colleges, giving support to improve policies, and also being an active agent for policy changes at a national level (...) (E13) (13:311).</i>
	Professional empowerment	<i>We are part of a professional branch devoted to specialised care, with a theoretical basis and a history which backs us up. We feel that we need a certain degree of differentiated protection or defence for our activities. That is how a group of nurses formed an organisation, and finally these nurses' associations were formed, but all this comes out of our empowerment as nurses (...) (E9) (9:207)</i>
	Work needs	<i>We need improvements in our working conditions, better infrastructure, and we have to go on solving these needs, providing tools and training; and then you see that your environment could be better, and you start to get involved (...) (E9) (9:190).</i>
	Awareness in nursing care	<i>Because I see that my patients suffer difficulties, poverty; that is in my environment, it is important to see what is around you, you can't sit still without doing anything, it is our duty to them to fight to give them the best possible attention (...) (E8) (8:192).</i>
Political apathy	Work load	<i>I have always felt that the institution rests on the nurses, they are the ones who do their job, who define the task, who draft the protocols, and the rest do nothing. And this is an obstacle to union work – because our work in the hospital is so exhausting, there are few colleagues who have the energy to want to work in the union, as they have this tremendous extra work load (...) (E3) (3:49).</i>
	Professional individualism	<i>I feel that individualism is working against us, because there are nurses who don't put other people first; their first priority is their own place, their own job, their own appointment, even if that means going against other nurses. This hurts me, because we don't defend one another (...) (E5) (5:99).</i>
	Lack of interest in participating in union organisations.	<i>A lack of interest that also results in very low participation; there aren't many people interested in taking these actions, because there are people who feel that no one is listening to them, that they can't communicate. So participation is very low, few people go to the meetings, few people respond when they are asked to take part in surveys, marches, assemblies (...) (E13) (13:336)</i>

Source: Own preparation.

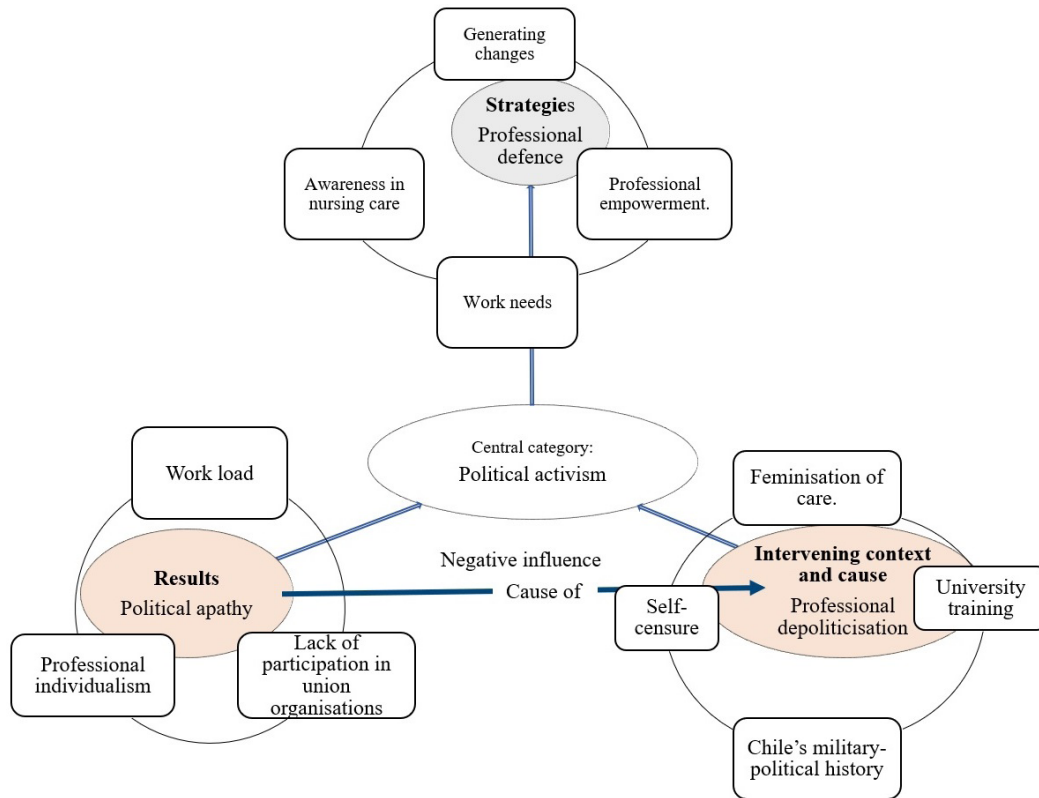


Figure 1. Coding diagram "Process of political activism in nursing".
Source: Own preparation.

affect people and communities, laying the foundations for justice and care opportunities. Activism in nursing invites nurses to go beyond marginal, passive, unrecognised participation to move to a supportive protagonism, connected with the global world and sensitive to injustice.^{4,5}

The personal background connected with activism reflects the importance of the personal and family history of nursing professionals engaged in this function, both to motivate their participation and to promote the construction of a political subject. This political subject assumes the commitment and responsibility of having a voice and of being in the first line in representation of the people and communities requiring care. Describe how early participation in social movements contributes to future participation and political awareness, and encourages people to join political parties, student organisations, and unions.^{23,24}

The feelings of belonging to a union organisation are linked with the sense of unity at a higher level of representation, pursuing shared goals, empowering the subject professionally and encouraging joint decision-making. This motivates work inside the organisation, uniting its members and defending them against work-related and social adversity. Such aspirations are based on the link between political participation and the subject's identity, related with the sense of belonging to the group; they

are born of shared beliefs, ideologies and objectives, in pursuit of a positive social identity.^{25,26}

Within activism, leadership is recognised as an important dimension for representative action. Positive leadership unites nurses, guiding them in the pursuit of concrete achievements for social justice. This form of leadership not only addresses questions of clinical practice from an institutionalised organisational angle, but offers a collaborative, collective approach for progress on social, political and health injustices, in permanent dialogue with the community.²⁷

Union representation is especially valuable in the event of problems or the need for support in the work context, since the union assumes responsibility for responding to these concerns. Nurses' unions discuss and negotiate with the authorities, the government and society on professional issues, and represent their views on subjects affecting the profession in government committees and organisations.²⁸

The referents for activism were identified as nurses who are respected, leaders and activists who model conducts that the membership should follow, and whose opinions are valid for that membership. This was mentioned by the participants as an important aspect in motivating them to become involved in union work and promote activism. Thus, the support of peers or mentors in promoting or initiating political participation is critical

and fundamental, to facilitate the inclusiveness, participation and sustainability of nurses' professional organisations.^{29,30}

a) Professional depoliticisation

Professional depoliticisation includes the context and the intervening and causal factors that affect the development of political roles and activism in the profession. These dimensions produce a break between the context in which nursing is performed, and the context in which its political aspects are determined. This deconstruction of the natural context of the profession, in which promoting community spirit is relegated and undervalued compared to clinical treatment, reduces opportunities for participation and visibility, leaving the care provided by nurses excluded from social and political discussions. In other words, the lack of involvement in activism leads to a depoliticisation of care.^{6,7}

The feminisation of care is associated with the social stigma attached to the nursing profession and the care it provides. The domestic work and motherhood that have been the historical responsibility of women imply a weak, submissive role, and nurses frequently have to endure workplace and sexual harassment. In addition, nurses are generally expected to be submissive to the medical profession, a largely male preserve, to which is attributed power, leadership and activism. The literature describes how nurses are excluded from decision-making in care, their voice being deprecated in society's perception on the basis that nursing is a feminised profession.^{8,11,23,31} On this point, the informants considered the need for change starting with a curriculum in which a gender approach is included in the first stages of undergraduate training, and maintained as a competence across all subjects throughout the training process. However it is no easy matter to re-construct a new social image for nurses, since it implies on the one hand re-signifying the profession, and on the other intervening in health systems that continue to work with traditional gender-roles, in which women are subjugated to male professions and often disparaged and abused in work contexts.³¹ Despite this, the emancipation processes led by female nurses position them in the community to continue to eliminate prejudice and unjust discrimination.²⁷

University training is described as important for encouraging professional activism; however, training courses are not stressing this pattern of knowledge, or only to a limited degree. This reflects the fact that both academic centres and the nurses themselves perpetuate the biomedical model of education and undervalue the social model of health, limiting opportunities for social development and political participation.³² The construction of political awareness, and the maintenance of this attitude throughout professional life, requires opportunities for people to be trained as political subjects starting when they are students; in the case of nursing – as mentioned previously – during their undergraduate training with participation in union activities, knowledge, and understanding of health policies. Thus nurses need training to gain confidence, knowledge and skills, in order to play a political role by representing people, their communities and their profession.³³⁻³⁵

Chile's military-political history is described as a period that had a negative impact on political participation, since it stopped the development and the legal guardianship of the professional colleges, eliminated social movements, and generated feelings of fear and mistrust that have influenced the political activism of subsequent generations. The authoritarian regime set up in 1973 imposed decisions based on political violence, reflected in the repression and dismantling of social and political activity.^{36,37}

Self-censure portrays nurses as subjects who choose not to speak out in situations which disturb them personally or professionally, associated with a fear of the consequences that might result. This situation has been associated with a university training lacking in socio-political competences.^{8,38}

Professional defence

Professional defence covers the strategies that enable full activism. This is linked to the responsibility of the professional associations towards their members, expressed in nurses' welfare and rights, and their conditions of work; the underlying and fundamental interest is to ensure the best care for individuals and the community. Professional defence is an attribute associated with "political action", being the ability to defend the profession and the jobs of its members; it is a source of motivation to participate in organisations that seek improvements for the profession.^{7,39}

Generating changes is described as the motivation to participate and to achieve changes in nursing. This requires a proactive, responsible attitude to improve nurses' working life and the quality of the care services provided to the community. This in turn requires nurses to work actively within the environment in which they live, seeking changes in the social world for their own needs, as well as those of other people and the environment.^{26,28,40}

Professional empowerment is another strategy that encourages activism; it arises from awareness of the nurse's role, based on a sense of pride, and seeks to raise the profile of nursing in the organisations where it is practiced. It also involves visibilizing nurses' work, based on a solid theoretical training, critical spirit and professional defence. The pride of the nursing profession arises from nurses' strong self-esteem at work, where they are conscious of their surroundings and how they affect the care provided. Nurses have valuable knowledge and a unique perspective of the health system which gives them solid arguments and supports the practice of activism.^{39,40}

Work needs arise from below-standard working conditions, generating work precariousness; and while this concept is not a strategy as such, it appears as a dimension that generates attitudes of professional defence among nurses. Considering that health systems always have needs, active membership in union organisations acts against work precariousness, raising issues of injustice in nurses' working conditions through an activist approach; this makes it a source of motivation, with political involvement developing in the context of injustice at work.⁷

Awareness in nursing care represents the nurse's commitment to people and communities, prioritising work in poor housing estates which suffer health injustices that threaten both health

and care. From this perspective, the constant, responsible work carried out by a nurse can produce changes for the better. The literature refers to nurses' capacity to recognise complex realities in society, especially those affected by the political, social and economic context, motivating them to act as care agents and to protect the care they provide in their field of action.^{3,34} Nurses recognise that quality care is achieved through dedication, and by responding to people's needs; the level at which they do this implies that they are politically active.^{23,31}

Political apathy

As a result of all the above, political apathy emerges as nurses' indifference to their socio-political role, participation in the community, and promoting health. The literature talks about a lack of interest in participating in political activities; this constitutes a barrier to professional activism that excludes nurses from public policies.⁷ Other authors mention that nurses are unable to identify political aspects in their work, through lack of a personal political philosophy. Politics as a value is relegated, although if properly approached should lead to the prioritization of community work, separately from direct patient care.³¹

The work load results from nurses becoming exhausted in the institutions where they work, associated with excessive demand for care services and negative consequences for patients and nurses alike: long working hours, high demands at work, inappropriate conditions for providing care, etc. This excessive demand has an impact on nurses' family life, and makes socio-political participation more difficult. There is a vast literature describing the negative consequences for the physical, mental and social health of nursing professionals. These studies show the difficulty of balancing personal life with work, and meeting all the needs of home, family and profession.³⁷

Individualism is linked to a lack of commitment and of empathy with other nurses, when personal objectives are given priority over collective needs. This has been explained by the predominance of the neoliberal model, which has affected the hierarchy of traditional values of nursing, since values like supportiveness are relegated to a place way below the principle of autonomy, typical of 'liberal' societies and economies.⁴⁰

Lack of participation in union organisations is exacerbated by the low level of membership of the Chilean College of Nurses, reducing union representation. This further weakens the image of the profession in society, and invisibilizes nurses' socio-political role; this results in a break between the professional organisation and society.³³ People and communities will always be affected by losing the benefits of nurses' competences and capacities in the community.

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

The findings of this study offer a preliminary explanation of the *activism* of nurses affiliated to professional organisations in Chile. Nurses understand the concept of activism and its

importance in the defence of their profession, and this is the central phenomenon; however, professional depoliticisation and political apathy predominate, associated with nurses' distancing themselves from the concept of politics. This is shown by the empirical evidence available, showing how nurses are distanced from decision-making, and how their profession is becoming more precarious. Thus nurses are prevented from acting in accordance with their professionalism and experience, in the face of determiners that affect the population under their care; the feminisation of care is also apparent, with nurses accepting a submissive attitude of respect for the hierarchy of their male peers. Female nurses are relegated from power, as is shown by the male leadership of a profession that is largely female.

University training is noted as an obstacle, due to training with a gender bias which does not educate future professionals in activism; nurses are discouraged from political participation, deny the forms of exploitation in the workplace, and evade the responsibility of contributing their opinion about the care that they have to provide.

We consider that this substantive theory offers a key to improved understanding of the process of activism among nurses in Chile, since it opens up possibilities for investigating each concept in greater depth, a concrete challenge to the academic world. Its importance goes beyond merely theoretical aspects, since it offers a base for reflecting on and re-assessing the existing professional organisations and spaces for participation and community action.

Finally, the professional training institutions must assume the great responsibility of incorporating socio-political and emancipatory competences in their study plans, in sufficient proportion for students to be introduced at an early stage to the spaces for collective and territorial action.

The main limitation of this study is that it has not been validated by experts; this will be done in a second phase.

AUTHOR'S CONTRIBUTIONS

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Antonio José de Almeida Filho 

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