

Politics and power in gerontological nursing in Brazil*

POLÍTICA E PODER NA ENFERMAGEM GERONTOLÓGICA NO BRASIL

POLÍTICA Y PODER EN LA ENFERMERÍA GERIÁTRICA EN BRASIL

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ABSTRACT

The objective of the present study was to identify the politic activities implemented by gerontological nursing in Brazil in the period spanning 1970 to 1996, which aimed at making it an effective specialty in elderly care. This descriptive-qualitative study was performed using a historical approach, using thematic oral history. Fourteen nurses, pioneers in the field, took part in the study. The following categories were identified: 1) Political organization of the field; and 2) Relationship between the field and the State. Results identified the following examples of political activities: traveling throughout Brazil, aimed at getting researchers interested in the theme; creating the Scientific Department of Gerontological Nursing; and assuming an effective participation in the creation of public policies in the country. The specialty is aware of the political relevance for its construction and has been making efforts to achieve recognition as a field of knowledge within the multidisciplinary team of elderly care.

DESCRIPTORS

Aged
Geriatric nursing
History of nursing
Politics
Power (Psychology)

RESUMO

O presente estudo teve como objetivo identificar as atividades políticas implementadas pela enfermagem gerontológica no Brasil, para sua consolidação como especialidade no atendimento ao idoso, no período de 1970 a 1996. Trata-se de um estudo descritivo-qualitativo, com abordagem histórica, que utiliza a história oral temática e que se realizou com catorze enfermeiras pioneiras na área. As categorias encontradas são: 1. Organização política da área; e 2. Relação da área com o Estado. Os resultados identificam como exemplos de atividades políticas: a realização das jornadas brasileiras, com objetivo de agregar pesquisadores interessados na temática; criação do Departamento Científico de Enfermagem Gerontológica; e a participação efetiva da enfermagem na elaboração de políticas públicas no país. A especialidade tem consciência da relevância política para sua construção e vem empreendendo esforços para alcançar reconhecimento como área do conhecimento na equipe multidisciplinar de atendimento ao idoso.

DESCRIPTORIOS

Idoso
Enfermagem geriátrica
História da enfermagem
Política
Poder (Psicologia)

RESUMEN

Estudio que objetivó identificar las actividades políticas implementadas por la enfermería geriátrica en Brasil para su consolidación como especialidad en la atención de ancianos, entre 1970 y 1996. Estudio descriptivo-cualitativo, con abordaje histórico, que utiliza la historia oral temática, realizado con 14 enfermeras pioneras en el área. Las categorías halladas son: 1. Organización política del área; y 2. Relación del área con el Estado. Los resultados identifican como ejemplos de actividades políticas: la realización de las jornadas brasileñas, con el fin de agregar investigadores interesados en la temática; creación del Departamento Científico de Enfermería Geriátrica; y la participación efectiva de la enfermería en la elaboración de políticas públicas en el país. La especialidad es consciente de la relevancia política para su construcción, y viene emprendiendo esfuerzos para alcanzar reconocimiento como área del conocimiento en el equipo multidisciplinario de atención al anciano.

DESCRIPTORIOS

Anciano
Enfermería geriátrica
Historia de la enfermería
Política
Poder (Psicología)

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INTRODUCTION

The comprehension of the historical authenticity of a knowledge specialty includes the analysis of the various constituents that comprise the creation of that field; the construction behind the search for professional power provides its practitioners with an expected autonomy and labor market share. One of the elements most easily identified by professionals in their journey towards autonomy is seen in the development of a specific piece of knowledge that can meet the needs of a given clientele and empower its holders with exclusive knowledge.

Political activity has already been embodied by nursing practice; literature in the field shows that, whenever a practice is grounded on technical proficiency, the professional practice can guarantee that nurses will have some individual autonomy. On the other hand, the political aspect of quality systematically questions and dismantles any standing power asymmetry⁽¹⁾. The strengthening of the occupation's political organization will ultimately yield a relevant social representativity and, perhaps, a new paradigm in the discursive practice concerning both the professional work of the nurse and the scope of his knowledge⁽²⁾.

Notwithstanding, a researcher in the field of occupational sociology alerts us to the fact that specialized knowledge alone is not a guarantee of labor market shares, as professionals also need to own other intrinsic resources in addition to the single dominion of a body of knowledge and competence that others have not fully grasped⁽³⁾. Therefore, in order to survive⁽³⁾, professionals depend on economic capital as much as on political power. Such a perspective brings about a new analytical element in the historicity of the specialty: the relationships with the political powers in the country and their influence on the elaboration of public policies. The maintenance and improvement of the occupation's position in the market, as well as in the division of labor, demands continuous political activity. The profession must be turned into an interest group in order to promote its objectives and protect itself from opposing goals⁽³⁾. The consolidation of the specialty also permeates its capacity for political articulation by establishing strategies aimed at creating a unified interest group that can defend its own interests.

The encouragement toward a stronger political participation has to be guided by the rationality of the practical occupation; in other words, it must provide a lay clientele with services that can solve their problems⁽⁴⁾. Nursing as a practical profession must constantly seek to be closely connected with bodies of power, actively participating in the elaboration, supervision and execution of public policies aimed at caring for the elderly and fighting for their rights.

In order to understand the history of this specialty directed at assisting the elderly, it was necessary to investigate the political activities implemented by its members toward its consolidation. It is worth highlighting that this present study will focus on political activity as an instrument of professional power; however, it also recognizes that political activity must be employed in the social commitment of assisted populations. After all, as a practical occupation, nursing must meet the needs of its clientele, as well as defend it⁽⁴⁾; such action can be substantiated by the profession's contribution to the country's public healthcare policies.

In this perspective, the present study was aimed at identifying the political strategies implemented by the gerontological nurses in Brazil toward the consolidation of the specialty in assisting elderly people between 1970 and 1996. This temporal cut corresponds to the decade in which the first research group in Brazil was created, and closes with the launch of the first Brazilian Conference on Geriatric and Gerontological Nursing.

Nursing as a practical profession must constantly seek to be closely connected with bodies of power, actively participating in the elaboration, supervision and execution of public policies aimed at caring for the elderly and fighting for their rights.

METHOD

This study is a descriptive, qualitative, social-historical research addressed by the use of a thematic oral history approach. The target of the investigation occurred in a relatively recent time and information on this period is missing; for this reason, the study sought to identify the people who experienced and participated in the historical process, in order to integrate them into the research⁽⁵⁾. The oral history is a historic, anthropologic and sociologic research method that favors the application of interviews, which eventually become bibliographic sources (interviews) for other studies⁽⁶⁾.

Data collection was carried out by means of semi-structured interviews between May and November of 2009. The subjects of the study were 14 research nurses who pioneered investigations related to the aging process between 1970 and 1996. The *pioneers* are those nurses who took part in the initial phase of gerontology studies in the country, and who highly contributed to the implementation of the Brazilian Conference, an event that triggered the socialization of this knowledge within the gerontological nursing practice in Brazil. It is worth highlighting that not all researchers who meet these criteria have been included in the sample due to geographical distances and access and interview scheduling difficulties, as well as saturation of collected data.

The research project was grounded on the guidelines and norms of Resolution Number 196/96 of the National Health Council; it was assessed and approved by the Ethics Committee on Research with Human Beings of the

Research and Extension Pro-Rector of the Federal University of Santa Catarina, under number 014/09 FR-241038. Subjects were clearly informed regarding the objectives of the research, signed the Free and Clarified Consent Term and agreed to be interviewed. Interviewees renounced anonymity and were, therefore, identified by their proper names; this fact highly enhanced the significance of this social-historical study. Interviewees included the following: Professors (Ph.D.) Lúcia Hisako Takase Gonçalves, Silvia Maria Azevedo dos Santos, Marion Creutzberg, Marilene Rodrigues Portella, Maria Jalma Rodrigues Santana Duarte, Célia Pereira Caldas, Maria José D'Elboux, Clarice Oliveira, Tânia Menezes, Aparecida Yoshie Yoshitome, Ana Cristina Passarella Bretäs, Yeda Aparecida Duarte, Ângela Maria Alvarez, and Rosalina Aparecida Partezani Rodrigues.

The data analysis process made use of the thematic content analysis technique⁽⁷⁾, in which the significance is disconnected from the text, allowing for its interpretation under the theoretical focus that guides the study. The technique also provided the acknowledgement of the specific reality shown by the interactions between the individuals and their given reality. Two analysis categories were identified, namely: 1) The political organization of the field; and 2) The relationship between the field and the State.

RESULTS

In the perspective of political activity as an element of professional power, the present analysis generated two categories: the political organization, which produced the report on the historicity of the implemented strategies toward the creation of the interest group, following the launch of the Scientific Department of Gerontological Nursing of the Brazilian Nursing Association; and the relationship between the field and the State, which described the relationships between the specialty and the country's political powers, as well as the participation of nursing in the elaboration of healthcare policies aimed at elderly people.

The political organization of the field

The perspective of the political element in the historical analysis of Brazilian gerontological nursing harkens back to the investigation of the relevance assigned to this component by the nurses, as well as the idealized political strategies shown by the pioneer nurses toward the consolidation of the specialty. Collected data allow us to infer that the pioneering nurses perceived the importance of political mobilization, since one of the strategies of the first Brazilian Conference on Geriatric and Gerontological Nursing, according to Professor Lúcia Hisako Takase Gonçalves, Ph.D., was to stimulate participants to involve other colleagues interested in assisting elderly people in their hometowns.

The Brazilian conferences were mentioned by the majority of the interviewees as being the major strategy to-

wards the socialization of the knowledge and as a relevant instrument in the consolidation of the specialty. The use of these events as a political strategy is highlighted in the Brazilian congress, as they constitute privileged political opportunities. These meetings gather professionals from all over the country in order to take part in the event and to debate issues related to the context of the occupation. The conferences pave the way for technical, political and cultural exchanges among professionals, an action that would be impossible in other scenarios⁽⁸⁾.

The aggregation of people and the creation of interest groups as a political strategy have theoretical echoes in the thoughts of Freidson. According to the sociologist, a well unified, well-financed association capable of mobilizing its members toward collective actions will probably have much more influence on financial allocation-related decision-making processes⁽³⁾. The researchers in this field realize this need:

We need to formalize our specialty, aiming both at its recognition and the creation of discussion, deliberation and resolution levels (Prof. Dr. Lúcia Takase Gonçalves).

Since 1994 we have been fighting for this organization. We have been working toward the creation of this organization for five years now, since the 5th Brazilian Conference on Gerontological-Geriatric Nursing here in Florianópolis (Prof. Dr. Ângela Alvarez).

(...) and I believe that the associations grant us political strength. Putting the associations and now the Regional and Federal Councils together, working in harmony with the Brazilian Nursing Association (ABEn), will make us much stronger. Yes, nurses need to mobilize (Prof. Dr. Silvia Azevedo dos Santos).

We will now have an institution, where we used to be individual groups: Lúcia's group in Santa Catarina, Teda's group, Rosalina Partezani's group-, we were just groups of people. We can now say: 'That's us! I belong to the Brazilian Association of Gerontological Nursing (Prof. Dr. Célia Caldas).

Besides the recognition of political activity as a tool to consolidate the specialty, the pioneer nurses also recognize that researchers are isolated and lack political mobilization; they voiced their concern regarding this issue:

I often think that [the political participation] ends up occurring in local and regional frameworks, but at the national level the mobilization is not articulated; it only occurs in conjunction with certain names, perhaps because of a high personal involvement in specific situations (Prof. Dr. Marion Creutzberg).

(...) if there is an event here, a medical symposium, a healthcare conference, or any other new gathering, you can be sure that the auditorium of the medical field will be crowded, while the auditorium of the public policy field will contain only a few participants (Prof. Dr. Marilene Rodrigues Portella).

That's how we see it: new, completely different participants each time. Few people come again and again... I'm not saying that people have to come back over and over again, but we see many interested students at one event, then they just disappear when it comes time for the next edition (Prof. Dr. Rosalina Partezani Rodrigues).

The demand in nursing is very high, yet the number of nurses is always very, very small. It's the smallest, least expressive group. Perhaps a more political, more aggregating element is missing, as professionals tend to be enforcers (Prof. Dr. Yeda Duarte).

The lack of political mobilization in nursing is a permanent focus in the discussions among practitioners. The nursing field must overcome the current absence of political action and take into account the relevance of its participation in decision-making levels, questioning the occupation's structure and the offering of services directed towards elderly people, in such a way as to contribute toward the formulation of social policies that support and address the aging process of the population⁽⁹⁾. Political frailty reinforces the social inequalities expressed by the predominance of the biomedical model, the scientific knowledge regarding the multiple ways of treating people's health, and the technicism observed in the professionals' healthcare practices⁽²⁾. The adoption of political rationality as an instrument supporting the search for professional power should be compulsory, permeated by the reflection on the meaning of this constituent to nursing practice. In the performed interviews, several pioneers present statements on this issue:

Well, here's one of the possibilities I have been giving much thought: as a university, we need to imbue future nurse with the understanding of the relevance of having power, and the positive logic surrounding the issue of power. Power is not a bad thing. All I need to know is what I should do with it... (Prof. Dr. Ana Cristina Brêtas).

The significance of political activity, and the creation of a department, is also seen by interviewees as an instrument in fighting medical domination. The knowledge of what needs to be done, and how it needs to be done, becomes a function of the division of socially organized labor established by occupational associations and legislative bodies that comprise the organization's environment⁽³⁾.

The way I see it, this will provide gerontological nursing and nurses with an ever-increasing visibility, as it still is a bit subdued and withdrawn resulting from the projection of the geriatric practice (Prof. Dr. Tânia Menezes).

The relationship between the field and the State

A body of knowledge and qualifications are the only intrinsic resources of any given profession; although it can be called *human and cultural capital*, it certainly does not match the power of economic or political capital⁽¹⁰⁾. Occupations

can not be settled or maintained without the exercise of the power of the State, since the occupational control of the division of labor itself, the labor market and the educational standard, can contradict the interests of populations⁽¹⁰⁾. Therefore, the comprehension of the political element in the construction of gerontological nursing in Brazil must also include the analysis of its relationship with the Brazilian State, as well as the contributions of the field to the elaboration of public healthcare policies that allow for the establishment of political participation in the power spheres.

In order to exercise utter control over its political economy, the State must count on an administrative organization, such as the Ministry of Education or Ministry of Health, for instance. The effective operation of these bodies depends upon the performance of their managers, who must have full knowledge of their domains in order to formulate pertinent guidelines, as well as comprehend and assess all information gathered from the practicing institutions under their jurisdiction⁽³⁾. In order to implement the assessment of its domains, experts from several fields are approached so that the interpretation of collected information can be carried out and guidelines on any given issue can be set. Hence, it is critical to identify the way the State has been recruiting Brazilian nurses towards participation in discussions regarding the elderly population:

It's been quite important. Norms were defined, and the nurse must be supported by these norms, this legislation (Prof. Dr. Maria Jalma Duarte).

In Bahia, we can say that there has been a direct contribution (...) Marilene has been invited to take part in the commission that drafted the State Policy for the Elderly People (Prof. Dr. Clarice Oliveira).

In the majority of states, and also here, we advise both the State and the Municipal Health Secretariats. We give our opinions on the policies, on the creation and definition of strategies and on the workflow (Prof. Dr. Sílvia Azevedo dos Santos).

(...) Well, this group is contacted whenever anything related to the policy is to be discussed (Prof. Dr. Aparecida Yoshitome).

Anyway, as far as I can remember, our group was always represented in the discussions... So, I think it's very good, nursing has never been ousted. By the way, the other groups always used to say that nursing is always present. They recognized we were there, you know. I think that we were the only field in the congresses that was really active in the gerontology area (...) (Prof. Dr. Maria José D'Elboux).

Another opportunity to participate was in the elaboration of the National Policy for the Elderly People (...) I can't remember how many nurses were there. I was there. I took part in two or three days of meetings in a hotel in Brasília. Another collaborative process took place in the Ministry of Health. I attended several meetings in order to discuss

the issue of caregivers and I was also invited to prepare a 6-million bidding process created by the Ministry of Health and the National Council of Technological and Scientific Development - CNPq, aimed at developing research in the field of aging . (...) So, I think that was it, specifically, but they were very important interactions (Prof. Dr. Rosalina Partezani Rodrigues).

One of the proposed activities in the elaboration of the National Health Policy for the Elderly People was the launch of a workshop that included the participation of 80 professionals from several different institutions, with seven nurses among them, namely: Alice Moreira Derntl (USP), Célia Pereira Caldas (UERJ), Lúcia H. Takase Gonçalves (UFSC), Margarida Maria Carreiro de Barros (UFPE), Maria José D'Elboux (Unicamp), Marlene Teda Pelzer (FURG) and Rosalina Aparecida Partezani Rodrigues (USP-Ribeirão Preto). Interviewees concluded that nursing did not participate in a formal way in the elaboration of public policies; in their assessment, only individuals were asked to contribute.

The political actions of the nursing practice in the elaboration of public policies aimed at the elderly in Brazil was not only restricted to the defense of the elderly people's social rights, but was also constrained to defending the occupation's labor market shares and discussions regarding the elderly people's caregivers:

As a category, the nurses were the most involved group in the discussions; as mentors of these policies, gerontology professionals wanted to include the issue of the lay caregiver in the policy as a professional category, just as the community agents did; not as individual professionals, but as a professional category. There was plenty of discussion, because it was nothing more than the reiteration of the nursing assistance role that we managed to qualify and divert (Prof. Dr. Sílvia Azevedo dos Santos).

The caregiver issue was born in a political season, and we had intense arguments with the Regional Nursing Council (COREn), so that COREn could understand what the caregiver role was all about... Although this current issue is a bit clearer now, it is still a 'thorn in our side'. Like it or not, this issue is always at the center of heavy arguments. Due to the inherent problematic issue, the discussion of the caregiving practice is always present at any nursing-related congress or meeting (Prof. Dr. Maria José D'Elboux).

Reports point out the nursing position regarding the inclusion of the caregiver as a professional category. The descriptions of the contention experienced, as well as the findings regarding the current state of the discussions surrounding the issue show the dimension of the problem. These facts illustrate the political mobilization of the pioneers, who managed to prevent the inclusion of a new professional category into their labor market.

Notwithstanding, nursing did not evade the formation of a lay caregiver interest group; it has taken an active role in the qualification policies, such as those related to the Programa Nacional de Cuidadores de Idosos,

(National Program for the Caregivers of Elderly People), created in 1999.

Within the National Policy for the Elderly People, both in the Ministry of Health and the Ministry of Social Welfare and Assistance, those caregiver-based ordinances were endorsed by both ministers. Yet, during the time I worked at the Social Assistance Secretariat in the 1990s, we participated in the elaboration of the ordinances related to the caregiver (Prof. Dr. Rosalina Partezani Rodrigues).

In partnership with the Social Assistance Secretariat of the Ministry of Social Welfare and Assistance, Professor Rosalina Partezani Rodrigues, Ph.D., coordinated an improvement course in 1998 called *The caregiving process for elderly people*. According to the professor's report, the course was made up of three phases: first, the theoretical foundations, with 30 participants; second, the application of a research project in a caregiving curriculum carried out by the students' original institutions; and third, the presentation and discussion about the performed task. A fourth phase was intended to assess the process, but it was not completed due to significant changes in the Social Assistance Secretariat. Among others, the following nurses took part in this project: Ana Lúcia Pinto, Ângela Maria Alvarez, Maria Manuela Rino Mendes, and Marilene Bacelar Baquero.

DISCUSSION

The presented statements point out the desire of the pioneers to see the creation of a class association as a political instrument toward the consolidation of the specialty. Whenever the body of knowledge and the competence of any given occupation reach a level of providing personal services to individual clients, its members are much more empowered to find a professional niche, compared with those areas when this does not happen, such as in medicine and the law⁽³⁾. In spite of being a liberal profession, nursing is not recognized as an occupation that renders individualized services; quite the opposite, the profession primarily renders services within the healthcare system, focusing on collective health. Thus, it is imperative that professionals are aggregated into associations that provide them with opportunities to fight for their interests, aiming to secure labor market shares and autonomy.

The perspective of the creation of a group, an association of gerontological nurses, came about through internal discussions on what the most efficient guideline would be for the achievement of the planned objective: either to create an entity in its own right within the Brazilian Nursing Association (ABEn), or to focus on participation in the Brazilian Geriatrics and Gerontology Society (SBGG). The deadlock was finally overcome at the 15th National Seminary of Nursing Research (SENPE), held in Rio de Janeiro on 10 June 2009, in a meeting aimed to discuss the issues related to elderly people.

The attending group presented, to the National ABEn's president Maria Goretti David Lopes, the proposal for the creation of a department. The proposal was accepted and consolidated by the CONABEn under Resolution number 001/2009⁽¹¹⁾, from 15 December 2009, which created the Scientific Department of Gerontological Nursing. In a meeting held at the 7th Brazilian Conference of Geriatric and Gerontological Nursing, held on 15 April 2010, national leaders were presented the rules of procedure⁽¹²⁾. Among other assignments, the new department is expected to develop improvement courses for the qualification of nurses and nursing technicians, propose necessary measures for defending and consolidating gerontological nursing and represent the ABEn in geriatrics and gerontology forums, as well as in other related interest areas.

The creation of the department must be recognized as an achievement of the group. The formalization of a section within the ABEn, which identifies both the competence and the need for professional qualification in this area, puts the specialty in the limelight within the practice of nursing. It also creates a political instrument in the battle for new spaces in the labor market, providing the group with legal mechanisms of representivity before other bodies in the healthcare field.

The presupposed dimension of a safe shelter in the labor market is the capacity of any given entity to negotiate as a collective body, either with labor consumers or the State, as well as to organize recruitment, training and employment institutions⁽⁹⁾. However, this should not be the last step in the political strategy towards the consolidation of the specialty; conversely, the creation of the department launches a long, hard trajectory toward the construction of knowledge, autonomy and domain in the labor market as essential attributes for professional power.

Of great encouragement for Brazilian nursing is the confirmation, in literature, of its increasing political organization resulting from the creation of interest groups. The movement has proven to be technically and scientifically prepared and politically organized, a fundamental step for a stronger representation in the areas of fund raising and public policy formulation⁽⁹⁾.

If the power-based relationships in Brazilian nursing are not revisited, nursing will be continually excluded from political formulation discussions and will continue to exercise political actions over which it does not have any influence; this is why nursing is frequently unable to grasp the essence of related public policies⁽⁹⁾. The adoption of a critical attitude within the practical context also means that the group must be focused on necessary transformations, especially concerning the discourses that guide professional formation, as nursing seems to be absent at the level of power that guarantees the achievement of social decisions. Therefore, nurses should definitely act in healthcare-related dimensions⁽³⁾.

Formal jurisdiction borders are often established by the legislation, produced and reproduced in an environment of political battle and negotiation, in which representatives seek to defend or improve their relative positions in the inter-occupational organization, the so-called division of labor⁽³⁾. Each type of occupation has processes by which specialized groups struggle for the renegotiation of borders; within specialties, different segments fight for power, aiming to change the definition of the tasks related to the specialty, as well as its core identity⁽³⁾.

For this reason, if nursing desires to become a protagonist in its professional jurisdiction, the creation of associations that encourage the exchange of knowledge and professional visibility is a mandatory step, aiming to limit spaces within the multidisciplinary team that assists elderly people.

The recorded statements showing the connections between gerontological nursing and the Brazilian State reveal the participation of the nursing practice in the elaboration of public policies, exemplified in the personal participation of the pioneering nurses in the field, Nurses are clearly more engaged at the local level, but they are also relevant at the state and federal political levels. The category seems to correspond to the set expectations and effectively contributes to the improvement of the quality of the services provided to this population group (elderly people).

Despite the self-critical conclusion that the group is not collectively represented in this participatory process, nursing is steadily included in the elaboration of national public policies, and this is a historic conquest for Brazilian nursing. In a highly restricted universe of professionals surrounding the political power, nursing has been invited to contribute with its specific knowledge of the elaboration of laws aimed at providing the Brazilian elderly population with a citizenship status.

As a practical occupation, nursing should also keep an attentive eye on socially protective activities. Taking into account nursing's lack of income and autonomy in dealing with daily activities, the most relevant policies directed at the elderly are the ones related to income generation and long-term caregiving. Population aging is the result of the success achieved by economic and social policies, which generate improvements in quality of life, especially concerning people's health⁽¹³⁾. Within this context, the nurse must participate not only by practicing the statute's articles, but also by informing aged populations regarding the existence of these documents, thus guaranteeing that they become aware of their rights therein. It is also urgent that nurses become mediating agents between the legislation, the elderly and society⁽¹⁴⁾.

The mobilization toward the non-inclusion of the professional caregiver could have had adverse consequences; however, the initial perception of an uncontrolled corporatism has taught a lesson in professional defense, which should be learned and replicated in other forthcoming op-

portunities for the defense of autonomy and jurisdiction in the labor market. It is worth highlighting that such an achievement meant much more than a victory over corporatism; it was also made possible by the support of the elderly population themselves.

The debates regarding the labor market share become relevant in limiting the autonomy and the power of any given occupation. The core issue of professional power is much more relevant in the level of control that professionals have over their own work than in the control created by consumers in the open market, or by the employees of the State⁽³⁾.

In this way, gerontological nursing must continue to hold its ground concerning the lay caregiver. It must always be aware that the qualification of caregivers demands a systematic planning and a contextualization of caregiving actions directed towards the improvement of the quality of life of both the elderly and their caregivers. It must also be aware that nurses, especially, should redirect their action planning and execution in order to implement interventions aimed at minimizing the impact of dependency of the elderly on their caregivers⁽¹⁵⁾.

The statements recorded in the interviews seem to prove that nursing has been actively participating in the elaboration of public policies directed towards the elderly people in Brazil, guaranteeing their social rights and health and paying careful attention to the delimitation of its labor market.

CONCLUSION

The reach of professional power requires an occupation or a specialty to establish elements that go beyond

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the development of any specific knowledge. In the labor market arena, where delimitations are settled by state or societal concessions, a power clash between different occupations turns political activity into an urgent action towards the conquest of professional status.

Aware of its political relevance in the construction of the specialty, Brazilian gerontological nursing has been putting forth great effort to achieve recognition as an important area of knowledge within the nursing field, as well as in the multidisciplinary area of providing assistance to elderly people. These activities are exemplified in the Brazilian Conference of Geriatric and Gerontological Nursing, which aims to bring together researchers interested in this thematic issue, socialize scientific knowledge, create the Scientific Department of Gerontological Nursing, and effectively participate in the elaboration of public policies in the country.

Being a practical profession, nursing must seek to establish a close relationship with the aged population, as it has done historically, fighting for the rights related to health and other social issues, and taking part in the organization and implementation of health-based public policies. Nursing must also maintain a direct connection with political power bodies, as jurisdictions are delimited by processes of political battles and negotiations between the representatives of the occupation, aiming to hold their ground and upgrade their professional position in the labor market.

The consolidation of gerontological nursing in Brazil, therefore, is intrinsically related to its capacity to create politically active associations, as well as build awareness of its social-political role in the aging processes in the country.

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