







History of the nursing course at the Universidade Estadual de Feira de Santana, Bahia, Brazil

História do curso de enfermagem da Universidade Estadual de Feira de Santana, Bahia, Brasil

Historia de la carrera de enfermería en la Universidad Estatal de Feira de Santana, Bahía, Brasil

Denise Lima da Silva Brasileiro^I ; Deybson Borba de Almeida^I ; Nívia Vanessa Carneiro dos Santos^{II} ;
Sélton Diniz dos Santos^I ; Gisele Alves da Silva Teixeira^{II} ; Maria Claro Olinto Azevedo^{III} 

^IUniversidade Estadual de Feira de Santana. Feira de Santana, BA, Brazil; ^{II}Universidade Federal da Bahia. Salvador, BA, Brazil;

^{III}Universidade de Salvador. Feira de Santana, BA, Brazil

ABSTRACT

Objective: analyzing the implementation of the nursing course at the Universidade Estadual de Feira de Santana. **Method:** historical research, carried out with the first class of a nursing course, in November and December 2021, with eight graduates, based on a semi-structured interview. The data was analyzed using the thematic content analysis technique in the *N-vivo*[®] software. The research protocol was approved by the Research Ethics Committee. **Results:** three categories of analysis emerged: the political context of the implementation of the undergraduate course, Motivations for joining the course, and Course infrastructure and training practices. **Conclusion:** the trajectory of the implementation was related to precariousness and political interests overriding the need for undergraduate courses that train critical and reflective professionals, technically and politically qualified, with the great differential being the engagement of the social actors involved in favor of a citizen, humanitarian, and qualified formation.

Descriptors: Nursing; History of Nursing; Nurses; Education, Nursing.

RESUMO

Objetivo: analisar a trajetória da implantação do curso de enfermagem da Universidade Estadual de Feira de Santana. **Método:** pesquisa histórica, realizada com a primeira turma de um curso de enfermagem, de novembro e dezembro de 2021, com oito egressas, a partir de uma entrevista semiestruturada. A análise dos dados através da técnica de análise temática de conteúdo, no *software N-vivo*[®]. O protocolo de pesquisa aprovado pelo Comitê de Ética em Pesquisa. **Resultados:** emergiram três categorias de análise: contexto político da implantação do curso de graduação, Motivações para ingressar no curso e Infraestrutura do curso e as práticas formativas. **Conclusão:** a trajetória da implantação esteve relacionada à precarização e a interesses políticos se sobrepondo à necessidade de cursos de graduação que formem profissionais críticos e reflexivos, qualificados técnico e politicamente, sendo o grande diferencial o engajamento dos atores sociais envolvidos em prol de uma formação cidadã, humanitária e qualificada.

Descritores: Enfermagem; História da Enfermagem; Enfermeiras e Enfermeiros; Educação em Enfermagem.

RESUMEN

Objetivo: analizar la trayectoria de la implantación de la carrera de enfermería en la Universidad Estadual de Feira de Santana. **Método:** investigación histórica, realizada con la primera promoción de una carrera de enfermería, en noviembre y diciembre de 2021, con ocho egresadas, a partir de una entrevista semiestructurada. Análisis de datos mediante la técnica de análisis de contenido temático, utilizando el *software N-vivo*[®]. El protocolo de investigación fue aprobado por el Comité de Ética en Investigación. **Resultados:** surgieron tres categorías de análisis: Contexto político de la implantación de la carrera de grado, Motivaciones para ingresar a la carrera e Infraestructura de la carrera y prácticas de formación. **Conclusión:** la trayectoria de implantación se relacionó con la precariedad y los intereses políticos, que se superponían con la necesidad de que hubiera carreras de grado que formaran profesionales críticos y reflexivos, técnica y políticamente calificados, y el gran distintivo fue el compromiso de los actores sociales involucrados a favor de una formación ciudadana, humanitaria y cualificada.

Descriptores: Enfermería; Historia de la Enfermería; Enfermeras y Enfermeros; Educación en Enfermería.

INTRODUCTION

Higher education is linked to the social and historical processes taking place in society and is influenced by its actors¹. In this way, it is possible to relate higher education to the historical, social, political, and economic phenomena experienced, with characteristics that will determine the training model and its continuity.

To understand the history of a phenomenon, you need to understand the context in which it is inserted. Therefore, understanding the past is a way of associating it with the present, so that it is possible to decipher characteristics that mark the current scenario in which the individual is placed².

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Corresponding author: Denise Lima da Silva Brasileiro. E-mail: dbrasileiro3@gmail.com

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In the same way, to understand nursing in the sense of its history is to build a memory of the profession and critically analyze its findings, given that it is a profession embedded in the commercialized context of power, medical hegemony, invisibility, and training as a second option².

To introduce higher education in nursing in the interior of Bahia, the first course was implemented on April 27, 1976, in the city of Feira de Santana in the Universidade Estadual de Feira de Santana (UEFS)³. The implementation of this course in this location is related to its polarization, favorable geographical location for the economy, urban development, and social aspects, adding surrounding cities and contributing in a macro perspective to health actions in society.

This study seeks to understand how the UEFS nursing course was built, addressing the characteristics of the first class, the university structure, the difficulties faced by a newly-implemented course, interpersonal relationships, empowerment, and social movements, among others.

This object is justified by the importance of understanding the historical aspects of a nursing course, knowing that understanding the history of a phenomenon is the gateway to knowing the path taken, observing the evolution, and realizing the impact that this generates for the profession, the scientific community and the society in which it is inserted. It is also the first higher education nursing course to be set up in the interior of the state of Bahia, thus making a local and regional contribution.

The history of Brazilian nursing, as a social practice, is conditioned by the context in which it operates. It also influences the society in which it operates, according to the social forces at play in the field of health and in terms of historical determinations, the collective action of men and women and the action of people who occupy strategic positions, at a given time or situation, is highlighted, since the acceptance that the individual can only act within the conditions determined by the economic organization of society and by political power does not eliminate the strength of certain personalities or the unpredictability of individual choices².

Given the above, understanding professional practice and historical knowledge contributes to critical thinking and, consequently, can interfere with the valorization of the professional and social being. By looking at the history of the nursing profession, one is taking ownership of what is part of one's professional career, reflecting on the visibility of nursing and the social recognition of nurses, as part of a process of self-knowledge.

The question of this research is: how did the nursing course at the Universidade Estadual de Feira de Santana come about? Implantation means to introduce, to root something⁴. Therefore, the study aims to look at the establishment of the first undergraduate Nursing course in the interior of Bahia.

Thus, this study aimed to analyze the trajectory of the implementation of the nursing course at the Universidade Estadual de Feira de Santana.

METHOD

This is qualitative historical research, with an approach centered on oral history and the political, social, economic, and educational context experienced. Oral history seeks to investigate information that occurred in a certain period from people who experienced that historical moment and is recognized as living history².

The participants were UEFS graduates who attended the first class of the undergraduate course in Nursing and Obstetrics. The participants and the research site were chosen because this nursing course was the first to be institutionalized in the interior of Bahia and today its repercussions in the training of nurses for the region, as well as scientific production and extension, are undeniable.

The inclusion criteria for taking part in the study were: being a graduate of the first class of the Nursing course at UEFS. Among the exclusion criteria were those who did not respond in time for data collection or who had a health problem during the period.

Some of the graduates were contacted via the Whatsapp® application, with contact numbers provided by a professor at the university. In addition, the snowball technique was used, asking at the end of the interviews if the participant had anyone to refer who might be interested in taking part in the research. Of the 40 people who took part in the class, only ten were given contact details and only eight responded to the contact.

Data collection was carried out remotely using the *Google meet*® digital platform, with the participants agreeing to do so after reading and signing the Free and Informed Consent Form (FICF) and the Assignment of Rights to Oral Testimony and Personal Collections. Both terms were signed and sent via e-mail, preserving the confidentiality of the research and its ethical aspects.

Data collection took place between November and December 2021, using semi-structured interviews. Subsequently, the interviews were transcribed and sent to the respective participants, thus taking place in the process of validating them, in which the interviewees approved the transcription.

The data was organized and processed using *N-vivo*® software. This software helps with storage to optimize the organization of the data and enable the coding of analysis categories so that they are marked and identified to facilitate interpretation⁵.

The data was analyzed using thematic content analysis, which consists of identifying nuclei of meaning to understand the communication through the presence or frequency of subjects discussed during the interviews, managing to interpret the results obtained critically⁶.

To ensure anonymity and preserve the identity of the participants, the interviews have been identified with "Int." followed by numbering according to the chronology of the interviews, where sentences with the same meaning have been placed together. As this is historical research, the time frame and theme become specific and easy to identify, however, with the scope of 40 people in the class, and only eight interviews, it is not possible to specifically identify the participants.

This research is part of an institutional matrix project authorized for its execution by the Ethics and Research Committee of the institution involved and is by the ethical aspects of research to be carried out with human beings, aiming at respect, integrity, autonomy, and ethics.

RESULTS AND DISCUSSION

As far as the characteristics of the study population are concerned, the final sample included a total of eight interviews, most of them women (n=6), aged between 63 and 87, brown (n=4), black (n=2) and white (n=2). Only one of the interviewees had no children and, of the eight, three said they were Catholic.

Based on the composition of the information found in the interviews and the organization of the data, it was possible to generate three categories of analysis, namely: i) the political context of the implementation of the undergraduate Nursing course at UEFS; ii) motivations for the implementation of the course and iii) course infrastructure and training practices, presented below with their statements together with their subcategories.

The political context of the implementation of the undergraduate Nursing course

Given the results obtained, the first category points to the political context of the implementation of the Nursing course at UEFS, which generated two subcategories, namely: political/social movements and relationships between professional groups.

Political/social movements

We are children of silence, my generation is a child of silence, we came from a military dictatorship in the country [...] at university it wasn't a space for big political discussions, it wasn't a space for political training [...] (Int. 2)

I think that all the fights we put up for the qualification of classes, professors, locations, internships, transportation, and uniforms, all of these were political fights and we created the foundation. [...] (Int. 7)

I don't remember anything, any political act, any political positioning of the class in the sense of getting involved with what was happening at the time, and there was persecution and there were political things, but we didn't see it, it was very distant [...] (Int. 8)

We had a situation where we didn't agree with the attitude of a certain professor, my class got together, took a political stance, of articulation, of negotiation, and we didn't accept that professor in the other subject, in the subsequent subject, which she was also going to teach [...] (Int. 1, 2 and 6)

We had demands, just as our students do today, for a field of practice and improved study conditions [...] (Int. 1)

The speeches presented reveal that there was no political participation on the part of the students, as evidenced by interviewee 2, who referred to her class as: "We are children of silence". Associating the implementation of the university with the historical context faced, Brazil experienced the military regime from 1964 to 1985⁷.

At that time, with the military government in power, violence, repression and punishments by the state began against all those who opposed the government's positions, and a large part of the population was driven by fear⁷. This feeling was no different for the class that started in 1976, a period when the military regime was still in force. On the other hand, the students moved from a micro perspective, related to dissatisfaction with the course and agendas proposed by them.

Relationships between professional groups

In the beginning, I think there was a bit of rejection, precisely because it was a new course, perhaps for fear of losing their jobs, people like the Nursing assistant who took over the management of the units [...] because it was an impact, the first higher level Nursing course, so we felt a bit of rejection from professionals in the Nursing Team [...] (Int. 6)

Interpersonal relationships were very difficult in the field with the assistants, because they saw us as a threat and a challenge. The comfort zone they were used to was threatened because they didn't have a leader, and there was no continuing education department to provide training, so all of this was a problem and created a certain amount of dissatisfaction [...] (Int. 1)

We had to present ourselves as students, not yet as professionals, there were people who humiliated us, even professors [...] (Int. 4)

As for the second subcategory, feelings of rejection were highlighted when they entered the internship fields. This may have been due to the distancing of teaching from practice, due to the implementation of the new curriculum in 1962. As the professors had lost contact with the spaces in the teaching hospitals, they were greeted with dissatisfaction^{8,9}.

In addition, it is necessary to consider that the implementation of the course took place in a context of internalization of Nursing, being the first in higher education in the interior of Bahia, and due to the lack of knowledge, it is possible to observe a fear on the part of the team that was in the service transposed as arrogance and judgment.

Motivations for joining the Nursing course

Continuing, the second category listed the motivations for implementing the Nursing course at UEFS.

Incentive for Bahia's Nursing

The first subcategory points to the incentive for Bahia's Nursing. When asked how they perceived the motivations for creating the course:

The implementation of the UEFS and consequently the Nursing Course took place in a favorable scenario in a context of internalization, expansion, and extension of universities and Nursing courses in the state of Bahia and the Northeast region [...] For society and Feira de Santana, the creation of the UEFS and the Nursing course represented and brought development and growth to the city and surrounding regions, meeting local needs that demand qualified professionals to be placed in the job market [...] (Int. 1)

The course was internalized, it didn't just stay in the capital and it also provided more professionals for nursing, since there was a huge shortage of professional nurses [...] It also enhanced the role of nurses in the job market in Feira de Santana, because in most of the health institutions in Feira, it was the mid-level professionals who managed nursing [...] (Int. 2)

Feira de Santana is a strategic city, so it was a sine qua non condition for Feira de Santana to have specifically a health course within a university. It was a plan that was, that came from the, from the state government that was very well thought out at the time [...] (Int. 8)

The geographical position of the city of Feira de Santana contributes to commercial activities, such as the development of agricultural activities, being considered an urban hierarchy, due to its commercial expansion, seen as a place of good employment and study opportunities¹⁰.

In this sense, the municipality is seen by people as an opportunity for income, study, and housing. In this polarizing center of the economy, UEFS emerges, strategically located in this municipality, integrating society, getting involved with its needs, and strategically perpetuating study for the city and surrounding municipalities.

Need to enter the job market

It is known that this desire can be manifested due to the individual's economic need, and the job market in Nursing is broad and growing. This provides an opportunity for employment and income¹¹.

Everyone wanted to graduate soon so that they could enter the job market and have the opportunity to take at least one specialization course [...] So my colleagues' expectations were these: to graduate, to qualify, and to enter the job market, which at that time was very difficult [...] (Int. 1)

The class expected to immediately enter the job market after graduation. I remember that in my class only two students started immediately on their specialization course [...] (Int. 2)

I needed to work, in fact, we all needed to work, no father or mother gave us things, so, yeah, people are supposed to train, earn money, and even support their father and mother and be even [...] (Int. 3)

So I was thinking of coming to work, but some of my colleagues who were from other cities had the same expectations as me - finish the course, go back to their hometowns, and work [...] (Int. 5)

Therefore, we can reflect on the socio-economic characteristics of the class, in which most of the interviewees were considered middle class, and with this comes the need to enter the job market quickly, making the graduates aim for specialization courses. And also related to the city of origin of these people, many of whom came from the countryside and were looking for a job opportunity in a larger city, where more possibilities would be open to them.

The infrastructure and training practices of the undergraduate nursing course

Finally, the last category deals with the university's infrastructure and the course's training practices.

Structural aspects

The first subcategory deals with the structural aspects of the university campus, where it was possible to list some shortcomings regarding the structure for maintaining the course. The interviewees' statements reveal a precarious university structure since there was a lack of classrooms, a library with a scarce bibliographic collection, and no laboratory for Nursing practice.

We received a lot of donations from people giving books, but it was still not enough for a course [...] (Int. 8)

We didn't have the library you have today, we didn't have the equipment the university has today, we didn't have a laboratory for practical activities [...] (Int. 2 and 6)

There was no laboratory, no anatomical dummy, and no bed, we learned everything in the internship [...] (Int. 7 and 8)

Lack of classrooms, lack of classroom timetable management, insufficient practice fields [...] (Int. 1)

We didn't have a canteen, there was only a snack bar that sold snacks and for those who stayed all day, they either brought their lunch or had to leave and that was a difficulty [...] (Int. 5)

When addressing the structure of a university, we must look beyond its macro-structural perspective, perceiving the power relationships that exist at this juncture, being guided by power games and political domination, since the financial resources that sustain it are at the mercy of government actions¹².

Training aspects

In the second subcategory, when discussing aspects of training, some statements showed that at that time, there were still no actions aimed at research and extension. An extra-academic experience strengthens the link between the academy, the student, and society, allowing the student to give back to society in relationship to the institutions and to experience a different reality¹³.

There was no research and no extension [...] (Int. 1, 2, 5, and 6)

We had more subjects geared towards the hospital network, such as medical-surgical nursing, communicable diseases, pediatric nursing, obstetric nursing [...] (Int. 2)

We only had the Hospital Dom Pedro de Alcântara, a general hospital, and the Hospital Colônia Lopes Rodrigues to do our psychiatric nursing internship. We would visit the Hospital das Clínicas in Salvador and just observe [...] (Int. 1)

We also did some internships at private institutions such as EMEC [...] (Int. 2)

In the area of public health, we had various fields of activity, the Lar do Irmão Velho, Santo Estevão, participating in vaccination campaigns, Antônio Cardoso [...] (Int. 3)

There was a mismatch, with the emphasis on curing the disease, with treatment and rehabilitation actions, the center of which was the hospital [...] (Int. 1)

[...] there was anatomy and histology, I think it was in the fourth semester that we started going to the hospital, I think in the third semester we were already going into the field of public health, no, the field of school nursing [...] (Int. 3)

We had Medical Nursing, Surgical Nursing, Emergency Nursing, and Surgical Center Nursing, right? They had a very heavy workload and today it's Adult and Elderly Health Nursing, two and three [...] (Int. 6)

In teaching practice, you didn't have an active methodology. We had more of a question of the professor coming to class and giving all the content [...] (Int. 5)

A lot of texts, we had a lot of professors who dictated the lesson, she'd write it down in her notebook and we'd spend the lesson copying it [...] (Int. 7)

Another training perspective highlighted was the internships and practices planned in the curriculum. Interviewees 1 and 2 point out that there were more subjects focused on the hospital network, the health-disease process, and the technical method, as well as the subjects of medical-surgical Nursing, communicable diseases, pediatric nursing, and obstetric nursing.

This is in line with the assertion of the University Reform, where supervised internships were to be carried out at the end of the course, linked to the subject of Administration Applied to Nursing, as well as to the three qualifications of the time, namely Public Health, Obstetrics, and Medical-Surgical⁹. However, despite being focused on the hospital-centered model, there were practices focused on public health, and even rural public health internships were carried out in rural areas and districts.

In addition, another formative aspect was identified, related to the absence of active methodologies in the theoretical moment. In this approach, the participants refer to the absence of a pedagogy that gives autonomy to the student, where the absence of Paulo Freire's pedagogy of autonomy can be highlighted. This pedagogy of autonomy points out that teaching is not just about transferring knowledge but offering the opportunity to be part of this construction¹⁴.

In addition, one of the interviewees mentioned the uniforms used in the internship fields, stating that:

It was difficult to buy uniforms because at the time we were all uniformed in white, we had to have uniforms, we had to have white uniforms, what we called white powder guards, white pants, white blouses, white shoes, and white socks, it was like we were the little pigeons of peace, right [...] (Int. 3)

The uniforms worn at the time were highlighted, and the clothing was read by a fashion consultant, who was based on a historical study of nurses' clothing and analyzed photos of the uniforms worn by the graduates at the time. Nurses' clothing was not very functional and could easily be compared to that of nuns, characterized by long dresses with several layers and long sleeves. Part of the use of this clothing in healthcare was designed to control infections¹⁵.

However, it was noticed that, due to the length of the dresses, they dragged on the floor and the sleeves compromised hand hygiene. Later on, in the historical process, many changes took place in the 1970s, one of the most significant being the Hippie movement, where protests took place in favor of freedom, at which time women adhered to the use of pants, as it was designated to the male figure, thus generating greater appreciation and credibility in society¹⁵.

As a result, the pants have been incorporated into the Nursing team's uniforms. Another point to highlight is the predominant colors, in which white clothing was reaffirmed, and still prevails, being associated with the message of welcome, peace, tranquility, warmth, and above all, hygiene, where dirt becomes more noticeable to the naked eye¹⁵. In addition, it's worth noting that of the shades of blue and light green commonly used in the operating room, those of the graduates were light green.

The color palette used in the operating room is not only linked to the professional identification of the sector, but there is a visual strategy, since in this environment where many surgeries are performed the vision ends up being directed towards red, therefore, as blue and green are complementary to red in the chromatic circle, when associated they cause a visual comfort¹⁵.

Finally, it is clear to see the bases that contributed to the implementation of the Nursing course at the Universidade Estadual de Feira de Santana, in Bahia, coming from a historical context of military dictatorship focused on a mix of government policies, focused on oppression and repression, university reform, context of dictatorial political regime that directly influenced its implementation.

Study limitations

As for the study's limitations, there were difficulties in scheduling interviews. Furthermore, one factor pointed out as a limitation of oral history is dealing with aspects related to memory since it is related to the individual and is influenced by various contexts experienced during their lives.

CONCLUSION

This study aimed to analyze the trajectory of the implementation of the nursing course at UEFS, making it possible to recover the history of the first higher education Nursing course in the interior of Bahia. Historical research allows information to be retrieved so that history, contributions, and growth are not lost in space-time.

Researching the history of a course means studying its trajectory, and implications, understanding its educational and organizational structuring process and how it is inserted into society, as well as the contributions it makes to the individual and the collective. Given this, it is understood that there is a need to carry out historical studies.

In this way, it is possible to assess progress and rectify the importance of implementing a course. And also because it is a course focused on Nursing, a profession linked to religious factors, history, and beliefs. In this way, the research aims to recognize the university, the course, and the profession, to bring visibility and add social value to it, and also to encourage the study of historical research.

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Author's contributions

Conceptualization, D.L.S.B. and D.B.A.; methodology, D.L.S.B. and D.B.A.; investigation, D.L.S.B. and D.B.A.; resources, D.L.S.B. and D.B.A.; data curation, D.L.S.B. and D.B.A.; manuscript writing, D.L.S.B., D.B.A., N.V.C.S., S.D.S., G.A.S.T. and M.C.O.A.; writing – review and editing, D.L.S.B., D.B.A., N.V.C.S., S.D.S., G.A.S.T. and M.C.O.A.; visualization, D.L.S.B., D.B.A., N.V.C.S., S.D.S., G.A.S.T. and M.C.O.A.; project administration, D.L.S.B. and D.B.A.; financing acquisition, D.L.S.B. All authors read and agreed with the published version of the manuscript.