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Nurses' perception about politics and political participation in the work context

Percepção dos enfermeiros e enfermeiras acerca de política e de participação política no contexto laboral

Percepciones de enfermeros y enfermeras sobre política y participación política en el contexto laboral

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ABSTRACT

Objective: to analyze nurses' understanding about the concept of politics and to discuss the political participation of this professional group in advocating for improvements at work. **Method:** a descriptive and qualitative study conducted with 46 nurses enrolled in the graduate courses from a public university located in Rio de Janeiro. The interviews were conducted between April and November 2021 and the *corpus* was analyzed by means of text analysis, with the aid of the IRAMUTEQ® software. **Results:** the similarity analysis of the thematic *corpus* gave rise to two figures, where the central words were "Politics" and "COREN", respectively. The nurses' perceptions about politics and political participation encompass elements, actions and relationships linked to the characteristics inherent to the class and to the representative bodies. **Final considerations:** the Neoliberal model contributes to nurses distancing from political struggles in the work environment due to fear of losing their job, to overload and to fatigue. Consequently, claims are not prioritized.
Descriptors: Nurses; Work; Politics; Capitalism.

RESUMO

Objetivo: analisar a compreensão dos enfermeiros e enfermeiras sobre o conceito de política e discutir a participação política deste coletivo profissional por melhorias no trabalho. **Método:** estudo descritivo, qualitativo, conduzido com 46 enfermeiras inscritas nos cursos de pós-graduação de uma faculdade pública localizada no Rio de Janeiro. Realizou-se entrevistas entre os meses de abril e novembro de 2021, com *corpus* analisado por meio análise textual, com auxílio do software IRAMUTEQ®. **Resultados:** a análise de similitude do corpus temático gerou duas figuras, na primeira a palavra central foi "política", e a segunda "coren". A percepção das enfermeiras sobre política e participação política abrange elementos, ações e relações vinculadas às características da classe e das entidades representativas. **Considerações finais:** o modelo neoliberal contribui para o afastamento das enfermeiras das lutas políticas no âmbito laboral, devido ao medo de perder o emprego, à sobrecarga e à fadiga. Consequentemente, as reivindicações não são priorizadas.
Descritores: Enfermeiras e Enfermeiros; Trabalho; Política; Capitalismo.

RESUMEN

Objetivo: analizar la comprensión del concepto de política por parte de enfermeros y enfermeras y discutir la participación política de este colectivo profesional para la obtención de mejoras en el trabajo. **Método:** estudio cualitativo descriptivo realizado con 46 enfermeras matriculadas en programas de posgrado de una universidad pública de Río de Janeiro. Las entrevistas se realizaron entre abril y noviembre de 2021, y *el corpus* se analizó mediante análisis textual con el soporte del *software* IRAMUTEQ®. **Resultados:** el análisis de similitud del *corpus* temático generó dos figuras: la primera la palabra central fue "Política" y la segunda con "COREN". Las percepciones de las enfermeras sobre la política y la participación política abarcan elementos, acciones y relaciones vinculados a las características de su clase y entidades representativas. **Consideraciones finales:** el modelo neoliberal contribuye al retiro de las enfermeras de las luchas políticas en el ámbito laboral debido al miedo a perder su empleo, la sobrecarga y el cansancio. En consecuencia, sus demandas no son priorizadas.
Descriptores: Enfermeras e Enfermeros; Trabajo; Política; Capitalismo.

INTRODUCTION

Work is part of the essence of humanization, engendering sociability through the relationship between human beings and nature. This relationship is permeated by meanings and values, shaping after subjectivities and production of personal and collective identities. It confers feelings of usefulness, safety, personal satisfaction, a sense of belonging and social status. On the other hand, it can dialectically be a distress and illness promoter depending on each worker's biopsychosocial characteristics, linked to the elements inherent to work and to its organization. In this sense, it does much more than producing goods and services: it is central to people's life,

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as it exerts positive or negative impacts on the multiple dimensions that comprise human beings and life in society[1-3].

It is noted that the link between workers and work has undergone significant changes throughout history. For example: from the 1980s and 1990s onwards and with the incorporation of the Neoliberalist ideas in the Brazilian work context, significant changes were noticed in the relationship between human beings and work. Therefore, such model is strongly focused on productivity and profitability, to the detriment of workers' well-being. In this context, it is part of the productive restructuring process and launches the minimal State and sovereignty of capital in autonomy, self-sufficiency and self-regulation[1-4].

Under these circumstance work loses its ontological characteristic, with centrality displaced towards technological innovations, capital and mercantilist relationships. The new work configuration triggers more formal unemployment, work precarization, exclusion and devaluation of human beings' relationship with nature, promoting an alienating context and privileging merchandise production and capital production above all. Deregulated and flexibilized work is adapted and reinvented in the face of crises, degrades workers' rights and renders work contracts temporary[4,5].

In this context workers need to adapt to and fight against a precarizing system with high potential for psychological distress. Therefore, it is opportune, pertinent and appropriate to resort to political participation as a possibility to transform this adverse context. Thus, political participation is understood as the critical and creative intervention process in a historical setting with a view to attain gains[6,7].

In the Politics Dictionary, this topic is subdivided into three human action levels. The first level refers to human beings' physical presence and is characterized as the most superficial and impersonal form. It is summarized as attending places and passively watching other people's actions, without offering any personal contributions and/or criticisms. People get involved at the second level, be it within or outside a collective group or a political organization. However, superficial involvement is also observed, limited or conditioned to some specific situation or person. In turn, at the third level there is cooperation in decisions through the direct or indirect contributions of the person, who gets more deeply involved and is co-accountable for the collective political results[7].

This last level is considered as effective political participation, as it includes all the expected complexities inherent to nurses' political action in the Neoliberalist Capitalist context that currently grounds work environments.

From this point of view, it is expected that a given category will be politically organized by means of collective work in decision-making and strengthened by the transformation of reality. This is a situation that is not fully taking place in Nursing, as the scientific literature unveils that the political participation of the Nursing class is incipient[8-10].

Such context is made visible through the consolidation of work precarization in several professional practice settings, where salaries are increasingly derisory, with weak employment contracts and with no work security guarantees. Therefore, political struggles for better working conditions are mild or non-existent in this context, pointing to certain depolitization of the category or to some detachment from political issues[8-10].

Considering that the social paradigm centered on Neoliberalism changed people's perception about politics and political participation, it proves to be relevant to research this theme with nurses from the work perspective. This approach contributes for the collective, critical and reflexive design of strategies to face work precarization.

The study objectives were to analyze nurses' understanding about the concept of politics and to discuss the political participation of this professional group in advocating for improvements at work.

METHOD

This is a descriptive study with a qualitative approach, conducted between April and November 2021 and following the guidelines set forth in the *Consolidated criteria for Reporting Qualitative research* (COREQ). The study *locus* was the Nursing school from a public university in the state of Rio de Janeiro.

Its participants were 46 nurse enrolled in the *lato* and *stricto sensu* graduate courses offered by the aforementioned institution. There was a total of 203 enrolled students during the data collection period: 157 attending *lato sensu* specialization graduate course in Clinical Nursing, Stomatherapy, Intensive Nursing and Oncology Nursing; and 46 attending *stricto sensu* Nursing MSc and PhD graduate courses.

Research Article
Artigo de Pesquisa
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The inclusion criteria considered were being enrolled in the *lato* or *stricto sensu* graduate course offered in the aforementioned unit and having at least one year of professional experience in Nursing, understanding that it is the minimum period for workers to incorporate the singularities inherent to work organization and to the working conditions.

The students excluded were those in residency programs due to the compulsory nature of their exclusive dedication to this training modality, which precluded them from working as professionals in the job market, as well as the professionals active in the job market in areas not related to Nursing.

The process to recruit the participants was initiated by one of the researchers contacting the academic secretaries in charge of the courses, which allowed requesting the coordinators all due authorization to enter the remote classrooms in previously agreed upon dates and times, with the objective of verbally inviting the students to take part in the study. During the classes, which were developed in online classrooms with technological aids, the study objectives and its relevance for the Nursing area were presented, followed by a formal invitation to participate in the research. A single call for class was agreed upon.

The students that were interested in contributing to the study were sent the access link to an electronic form in order to record their contact information, such as phone number and email address, to subsequently schedule the interviews for data collection.

Individual semi-structured interviews were used. They took place on dates and times chosen by the participants and via voice phone calls, given the Brazilian context marked by the COVID-19 pandemic during 2021. Based on a semi-structured script with closed questions, a number of variables regarding the participants' characterization were collected, namely: gender, gender identity, age, course, marital status, number of children, family supporter, type and number of employment contacts, and if they combined their job with other paid activities. Aiming to apprehend the study object, the open questions included the following ones: “Tell me about what you understand by politics”, “Speak about nurses' political participation in work environments aiming at work-related improvements” and “Speak about the political participation means in your work environment".

Lasting a mean of 30 minutes, the interviews were led by the first researcher (PhD in Nursing and with experience in qualitative data production), recorded in MP4 audio with due authorization from the participants and manually transcribed following the order in which they were conducted.

Data collection was ended when the transcribed material ceased to present new conceptions, understanding that inductive thematic saturation was reached at interview No. 43, confirming it by conducting another three interviews[11]. All the participants were handed in the transcriptions corresponding to their interviews for them to confirm all the information transcribed; no feedback to implement changes was received.

The transcribed material was subjected to text analysis in the IRAMUTEQ® (*Interface de R pour les Analyses Multidimensionsionnelles de Textes et de Questionnaires*) software, an open and free program anchored in the R® software (free package to perform statistical analyses). The text materials from the interviews were grouped into a single electronic document with 225 pages, called *corpus*. It was decided to organize the *corpus* according to the thematic modality. Each answer to the interview questions was considered as a topic, totaling two topics in this study. Consequently, lines subordinated to the main one were included, a strategy aimed at clarifying the relationships between the contents of one topic and the other[12-14].

Similarity analysis was used for data treatment. This type of analysis groups the words and analyzes them graphically based on their frequency. This technique is based on the Graph theory and allows observing instances and co-instances between terms, in addition to indicating connectivity among them, thus contributing to recognizing the structure of the thematic contents and nuclei that assist in meeting the study objective[12-14].

The study protocol was approved in 2020 by the Research Ethics Committee of the institution involved, meeting the ethical aspects inherent to research studies with human beings. All the participants signed a Free and Informed Consent form.

In order to preserve the participants' identity, a coding scheme with the letter “N” for “Nurse” was adopted, followed by the cardinal number corresponding to the order in which the interviews were conducted.

RESULTS

The study participants were 46 nurses: six men and 40 women. It is noted that there were no refusal; however, there were seven losses due to low quality of the interviews' audio recording. The participants' age varied from 26 to 61 years old and the course with the highest percentage of participants was the *lato sensu* graduate program. As for marital status, most of the participants were married or in stable unions. In addition to that, 25 had no children. As for the economic issue, 13 participants were not their family supporters, 24 had that responsibility and nine answered that they sometimes were in charge of financially supporting their household and/or family.

Research Article
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In this group, 29 subjects had some formal job and seven of them associated this employment contract with some other informal paid activity; eight had two employment contracts, with two associating them with some informal paid activity; four had three or more formal contracts, with two adding some informal paid activity to this condition; three did not answer the question; and two had been recently separated from their formal employment contracts.

The *corpus* was comprised by 46 text materials from the interviews, resulting in 2,554 Text Segments (TS), of which 2,362 were leveraged, therefore representing satisfactory leverage of the materials with 92.48% retention. In the similarity analysis (Figure 1) generated from the first topic, the central axis is "Politics", surrounded by peripheral words.

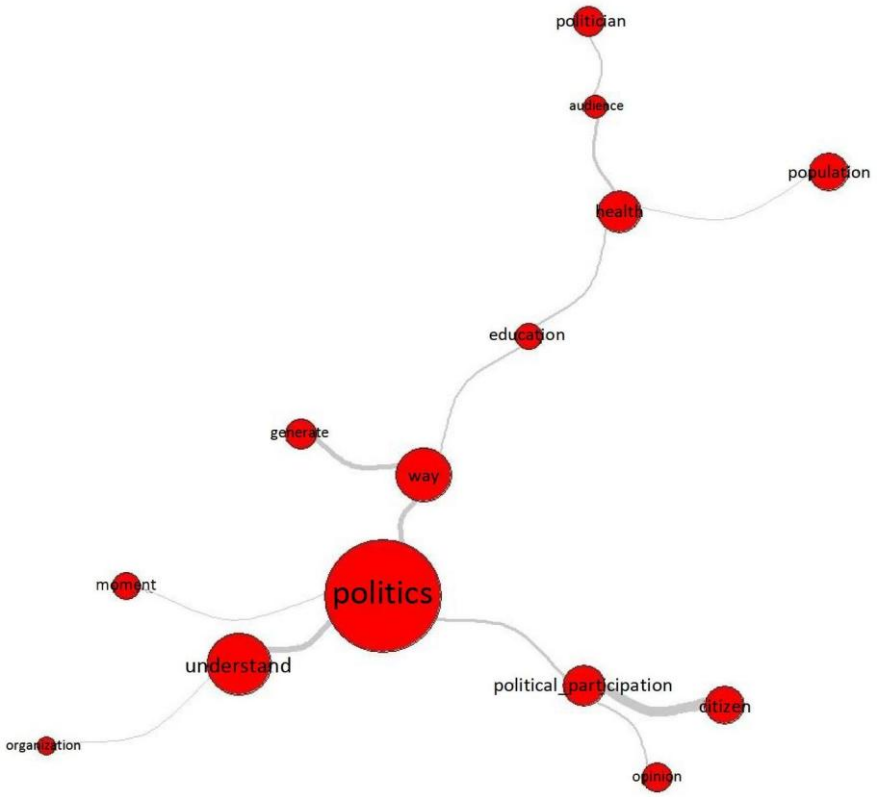

Figure 1: Similarity tree corresponding to the nurses' perception about politics. Rio de Janeiro, RJ, Brazil, 2025.

The central word ("Politics") is surrounded by the following peripheral terms: "Understand", "Political participation", "Movement", "Way", "Health" and "Population" among other words. In this configuration, the word "Politics" presents thicker connecting lines to "Understand" and "Way", indicating greater co-incidence; in other words, joint incidence of these words. In turn, "Political participation" and "Citizen" are also co-incidental, but present a less intense link with the central word.

In order to elucidate the representations contained in the similarity tree, the Text Segments (TSs) highlighted below reveal an overall conception about politics. They address its concept, collective nature, social rules, legal devices, social organization and democratic system in choosing representatives by voting.

> *As I see it, politics is something that belongs to the people, who also takes part in constructing greater good. (N27)*
>
> *Politics is measures imposed to society, impositions, rules. (N43)*
>
> *The term "politics" involves how society is organized, it arranges the way of living, education, health, leisure, it's a way of putting some order. (N16)*
>
> *Politics is a system in which the people chooses certain individuals to rule them. (N38)*
>
> *Politics is a way for the people to have their rights ensured, duties, it involves laws, right to health, to education. Politics is actions targeted at the benefit of all, although politicians seek more benefits for them now. (N10)*

They also present the constituting elements of politics, which involve ethics, struggles for collective gains, democracy, people's participation and union movement of a collective group seeking something.

> *I think that politics is all things involving ethical knowledge. (N33)*

Research Article
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I don't know much about politics-related issues, but politics is a way for us to struggle to achieve some important thing. (N24)

Politics is democracy with the population participating towards achieving something, it's an opportunity for changes. (N36)

Politics is when citizens join forces towards some greater good. (N21)

There is consensus (evidenced through the TSs) that the essence of politics is understood, seeking collective well-being and extrapolating partisan issues. In addition to that, it is verified that politics is present in human relationships and upholds a number of ideals.

Politics legislates in favor or for the good of society, there's partisan politics, but I consider myself apolitical. (N08)

Politics go beyond political parties, it involves ideals. (N39)

Politics is a tool devoted to social harmony. We have a minimalist view of politics as something partisan, but it's actually present in everything we do. (N12)

Based on this perception, the TSs point to the political actions nurses perform in their routine. Thus, it involves electoral duties, defining a stance towards work situations, involvement in the class representative bodies, obligation to comply with public policies and posts in social networks.

As a citizen, I vote, I fulfill my electoral duties; as a nurse, I participate in my performance area, giving my opinion. (N45)

My way of doing politics is entering the discussions in professional associations and councils. (N12)

I don't engage in political participation but, as nurse, I demand that the public policies targeted at certain population groups are enforced. (N09)

I'm a politically active person, I state my opinions more on social networks, I'm not in any political party but I do have my political views. (N27)

Everywhere we are, be it at work, be it in partisan politics, be it in power relations, everything is politics. Thus, I participate when I state my opinions, when I vote. (N14)

The TSs point to training as a factor that prepares and trains professionals from a political point of view to face the challenges inherent to the work routine. Consequently, professional training was listed as a facilitating or promoting element for nurses' greater and effective political participation.

To ease greater political participation among nurses, it'd be necessary to add discussion spaces during training, aiming at developing some sense of politics in people. This is fundamental, we don't talk about politics at college. (N12)
reach the job market with a better view. (N11)

My political participation was more active after attending a community preparatory course, we had Politics classes along with History and Geography, they discussed the reason why certain situations are like they are now. (N28)

The participants continued by asserting that nurses have limited political knowledge and that the training spaces fail to ease the students' political development. In addition to that, we find disinterest in this theme, as evidenced in the following TSs:

Many nurses are not duly informed, unaware, in the sense of lack of political knowledge. (N08)

Politics interferes directly in the health field, but it's difficult to demand political participation from a person that has never been close to that. (N02)

We don't learn this at school, we're not politicized, politics is not part of everyday life. You always hear that classical phrase: I don't like to talk about politics. (N25)

I consider myself as politically alienated, I was never interested in politics, I've always thought it was unnecessary. (N22)

Considering the perceptions about political participation in the Nursing category, the answers encompass denial, incipience and escape.

I see that nurses' political participation is very weak as a category. (N18)

We have due skills and scientific knowledge, but they devalue us in the political spheres, in the decision spaces, in the power spaces, then it's no use, participating makes no sense. (N08)

Politics permeates everything, nurses always end up escaping from that responsibility, as if it was another weight they'd have to carry on their shoulders. (N25)

Research Article
Artigo de Pesquisa
Artículo de Investigación

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Generated from the similarity analysis of the thematic *corpus* based on the second topic, Figure 2 presents the "COREN" central axis surrounded by peripheral words.

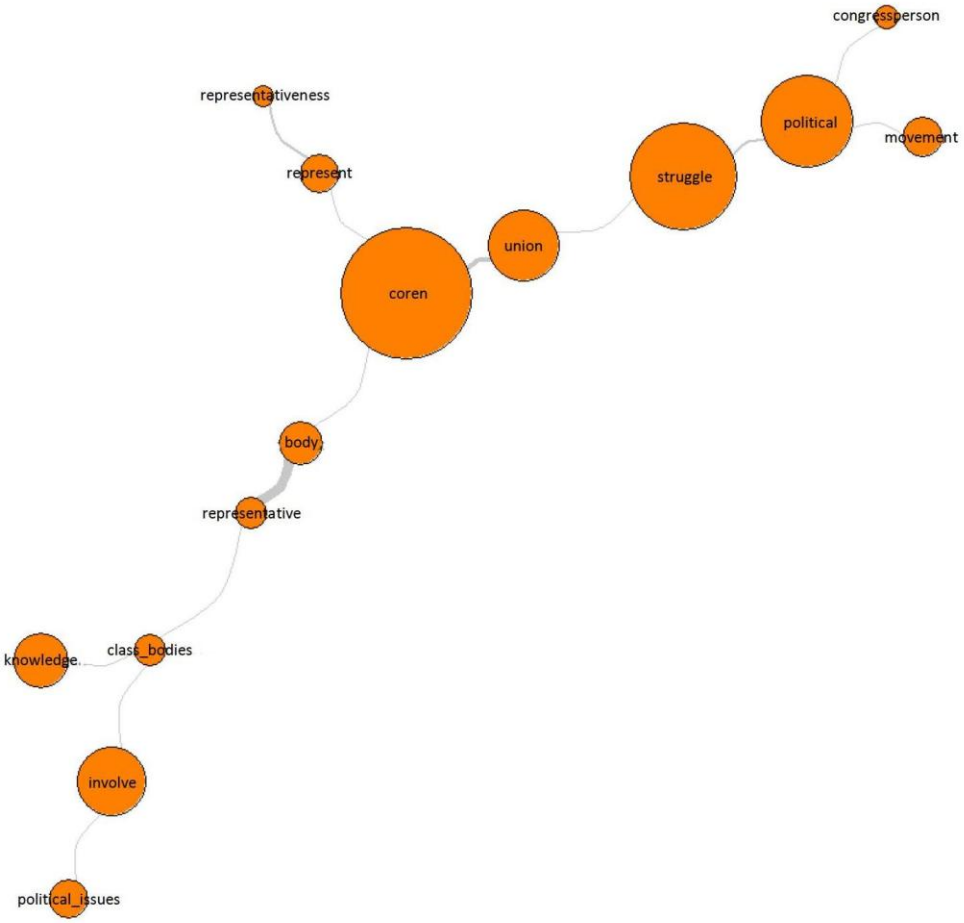

Figure 2: Similarity tree corresponding to the means for nurses' political participation in work environments. Rio de Janeiro, RJ, Brazil, 2025.

The highest co-incidence is found between the terms "representative" and "body", asserting that the bodies enable representativeness of the category in the work environment. Especially due to the location of the words "COREN" and "Union" in the similarity tree, certain approximation between them can be seen, as well as their distancing in relation to the verb "involve".

Subsequently, the TSs unveil nurses' view about the relationship between the category and the class representative bodies, whose view encompasses claims with no actions, distancing and passivity.

> *I'm not in any way involved in class bodies, I think that nurses only have the right to demand what doesn't work. (N16)*
>
> *I think that that the category and the class representative bodies are way too far away from each other. (N18)*
>
> *I'm not involved in any way, I'm not a member of any class body, and the nurse peers are very passive too. (N02)*

The TSs shown below evidence low nurses' participation in the struggles for better working conditions and certain distancing among these professionals from effective political participation as a result of task accumulation and instability of their employment contracts.

> *I've long talked about the COREN struggles, the union's too, but we still don't participate much, due to the number of people comprising the class. We have so many things to do and not enough time, I guess that we don't participate because of that. (N21)*
>
> *I think that what distances nurses from political struggles for better working conditions is their fear of losing their jobs. (N18)*
>
> *Just see those that lead the COREN, the COFEN and all the bodies that struggle; they're people with some type of financial safety and work stability. Then I think that someone without that stability is afraid of taking part and losing their job. (N25)*

Research Article
Artigo de Pesquisa
Artículo de Investigación

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> *What distances nurses form political struggles is work. Work overload is very difficult to tackle, you also don't see nurses having only one job and this ends up generating little interest in this political issue. (N33)*
>
> *Taking part in the political struggles for better working conditions, fighting against the precarization that surrounds or jobs, it depends on the certainty of not being dismissed for advocating rights. (N25)*

Associated with the answers presented in the previous TSs, discredit in changes as a product of political struggles should be added.

> *There are nurses fighting but we don't see results and, because of that, the category no longer believes in the possibility of changing anything. Then we're not willing or predisposed to participate. (N24)*
>
> *We're discredited but we don't see changes; then nurses are in political inertia. (N21)*
>
> *What distances Nursing professionals from political struggles is somewhat not believing it's going to work. (N23)*
>
> *I think that nurses could get more involved, but I believe that people don't fight because they don't believe that it's going to yield any positive results. (N24)*

The TSs show that disunity and hopelessness among nurses with more time in the professional exert negative effects on those just entering it.

> *The disunity stance is an example of our coworkers, I think that the representative groups should be more active in the work environments, united towards better working conditions. (N10)*
>
> *What I see in older staff is hopelessness; which ends up contaminating us and immobilizing us for fighting. (N27)*

Dialectically, the TSs reveal that the participants understand the importance of being present in power spaces and having representatives advocating Nursing, but it is associated with disinterest in presenting themselves as candidates.

> *Either to enter into partisan political discussions or to put ourselves as candidates. We see that Nursing has few representatives in political settings, either as councilors, mayors or congresspeople, and we know that many of the class struggles depend on approval in these space powers. (N15)*
>
> *Nursing professionals don't want to hold political positions, they don't want to take part in debates; then, you don't have Nursing representatives in these political spaces. (N28)*

DISCUSSION

Based on the gender configuration observed in the study, it was decided to treat all participants as female, as it is also known that Nursing is a mostly female profession. Considering the size of the words, the thickness of the lines connecting them and the distance that separates them in the similarity analysis, their relationships around the phenomenon under study are duly represented.

In the analysis of the answers given to the first interview question, in the results represented by the central word "Politics" it is noticed that, according to the nurses and in their routine, politics and political participation are far away from each other and scarcely connected, given that the TSs show escape attitudes and distancing from these topics.

Under these circumstances, it is necessary to make some considerations about the concepts of politics, which is of a broad ad complex nature according to the literature. It evolved throughout the decades and historical contexts. It especially refers to the human ability to devise guidelines and rules with the objective of collectively organize the human way of life. In addition to permeating all the facets inherent to living in society, it is included in all human relations, be it in the institutional, social, moral, cultural, religious, ecological, economic or work scopes. It is also noted that it is closely linked to the concepts of power, freedom and State[6-7,15-17].

Consequently, the overall conception of politics described in the TSs is in line with the current studies on the topic, ennobling its collective and social nature, as well as its rules and inclusion in human relations, both as a democratic system to choose representatives through voting and as a proposer of sharing power and freedom[6-7,15-17].

According to the TSs, common sense only relates the word "politics" to political power; in other words, to the institutional politics sphere. It is added that this word comes from Greek and is connected to the idea of city and governance. Thus, it confers the image of a means for overall politization of society to the State, as it is legitimate holder of Institutional power, as well as the creator and promoter of the necessary norms and laws for social harmony, unveiling the limiting ideals of the association between politics and partisan issues exclusively[6-7,15-17].

People are usually compelled to perform a designated activity such as politics at a given time and space, such as in elections, partisan political debates, public hearings or formal public power spaces. This rigid and formal delimitation is the result of a historical construction; its overcoming will come from understanding and discussing the broader and contemporary meaning of politics[6-7,15-17].

Research Article
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It can be seen that, in the TSs, the participants manage to extrapolate the notions that politics is linked to partisan issues, unveiling that his groups understands and has cultural and intellectual capital that breaks away from common sense ideas. The TSs present constituting and essential elements of politics that consider the collective as a top priority, according to the interviewees. Thus, ethical principles, struggling movements, democracy, people's participation and union emerge from the collective confluence of pluralities into a common context.

Thanks to plurality, conflict is a constitutive element of politics; therefore, politics promotes a space in which differences are included and expressed in political struggles. Consequently, the everyday political actions mentioned by the nurses regarding their stance towards work-related situations, participation in discussions and posts in social networks render them legitimate and essential to ensure actual implementation of their political participation[15-17].

As for the perception of the nurses included in this study about the political participation of the Nursing category, it encompasses denial, incipience and escape. Contradictorily, it is known that human beings are social and genuinely political, and politics is part of all the relationships that permeate life in society; therefore, abstaining from taking part in it or neglecting it will lead the group to becoming a cannon fodder easy to manipulate, thus serving the interests of the minority holding the power[16].

There are legal devices to confer voice to the Nursing collective demands, ensuring rights and offering legal protection; in addition to the Ministry of Labor, we can mention the profession leaders, represented by the class bodies. They start struggling in favor of the category, encourage Nursing growth as a profession and science, monitor and enforce dignified working conditions and ensure that laws are respected in the professional practice[18].

In the analysis corresponding to the answers given to the second interview question, the results are corroborated by the TSs, which evidence nurses' perception about the distant relationship between the category and the class representative bodies. This distance seems to be justified by task overload and by fear of losing their jobs. Consequently, these bodies end up losing their primordial role of protection and support to collective struggles, as this distancing impairs communication and sharing the demands and difficulties faced by the workers.

It is reiterated that indiscriminate expansion and incorporation of the Neoliberal precepts is currently observed. In this sense, the multiplicity of hiring modalities is a reality and precarization (such as deficit or absence of social protection, workers' compensation and retirement rights) is part of many Brazilian workers' routines[19,20]. Nursing is not exempt from this hard reality.

Nursing is unequally distributed in the national territory, promoting high availability of professionals for the job market in metropolitan regions and capital cities[21]. Consequently, large metropolitan areas offer practicalities to substitute nurses in an economical, quick and easy way in case they fail to adapt or do not achieve the objectives defined by the employers[19,20]. The TSs state the need for work safety for the professionals to engage in political struggles, as their participation comes with the imminent risk of losing their jobs.

Thus, workers are silenced due to fear of losing their jobs if they take part in political movements contrary to their employers' ideals. Therefore, it is a profitable context to create apathy towards political struggles[19,20].

Overload of activities worsens this scenario, as the Nursing profession is mostly comprised by women, who still experience patriarchal legacies in Brazilian society. Therefore, these professional women frequently associate multiple employment contracts with their household activities and with their children's education, thus leading them to physical and mental exhaustion[10]. Under these circumstances, the political issues that demand time and effort and their collective long-term results end up ceasing to be a priority in a context marked by scarcity of physical and mental resources.

Likewise, the testimonies unveil that nurses have been losing trust in the power of democratic transformations, which most of the times fail to meet the profession's demands. In the Neoliberal Capitalist context of current times, work is self-regulated by the market policies and capital holds a central position and is protected by social structures generated by a dependence relationship. Thus, any and all workers' achievements that might generate burdens on capital are hindered or precluded[19-23].

It is also noted that the changes in the work scope come from the public sphere through the enactment of laws that favor the workers. In this sense, it is of utmost importance for Nursing to be present in these power spaces or to choose individuals committed to the issues inherent to the category, so that progress is made in the struggles[10,23]. Otherwise, the category may be faced with progression of the Capitalist interests, which, linked to Neoliberalism, tend to remove workers' rights and weaken the category.

Through the TSs. It can be seen that disunity of the collective, discontent and lack of hope are factors that hinder nurses' engagement, mainly for the workers with more time in the profession and who experience unfavorable

Research Article
Artigo de Pesquisa
Artículo de Investigación

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situations. These professionals in particular are but examples and contribute to training new team members. Therefore, sharing these negative feeling will perpetuate apathy towards the struggles of the entire collective of workers, thus precluding future changes[23,24].

The changes desired are possible through collective mobilization and by remodeling education, privileging a critical and reflexive training process beyond contents and techniques. Active and interventionist citizenship should be fostered through dialog and by sharing real-life experiences as the center of the learning initiatives[24,25].

It is noted that liberating education proposes new ways of thinking and doing in a holistic view that allows transforming the reality; consequently, this educational conception is in line with what is intended for Nursing: politically engaged and proactive professionals to change adverse realities[24,25].

Study limitations

The following stand out as study limitations: having conducted data collection in a single *locus*, which imposed restrictions as for the possibility of generalizing the results because the nurses' perceptions can vary from one region to another. However, for encompassing professionals from different health care levels, teachers and entrepreneurs, along with the fact that the work in various municipalities from the state of Rio de Janeiro, its results do allow local generalization. In this sense, it is suggested that expanded and multicenter research studies be developed seeking to understand nurses' political participation in political struggles for workers' rights in other places, as well in the case of nursing technicians.

FINAL CONSIDERATIONS

It is concluded that nurses understand politics beyond the partisan issues, involving the collective character, social rules and shared nature inherent to power. Nevertheless, the Neoliberal Capitalist context distances nurses from political struggles due to weakness in terms of employment contracts, which causes fear of losing their job, multi-employment and overload.

The results of this study evidence the need for the nurses to be sensitized about the importance of political engagement to overcome the ills generated by Neoliberal Capitalism. On the other hand, the importance of critical training alternatives that are contextualized after the reality of the labor world and of Neoliberalism is noted as a strategy to break away from the oppression and apathy paradigm. In addition, along with its class representative bodies, Nursing needs to strengthen its relationships in favor of its search for work-related, social and job security gains.

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Use of Artificial Intelligence tools

Authors declare that no artificial intelligence tools were used in the composition of the manuscript "*Nurses' perception about politics and political participation in the work context*".