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From asylums to COVID-19: Legal frameworks and historical configurations of Nursing training in Brazil (1890–2020)

Do hospício à covid-19: marcos legais e configurações históricas do ensino de Enfermagem no Brasil (1890–2020)

Del manicomio al COVID-19: marco legal y configuraciones históricas de la formación en Enfermería en Brasil (1890-2020)

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ABSTRACT
Objective: to analyze the breaking points and continuities in the history of Nursing training in Brazil, based on federal norms during the 1890-2020 period and linking them to the social, health and political contexts of the country. **Method:** a documentary and descriptive-analytical research study grounded on Serial History, which examined 193 normative and administrative federal actions retrieved from the House of Representatives and Ministry of Education portals. **Results:** predominance of decrees and laws expressing regularities and breaking points across training models targeted at Public Health or at the hospital-centered logic was observed, along with diverse political and economic transformations in the Brazilian State. **Final consideratins:** the legal frameworks evidence that Nursing training and practice reflect historical disputes across training projects, class/gender interests and the advancement of teaching merchantilization, contributing to understanding continuities and changes in professional regulation.
Descriptors: Nursing; History of Nursing; Education, Nursing; Curriculum; Professional Practice.

RESUMO
Objetivo: analisar as rupturas e continuidades no percurso histórico do ensino de Enfermagem no Brasil, a partir de normativas federais do período 1890–2020, articulando-as às conjunturas socio-sanitárias e políticas do país. **Método:** estudo documental, descritivo-analítico, fundamentado na História Serial, com exame de 193 atos normativos e administrativos federais obtidos nos portais da Câmara dos Deputados e do Ministério da Educação do Brasil. **Resultados:** observou-se a predominância de decretos e leis que expressam regularidades e rupturas entre modelos formativos voltados ora à saúde pública, ora à lógica hospitalocêntrica, acompanhando transformações políticas e econômicas do Estado brasileiro. **Considerações finais:** os marcos legais evidenciam que a formação e o exercício da Enfermagem refletem disputas históricas entre projetos formativos, interesses de classe e de gênero, e o avanço da mercantilização do ensino, contribuindo para compreender continuidades e mudanças na regulação profissional.
Descritores: Enfermagem; História da Enfermagem; Educação em Enfermagem; Currículo; Prática Profissional.

RESUMEN
Objetivo: analizar las rupturas y continuidades en la trayectoria histórica de la formación en Enfermería en Brasil, con base en las regulaciones federales del período 1890-2020, articuladas con los contextos sociosanitarios y políticos del país. **Método:** investigación documental, descriptiva-analítica, fundamentada en la Historia Serial, que examina 193 actos normativos y administrativos federales obtenidos de los portales de la Cámara de Diputados y del Ministerio de Educación. **Resultados:** se observó un predominio de decretos y leyes que expresan regularidades y rupturas entre modelos formativos centrados ya sea en la salud pública o en una lógica hospitalocéntrica, siguiendo las transformaciones políticas y económicas del Estado brasileño. **Consideraciones finales:** los marcos legales evidencian que la formación y la práctica de la enfermería reflejan disputas históricas entre proyectos formativos, intereses de clase y género, y el avance de la mercantilización de la educación, por lo que contribuyen a la comprensión de las continuidades y los cambios en la regulación profesional.
Descriptores: Enfermeira; Historia de la Enfermería; Educación en Enfermería; Curriculum; Práctica Profesional.

INTRODUCTION

Modern Nursing has its roots in the 19th century, when it gained notoriety and started delineating itself as a profession thanks to Florence Nightingale, whose work contributed for the technical, administrative and educational basis of Nursing[1]. As a social art based on economic and political-ideological practices, it has thriven in the midst of a context that represents society itself[2].

As a profession in Brazil, it was born as a response body to the historically presented collective needs, influenced by the population care demands and by those of the sociopolitical pro-health movements, as well as by the hegemonic

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power manifestations[3]. In this regard, during the socially experienced changes, its professionalization process required constituting a formal education process that would lead to an esoteric knowledge *corpus* targeted at a collective service ideal.

Currently, Nursing is recognized as a higher level profession with a specific knowledge *corpus* and an essential role in health teams, even when subordinated to Medicine throughout history and oftentimes seen as an ancillary activity[4].

Given this scenario, it becomes relevant to historically analyze the normative frameworks that structured Nursing teaching in order to understand how such legal devices contributed to its consolidation (or to maintaining inequalities) in the contemporary structure of the profession.

This article aims at analyzing the breaking points and continuities in the history of Nursing training in Brazil, based on federal norms during the 1890-2020 period and linking them to the social, health and political contexts of the country. Despite the abundant literature on the topic, it is disperse and fails to encompass the entire historical period proposed in this article; in addition to that, there is no systematic and serial analysis of the normative actions that comprise the legal *corpus* for teaching the profession during the 1890-2020 period. The intention here is to retrieve and analyze these norms.

METHOD

This is a documentary and descriptive-analytical research study developed according to the Serial History assumptions, an approach that privileges systematical and comparative examinations of homogeneous documentary series throughout time, which allows identifying patterns, breaking points and continuities in long-lasting historical processes[5,6]. The study object adopted corresponded to legislative documents, administrative actions and legal norms of a federal scope and related to Nursing teaching.

The documentary and historical analysis undertaken in this study encompasses a 130-year period, limited between 1890 and 2020. The initial milestone (1890) was established due to its relevance for health and teaching institutionalization in Brazil. This year coincides with the first actions by the Republic aimed at health organization and at teaching policies, crucial elements to understand the subsequent creation and regulation of the first Nursing schools and practices in the country. The final milestone (2020) corresponds to the year when the search and collection of normative actions for this manuscript was ended. In addition, this final period is contextualized by the onset of the COVID-19 pandemic, as referenced in the title of the article. Including this moment in time allows analyzing the most recent normative actions to reflect the social-health context that culminated in a crisis which required the professional category to perform at its maximum capabilities. The initial search was made in 2020, resorting to the electronic portals managed by the House of Representatives and by the Ministry of Education (MEC), complemented by research in primary sources for actions prior to 1996.

In the first portal, the laws containing the following key terms were searched: "*enfermagem*" ("nursing"), "*enfermeira*" ("nurse [f]") or "*enfermeiro*" ("nurse [m]") (n=1,120). In the second one, each and all opinions and resolutions by the Higher Education Chamber (*Câmara de Educação Superior*, CES) (n=142) and by the Basic Education Chamber (*Câmara de Educação Básica*, CEB) (n=530) were checked. The documents dated before 1996 (not available in the MEC website) were requested via email to the Executive Secretariat of the National Education Council (*Conselho Nacional de Educação* CNE), which sent 18 files.

The inclusion criteria were as follows: legislative documents, administrative actions or legal norms of a federal scope; content directly related to Nursing teaching regulation (curricula, schools, accreditation); and publication within the time frame established (1890–2020).

The search yielded a total of 1,787 potentially relevant documents. The initial screening process was performed by reading titles and abstracts. The refinement and exclusion process for the documents followed these criteria: actions of an exclusively administrative nature (e.g.: cost-related issues, designation of commissions with no regulatory impact, changes in nomenclatures without modifying the educational scope); keeping only one copy of the documents found in more than one source; and documents that, despite mentioning the health area, did not have Nursing as their main focus. At the end of the selection process, the final documentary *corpus* consisted in 193 normative and administrative federal actions, which were subjected to the analysis.

Analytical procedure

The documents selected were analyzed in two stages: Organization of the material and Data treatment[7]. In the Organization phase, all the documents retrieved were read and a chronologically sorted spreadsheet was developed for each of them, containing source, year, main subject matter, type of document, abstract, transcriptions of relevant excerpts for the study and publication reference. In this stage, the "year" and "subject matter" variables were quantified and presented in the form of illustrations.

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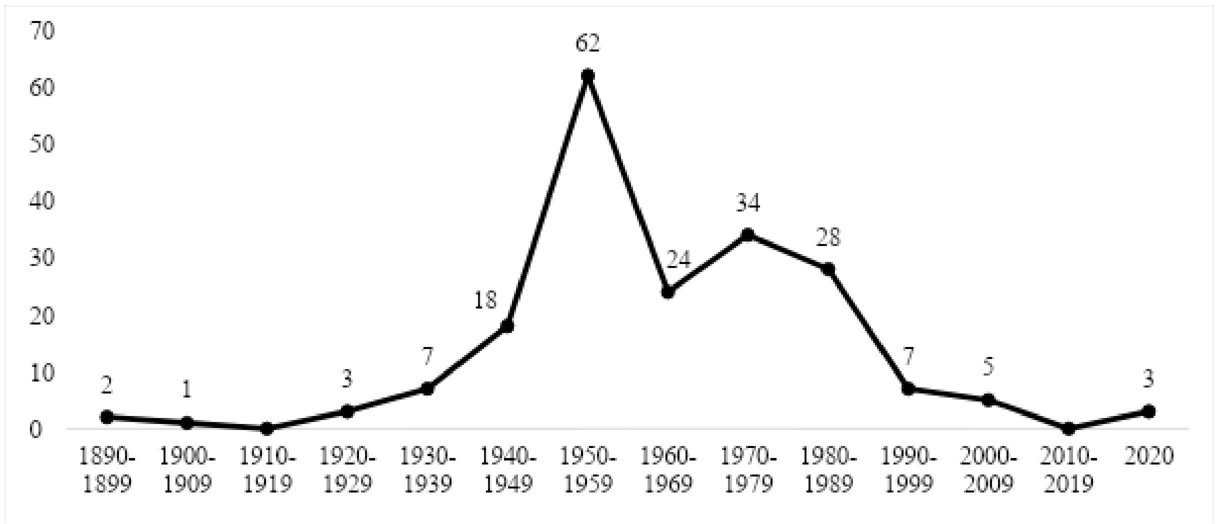
Following the Serial History principles[5,6], the first step to process all the information was to recognize continuity and breaking point patterns in the Nursing teaching historical process in Brazil. Subsequently and based on these patterns, three thematic axes were delimited: I. Teaching institutionalization and first regulatory frameworks in the context marked by the hegemony of the Sanitarian model (1890–1949); II. Legal consolidation and expansion of Nursing courses in the context marked by the hegemony of the Biomedical model (1950–1994); III. Curricular reformulation towards the SUS principles (1994–2020). Based on them, regularities and discontinuities marked by regulatory frameworks and social-health contexts were identified and discussed in the light of the related literature.

RESULTS

A total of 193 documents dated form 1890 to 2020 were retrieved. Decrees prevailed (n=165; 85.5%) as well as materials published in the 1950s (n=62; 32,1%), a period during which Higher level Nursing training is established (Figure 1).



Source: Research data.

Figure 1: Distribution of the documents selected related to Nursing teaching, by publication period. Brazil, 1890-2020

As for the subject matters, there was predominance of documents authorizing or recognizing Nursing courses (n=68; 35.1%) and Nursing Assistant courses (n=60; 30.9%) (Table 1).

Table 1: Number of documents related to Nursing teaching, according to their main subject matter. Brazil, 1890-2020

Main subject matter	N	%
Authorizing or recognizing Nursing courses	68	35.1
Recognizing Nursing Assistant courses	60	30.9
Defining course curricula or teaching-related requirements	37	19.2
Creating/Authorizing/Recognizing/Equalizing Nursing colleges/schools	28	14.5
Total	**193**	**100**

Source: Research data.

The serial analysis applied to the set of norms about Nursing teaching in Brazil (1890-1959) allowed identifying continuities, which are presented as clear long-lasting patterns, and breaking points, identified as inflection moments. The main continuities revealed in the series of norms indicate structures, practices and dependent factors that remained unchanged throughout the period analyzed, namely:

- State regulation centrality: Through decrees, law bills and bills, the Federal Government remained in the central and uninterrupted role of authorizing, equalizing and recognizing the operation of schools and courses. Teaching institutions' autonomy was always subject to approval and supervision by the National State, ensuring a national training standard;
- Teaching structure in training levels**:** The distinction between Higher-level professionals (Nurses) and Mid-level ones (Assistants/Technicians) was legally established in 1949 and persisted throughout the decades. Laws still

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recognize and regulate the Nursing category social stratification, reflecting certain hierarchy in the health workforce;

- Responsiveness and adaptation to the social-health context: The legislation shows constant adaptation of training programs to serve the health model in force, identifying at least three major periods:
    - 1890-1949: Creation and equalization of Nursing courses governed by the training model of schools linked to the National Public Health Department, which operated in the logic of the Sanitarian care model, focused on combating epidemics by means of vertical programs targeted at specific diseases and prevention campaigns;
    - 1950-1994: Strong links to and dependence on hospital structures, with accelerated creation and expansion of Nursing Assistant and Higher level Nursing courses connected to hospitals, charities and Medical schools; curricular structure strongly based on clinical parameters, on diseases and on care specialties according to the Biomedical assistance model;
    - 1995-2020: Normative targeting of training towards the Unified Health System principles, which are anchored in the Social Determinants of Health care model and on emphasis in primary care.

These periods were marked and delimited by breaking points that altered the academic status, geographical scope and/or curricular structure of Nursing teaching (Figure 2).

Breaking point nature	**Key document**	**Historical impacts**
Professional standardization	Decree No. 20,109/1931	National regulation of the Nursing practice and of the school equalization policy, shifting the focus from their specific creation to the systemic recognition of Nursing teaching.
Academic status and geographical scope	Law No. 775/1949	It standardized Nursing teaching and divided it into two types of courses according to training levels: Higher level Nursing courses; and Nursing Assistant courses, of a fundamental level. Therefore, it established how the professional hierarchy internal to the category was formalized. This change enabled and accompanied the break in regional concentration with the expansion of teaching, especially for assistants, for all the country macro-regions, previously concentrated in the Southeast and South ones.
Curricular	Opinion No. 271/62 dated October 19th, 1962	Curricular reform that established a general course targeted at training nurses for in-hospital work, without foreseen Public Health contents (only accessible if the non-mandatory certification in Public Health was attended as a complement to the general course). It represented the first major undergraduate content standardization under the scope of the Law of National Education Guidelines and Bases, establishing a minimum mandatory curriculum with contents in line with the Biomedical care model.
Preparatory and regulatory	CNE Opinion No. 314 dated April 6th, 1994	A transition period was initiated that signaled a deeper change in the Nursing training process, which reflected the influence exerted by the Law of Professional Practice, by the 1988 Federal Constitution and by the Unified Health System.
Curricular	CNE/CES Resolution No. 3/2001	The largest pedagogical inflection point during the period, when the minimum curriculum was replaced by competency-based National Curricular Guidelines to incorporate the new demands corresponding to the professional training and profiles imposed by the Unified Health System, based on the Social Determination of Health care model.
Contingency of an exogenous nature	Provisional Measure No. 934/2020	Temporary breaking point imposed by the health crisis caused by the COVID-19 pandemic and characterized by flexibilization in internship hour loads and in the duration of the Higher level course, temporarily breaking away from curricular rigidity to meet an extreme and immediate workforce demand.

Figure 2: Nursing teaching breaking point patterns in Brazil during the 1890-2020 period.

DISCUSSION

Having read the documents in a serial way allows understanding the path taken by Brazilian Nursing as a field that has been historically tensioned by institutional and symbolic disputes.

The Discussion section below is structured into thematic axes that emerge from serially coding the documents, which allows interpreting the relationship between the legal frameworks and historical processes in Brazil.

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Brief history

The development of Nursing as a professional and scientific field was strongly influenced by social and health transformations that took place in 19th century Europe. In this context, a number of initiatives emerged that broke away from the empirical and charitable nature of care, introducing organization, hygiene and systematic observation principles. It was in this scenario that the figure of Florence Nightingale stood out, considered the founder of Modern Nursing at the global level and who gained greater projection for participating as a volunteer in the Crimean War (1854). Along with another 38 women, she put up a hospital with 4,000 hospitalized soldiers, reducing the local mortality from 40% to 2% based on an environmentalist practice whose main objective was to provide an organized, clean and stimulating place[8].

As a recognition for her work during the war, she was granted an award by the English government, money with which she founded the first Nursing school at the St. Thomas Hospital (London) in 1860, which became the model to follow for the other schools that were to be founded worldwide. Lasting one year, the course consisted in daily classes taught by physicians[9].

In Brazil, Nursing dates back to the Colonial period with the arrival of Europeans that modified the indigenous peoples' eating and working customs; and of Jesuits, who introduced customs imposed by the Christian moral, such as wearing clothes. The new habits increased childhood mortality and led to the emergence of diseases and the propagation of epidemics. This context urged the need to rethink the concepts of disease and of having people to take care of the sick. It was during this period (around 1543) that the first Holy Houses of Mercy were founded. In these institutions, Nursing activities were essentially practical and empirical. This model lasted until the beginning of the 20th century, largely implemented by religious lay volunteers, with Anna Justina Ferreira Nery among them[10].

Anna Nery stood out for her devoted care to wounded soldiers during the Paraguayan War between 1864 and 1870, work for which she was honored by the Brazilian government, receiving medals and the title of Mother of the Brazilians[10].

I. Teaching institutionalization and first regulatory frameworks in the context marked by the hegemony of the Sanitarian model (1890–1949)

This period corresponds to the initial shaping of Nursing teaching in Brazil, characterized by the influence of the Sanitarian model and by subordination of the Nursing practice to the medical field. The first schools emerged under a strong hygienist and moral bias, reflecting the project for State modernization and for the organization of Public Health services.

The first attempt at systematizing Nursing teaching in the country was in 1890, effectively installed only in 1905 with the creation of the Professional Nurses School of the National Asylum for the Mentally Ill in the city of Rio de Janeiro (currently the Alfredo Pinto Nursing School). Its purpose was to train nurses for the asylum and for civil and military hospitals, replacing the nuns, who had withdrawn from their positions in the care of the sick as a result of the Clergy losing power to the State. Mobilized, implemented and conducted by physicians, this school welcomed students of both genders aged at least 18 years old, with elementary education and good conduct certificates. The course planned lasted two years and its curriculum corresponded to a physician-centered management model, as foreseen in the French teaching model adopted[11,12].

Around 1901 and under the guidance of English nurses, another course was created (taught in English and for foreigners) at the São Paulo Evangelical Hospital, currently called *Hospital Samaritano* (Samaritan Hospital). In 1916, in the midst of World War I, the Brazilian Red Cross launched a Nursing course in the Red Cross Practical Nurses School. It lasted two years and was taught in the municipality of Rio de Janeiro with the intention of training volunteer nurses for war emergencies[13]. The only requirement to enroll in the course was being literate.

In the coffee agricultural-exportation political and economic context at the beginning of the 20th century, intensification of the chaos in the Brazilian health scenario required the State intervention to control the large epidemics and endemics that were devastating the Country. In this sense, a health reform was initiated in 1920 with the creation of the National Public Health Department (*Departamento Nacional de Saúde Pública*, DNSP), chaired by physician Carlos Chagas[14]. A Nurses school was created within this department in that same year, targeted at training visiting nurses. The intensive three-month course encompassed general Anatomy, Physiology, Pathology, Microbiology and Hygiene notions and was targeted at illiterate women. Evidently elementary, the course was considered insufficient to qualify professionals to work in Public Health[15]. These milestones linked Nursing teaching to the hygienist project and to the Sanitarian movement. These events revealed the attempt to align professional training with the political objectives of the Health Reform and to the construction of the Modern State.

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This resulted in a partnership with the American Rockefeller Foundation to implement a Nursing service in Brazil following the Nightingalean bases, which culminated in opening the DNSP Nurses School (currently, the Anna Nery Nursing School [*Escola de Enfermagem Anna Nery*, EEAN]) and with the main objective of training women to work in Public Health by means of preventive practices performed outside hospital environments, supervised by physicians and linked to the State[16]. This is how Modern Nursing was born in Brazil, organized to solve Public Health needs in a process to transpose the North American model to Latin America.

In this school, the course was directed to women aged between 20 and 35 years old, having medical and good conduct certificates and a normal school or equivalent diploma[17]. It is important to state that only 20% of the population was literate at that time and that women's education was limited to teaching programs offered by religious schools. In this sense, the admission requirements showed that the students attending this school belonged to the privileged social classes[18]. They underwent 28 months of training (subsequently extended to 36 months) with historical, ethical and social fundamentals of Nursing, Cooking and Nutrition, Public Health and Epidemic Diseases, Anatomy, Physiology, Pathology, Parasitology, Microbiology, Pharmacology, Medical and Surgical Clinic, Hospital Management, Pediatrics, Obstetrics and Gynecology. When finishing the general part, the students had to attend one of the three possible specialties: Clinical Nursing, Public Health Nursing or Hospital Management[8].

It is made clear that, due to the pressure exerted by the medical class, which conceived and wanted a Nursing workforce with functions subordinated to theirs, a ten-month course was implemented for the training of "hygiene visitors", designated as such to establish a difference between them and EEAN graduate nurses. In addition, the training of nursing assistants conducted in and for the hospitals did not stop[18].

From the first class assembled in 1925, it derived into the National Association of Graduate Nurses (currently the Brazilian Nursing Association [*Associação Brasileira de Enfermagem*, ABEn]), which was subsequently expanded to admit nurses trained by other official schools and whose performance was important to outline the profession, as we will see in this article[19].

Many economic and political transformations took place in the global and national panoramas between 1922 and 1930. These transformations determined changes in the health field such as the implementation of social policies for workers, like the Eloy Chaves Law, which implemented Social Security in Brazil and guaranteed health care to its beneficiaries[20].

In 1930 and after the revolution led by Getúlio Vargas that restructured the State, the national education system (non-existent until then) was configured and the Ministry of Education and Health was created, not representing any change for Public Health at that moment[20].

On that occasion, a significant number of professionals working in caring for the sick was observed; they mostly had undergone no formal education and had learned the job empirically. This situation worried graduate nurses, as they feared not being differentiated from 'so-called nurses' who lacked training[21]. This issue was attenuated by Decree No. 20,109 dated June 15th, 1931, which stipulated that the Graduate Nurse degree could only be used by graduates from an official school and set the necessary conditions for the operation of the Nursing schools that were to be created. To such end, it designated EEAN as the official standard in Brazil and delegated to it the responsibility of issuing opinions related to the creation of new schools[22]. This specific power type enjoyed by EEAN (granted by the State) allowed it to survey, control and regulate Nursing teaching in Brazil. If on the one hand this fact ended up determining an expansion in the number of schools under a strict quality control, it also delayed the training of graduate nurses[23].

Subsequently, Decree No. 20,931 dated January 11th, 1932, regulated the Midwife and Nurse professions; in addition, by means of Decrees No. 22,257 dated December 26th, 1932, and No. 23,774 dated January 22nd, 1934, enrollment rights were guaranteed for nuns and practical nurses with more than six and five years of practice in Hospital Nursing, respectively. However, there was no interest in defining the professional functions corresponding to each of these Nursing practitioners.

The beginning of the New State, when the then president Getúlio Vargas enacted the 1937 Federal Constitution, was marked by an administrative reform that instituted a new general direction body in the Ministry of Education and Health. From that moment on, a policy to spread health actions (until then concentrated in the Brazilian Federal District, Rio de Janeiro at the time) to the inland was initiated. Due to the small number of graduate nurses and against their will, a policy for training social workers was implemented, which was extended with the creation of the Special Public Health Service (*Serviço Especial de Saúde Pública*, SESP) in 1942[24].

At that time, the Nursing practice as a profession model for middle- and high-class Brazilian women gained strength, especially driven by the State itself, taking into account the imminence of the Brazilian participation in World War II, and mobilized the female population to serve society and fulfill their role of 'social mothers', alleviating the suffering of soldiers wounded in battle fields[25].

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Thus, War Nurse courses were mobilized in the states of São Paulo and Rio de Janeiro, recruiting more than 2,500 first aiders. Of them, 63 volunteers and eight graduate nurses completed the Army Reserve Nurse emergency course and were members of the Brazilian Expeditionary Force (*Força Expedicionária Brasileira*, FEB) sent to Italy in 1944[25].

This episode can be considered as an institutional milestone in the evolution for the recognition and professionalization of Nursing and as part of a broader process for women's emancipation marked by breaking away from the paternalistic discourse, which relegated women to the role of mothers and housewives, even if they had been allocated to war under this label[9].

However, the Post-War period revived the conflicts inherent to the Nursing professional and institutional identity given the different occupations, instruction levels and nomenclatures used for those that performed care functions. This was reflected in the State forsaking expeditionary nurses, which led them to struggle for the same rights as those of graduate nurses, a vindication that was not granted to them[26]. On the other hand, due to the pressure exerted by hospital institutions, the professional practice right was once again guaranteed to Nursing practitioners and practical midwives by Decree-Law No. 8,345 dated December 10th, 1945.

During the 1940s, the consolidation of industry and the emergence of large-sized hospitals ended up further underscoring the shortage of graduate nurses (who accounted for 1,300 in 1948), an insufficient number to meet the immediate needs inherent to private medicine assistance and to prevent that “Brazilian physicians not working in the large centers be forced to act as nurses in their most elementary duties”[27].

At that moment, the Nursing leaders of the time promoted an in-depth discussion on the topic. Initially, the idea was to expand the number of official schools to try to increase the number of graduates and prevent hospitals from resorting to minimal training of unqualified personnel to act as in-hospital assistants. However, considering the course extension in time and the annual mean number of graduates in the already existing schools, it was concluded that 50 years would be necessary to meet the market needs: 50,000 nurses at that moment[27].

Furthermore, in addition to the fact that women's schooling levels at the time were insufficient to meet the admission pre-requisites in official schools, the hospital organizations and the medical class (hegemonic and enjoying a good relation with the government) exerted strong pressure to stimulate training of less prepared personnel so that they could be subordinated to them. Thus, as an alternative, the category leaders started to discuss the possibility of training nursing assistants despite their concern that they would end up performing functions inherent to graduate nurses in the future, devaluing such degree, as was already the case due to the existence of practitioners and nuns who also performed these functions[28].

That said, with support from ABEn, a law bill on Nursing teaching was designed and forwarded to the Presidency of the Republic; this law bill was not approved. This time with lesser ABEn participation, another project was prepared and approved after undergoing various amendments and substitutions, culminating in Law No. 775 dated August 6th, 1949[14]. With this law, the State made inclusion of Nursing courses mandatory in all medical universities or schools; in addition, teaching started to encompass the Higher-level Nursing course (lasting 36 months) or the Mid-level Nursing Assistant course (lasting 18 months) and optional specialization courses[29].

In 1956, this same law allowed admitting students of both genders and determined that Nursing courses could continue to welcome candidates with High School degrees or equivalents for up to seven years, extended for another five. In addition, it removed the Standard School title from the Anna Nery school, transferring the power to recognize schools and authorize their operation to the Higher Education Board belonging to the Ministry of Education and Health[20,30]. However, the curriculum did not undergo major modifications: it continued to prioritize preventive nature academic disciplines, although the users already indicated a tendency towards the hospital field. In 1943, 66% of the 334 active nurses worked in Public Health and 9.5% in hospitals; in turn, in 1950, 49.5% developed their activities in hospitals and only 17.2% did so in Public Health[2].

II. Legal consolidation and expansion of Nursing courses in the context marked by the hegemony of the Biomedical model (1950–1994)

This period refers to the moment when Nursing higher level education was consolidated and the number of schools was expanded in the national territory. Under the hegemony of the Biomedical model and of the medical-industrial complex, training (nurses, technicians and assistants) fragmentation was intensified, at the same time that professional regulation and the inclusion of Nursing in the hospital-centered logic were reinforced.

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Between 1950 and 1970, the serial analysis shows a significant increase in the number of normative actions targeted at diversifying the training levels, consolidating the category internal hierarchization.

In the 1950s, Public Health increasingly lost its importance, private in-hospital care was expanded and adopted the form of a medical company and Nursing was concerned about organizing the scientific principles that should guide its practice. In this sense, the American book entitled 'Science Principles Applied to Nursing' is first published in Brazil, with emphasis on scientific knowledge mainly from social, physical and biological sciences. Consequently, Nursing effectively took on the characteristics inherent to the social division of work typical of the Capitalist production market, where work is fragmented and workers are not in control of the product of their efforts, Nursing assistance in this case[31]. In this movement, nurses were increasingly distanced from their care object (the patients) and started holding managerial positions and intensifying conflicts among the different professionals that were active in Nursing, regulated by Law No. 2,604 dated September 17th, 1955.

Considering the expansion of health units, especially hospital ones, this decade was also marked by insufficient Nursing personnel and, in an attempt to qualify this workforce, ABEn advocated for the creation of Nursing Assistant courses. It is in this scope that Law No. 2,367 was published (dated December 7th, 1954), authorizing for ten years the creation of mobile courses to train nursing assistants in places lacking Nursing schools but that did have hospitals, which probably contributed to the increase in the number of this type of courses. It is not surprising that all the documents surveyed recognizing Nursing Assistant courses date from the 1950-1970 period: 61 courses were found, with 50.8% of them in the Southeast region of the Country.

In addition, it is in this context that discussions about the Nursing Technician training were initiated, triggering a significant debate about the Nursing students' different schooling levels and resulting in a law bill that was prepared by ABEn in 1957 and presented to the Executive Power, which established three Nursing teaching levels: Fundamental, Mid and Higher. As the implementation of an intermediate level between nurses and assistants was not agreed upon in the category, this project was revisited several times to rethink amendments or replace it by others that did not have three levels, but only the two already existing ones. After debating it for ten years, the project was discarded in 1965 under the reason that the proposal had already been outdone[32,33], considering the fact that the Law of Guidelines and Bases (*Lei de Diretrizes e Bases*, LDB) for National Education – Law No. 4,024 dated December 20th, 1961[34], had been enacted four years later.

The truth is that LDB/61 deliberated three teaching levels: Fundamental, Mid and Higher, which ended up raising Nursing schools to the last level. However, when addressing Mid-level technical teaching, it only included industrial, agricultural and commercial courses; therefore, as Nursing teaching in particular was not contemplated in that law, the controversy related to Nursing Assistants training and the possible creation of technical courses remained, gaining momentum in the following decade[34].

Before that, a new curriculum for Nursing Courses had been defined through Opinion No. 271 (dated January 19th, 1962) by the Federal Education Council (*Conselho Federal de Educação*, CEF), establishing that it would last three years and include the following academic disciplines: Nursing Fundamentals; Medical, Surgical, Psychiatric, Pediatric, Obstetric and Gynecology Nursing; Ethics; History of Nursing; and Administration. Previously targeted at studying the most incident diseases through preventive nature academic disciplines, the curriculum started to focus on specialized clinical areas, emphasizing diseases and hospital management with the objective of "training nurses to care for patients as assistants to physicians [...], training head nurses" (p. 55, 56). Thus, Public Health ceased to be a mandatory academic discipline to become a mere specialization.

Subsequently, Ministry of Education and Culture Ordinance No. 06 (dated April 28th, 1965) was issued, regulating Nursing Assistant courses. It established a minimum age of 16 years old for enrollment and that general academic disciplines and internships should be attended in the course of two years, but without defining the hour load. Its curriculum mirrored the one defined for the Higher level Nursing courses, focusing on hospital technicism.

Around the same time and even if without federal regulation, two Nursing Technician courses were created with the approval of state education councils, governed by LDB/61 and under the name of Nursing College Courses. They were followed by the Nursing Technician Course offered by the Anna Nery School in 1966, the first one to be approved by the federal teaching system[16].

When the education guidelines and bases for Elementary and High School were enacted by means of Law No. 5,692 dated August 11th, 1971, the Assistant and Technician courses started to be effectively included in the Country's educational system, both at the second grade level, but also still with no guidelines or regulations of their own that would delimit the difference between these professionals, not only as regards teaching but also in the scope of their functions. In this sense, Ordinance No. 106/65 continued to guide most of the Nursing Assistant training courses, understood as of the Fundamental level. Due to this, the subsequent years were marked by the publication

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of several documents on the minimum requirements and curricula for the Nursing, Nursing Assistant and Nursing Technician course.

During the military regime, the documents pointed to expanding private education and technicism, which promoted health training merchantilization and reinforced the hospital-centered model. From the 1964 *Coupe d' Etat* onwards, the State resources directed towards Public Health were reduced and, consequently, so were the programs targeted at controlling mass diseases. The interest was redirected towards the needs presented by the National Social Security Institute (created in 1967), which were substantially increased in numbers[35].

The University Reform defined in Law No. 5,540 (November 28th, 1968) also dates back to this period. It aimed at modernizing and expanding public institutions, especially federal universities, with the intention of adapting Higher Education to the national development goals: providing the job market with duly qualified professionals to favor hiring specialized but economical personnel. It also worked as a type of response to the students' vindications that exerted pressure for Higher Education expansion and restructuring and were intensified during this decade, after the enactment of repressive devices against the movement. As side effects of this reform, conditions were set for the expansion of private teaching institutions permeated by the Neoliberal precepts and, therefore, linked to a training model not concerned with criticality and social-collective needs[36].

In this sense, the Country's educational policy had to reflect the new political-economic context, in addition to considering the health ideology in the case of this particular field. Thus, Nursing teaching advanced in a process that culminated in 1972 with the reformulation of the minimum curriculum for Higher Education through CFE Resolution No. 4 dated February 25th, 1972. This curriculum was directed towards the hospital-centered and technicist medical model and consisted in three successive and consequently fragmented components: a) Pre-professional, encompassing the basic subject mattes from Health Sciences such as Biology, Morphology, Physiology and Pathology; b) Professional nucleus, encompassing the following academic disciplines: Medical-Surgical, Maternal-Child and Psychiatric Nursing; Communicable Diseases; Administration; Didactics; and Deontology); and c) Certifications in Public Health, Medical-Surgical Nursing and Obstetrics, of optional attendance.

Also in that year, CFE Resolution No. 2 dated January 27th, 1972, determined an hour load of 2,490 hours for Nursing Technician courses, enabling certification as Assistants when finishing hour loads below the total, but having attended at least 1/3 of the hours corresponding to the group of professionalizing subjects. However, the hour load for the Technician certification was extended to 2,760 hours and, in the case of Assistants, it rose to a minimum of 2,200 hours, of which 50% should be devoted to the professional axis.

From then on, when dealing with the prerogatives inherent to the teaching system, Nursing only had two professional levels: Mid, where Nursing Assistant and Nursing Technician were included, differentiated based on the hour loads and degrees obtained after finishing the course; and Higher, attributed to Nurses. Despite the above, the situation was not effectively solved, forcing the CFE to issue Resolution No. 8 dated April 18, 1977, which instituted Nursing Assistant training in the first grade level on an emergency basis.

As the prerogatives for the authorization and recognition of Mid-level courses started to be responsibility of the state councils from LDB/61 onwards (except for the Federal Government jurisdiction), no documents about this topic were found either in this or in the subsequent periods; however, according to an ABEn survey, there were approximately 115 Nursing Technician and 145 Nursing Assistant courses in 1983[37]. As for Higher Education, the documents consulted in this study point to the existence of 79 courses, of which 38 were authorized to operate from 1970 onwards.

These data reveal that Nursing teaching followed the University Reform determination of training more professionals in less time. However, as the public sector would not be able to face the costs inherent to such expansion, the government opened the possibility of private capital developments in the sector, which started to present a higher increase rate in the number of Nursing courses and vacancies from then on[38].

It is noted that, despite all the efforts undertaken to qualify Nursing practitioners throughout the previous decades, the category workforce was mostly comprised by nursing assistants in 1986: 63.8% of all 304,287 professionals. Nurses, technicians and assistants corresponded to 8.5%, 6.6% and 21.1%, respectively[39].

It is worth noting that Law No. 5,905 dated July 12, 1973, was enacted in this period. It dealt with the creation of the Federal Nursing Council (*Conselho Federal de Enfermagem*, COFEN) and of the Regional Nursing Councils (*Conselhos Regionais de Enfermagem*, CORENs), which altogether constitute an autarchic body linked to the Ministry of Labor[40]. Therefore, the professional Nursing practice adopted a public nature, becoming a State supervision object. Although only created in 1973, the attempts to implement a professional council for the category date back to the 1940s[41].

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Also at the end of 1970s and associated with the legitimacy crisis of the military regime, the Social Security health model began to collapse and the problems derived from it gained greater notoriety: for having prioritized the curative health model, it was not capable of solving the main collective health issues.

Tangentially, the Social Medicine movement emerged in Latin America and the discussion about extending the coverage of health services gained momentum, marked by the “Health for all in the 2000s” slogan and by the Declaration of Alma-Ata. Meanwhile, the social movements involving the working class and the popular, intellectual and academic sectors started connecting with each other and became social forces contrary to the privatizing health policies, giving rise to the Brazilian Health Reform process, which had been conceived in previous periods[42,43].

In this scenario, the military regime felt pressured to implement public health policies to attenuate the inequalities evoked by its economic policy, allowing health activists to hold strategic positions in the government. The Program to Spread Health and Sanitation Actions to the Inland (*Programa de Interiorização das Ações de Saúde e Saneamento*, PIASS) dates back to this period. Its objective was to take primary health actions to the inland, a logic that was contrary to the one in force until then[44].

In the 1980s, this political context gave rise to a series of reform proposals for the organization of health services and of nurses' job market, with repercussions in their training. It started reflecting on the Nursing work process and relationships and on the roles played by its various professional categories; in turn, a movement to propose a new minimum curriculum for Nursing courses that ceased to include certifications was also initiated[45].

In parallel, having already prepared and sent the law bill for the professional practice to the Presidency Civil House, COFEN surprised the professional class with Law bill No. 2,726/1980, authored by the Brazilian Medical Association and presented by physician and federal representative Salvador Julianelli. This document outlined a law to regulate professions, occupations and activities in the health sector, proposing the effective subordination of the several professions to the figure of physicians[32,46].

In the fight against approval of this project and along with ABEn and other bodies representative of the class, COFEN launched a mobilization campaign that was characterized by forwarding the publication entitled ‘*Enfermagem Brasileira em Defesa dos seus Direitos*’ (‘Brazilian Nursing Defending its Right’) to the Legislative Power. Along with it was the regulation law bill devised by the Nursing class. This movement enjoyed support from the media and from class and parliamentary bodies, resulting in the project being discarded[26].

The law bill proposed by COFEN was adopted by two representatives that presented it to the plenary session, where it was approved and transformed into Law No. 7,498 dated June 25th, 1986, which regulates the Nursing practice, defining nurses, nursing technicians, nursing assistants and midwives as Nursing professionals[25]. This law legitimized the professional practice, granting the professional councils prerogatives for the control of the profession by verifying due certifications in the profession and the authorization to practice it. In other words, it represented the legal consolidation of Nursing as a regulated profession but maintained the category fragmentation, manifested in the co-existence of multiple training levels.

In the midst of the pro-democratization of Brazil context marked by the ‘*Diretas Já*’ (‘Direct Elections Now’) movement and by the indirect designation of the then member of Senate Tancredo Neves as President, the achievements conquered by Nursing were added to the strengthening of the Health Reform movement, whose most important milestone was holding the 8th National Health Conference in 1986, where the struggle for political, social and health democratization was reasserted[27].

Democratization was made complete by the enactment of the 1988 Federal Constitution, where the right to health and education was universally guaranteed and the Unified Health System (*Sistema Único de Saúde*, SUS) was instituted. In order to legitimize and detail the constitutional provisions, the Organic Health Laws (1990) and the new LDB (1996) were enacted.

III. Curricular reformulation towards the SUS principles (1994–2020)

Among these prerogatives and continuing the discussions that were intensified at the end of the 1980s by Nursing schools and the bodies representing the category, the approval of a new minimum curriculum for Nursing courses was consolidated by means of CFE Opinion No. 314 dated April 6th, 1994, later on homologated by MEC Ordinance No. 1,721 dated December 15th, 1994. This normative framework not only translated a technical-pedagogical adjustment but the explicit incorporation of the emerging paradigm of the Social Determination of Health, in line with the Health Reform project and the Unified Health System (SUS) structuring principles.

By eliminating certifications and integrating scientific methodology contents, the document broke away from the previous model, centered on fragmentation of areas and on the Biomedical logic, promoting the transition to a generalist, critical and politically-oriented training. This alignment with the Social Determination model supposed understanding that the health-disease process is a result of social, economic, environmental, cultural and political conditions, and not only of biological factors. In this sense, the hour load increase to 3,500 hours (distributed in at least four years) and the mandatory

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500 hours of internships in hospital services and in the basic network reinforced the need for training based on the concrete reality of the territories, articulating teaching, service and community.

Structuring the content in a minimum of four areas (Nursing Biological and Social Bases, Nursing Fundamentals, Nursing Assistance and Nursing Administration) evidenced this paradigm shift. In particular, the inclusion of the Social Bases signaled acknowledging that understanding structural determinants, power relations, inequalities and historical processes was as fundamental as mastering technical skills. Incorporating scientific methodology contents expanded this movement because it stimulated a critical investigative stance, coherent with the need to produce knowledge linked to the social reality.

Consequently, the 1994 curriculum not only modernized training but also inaugurated a new epistemological level in Brazilian Nursing, anticipating conceptions that would be reinforced in the 2001 National Curricular Guidelines. By incorporating Social Determination elements, it reasserted that training nurses for the SUS involved preparing them to intervene not only in diseases but also in the social conditions that produced them, consolidating a regulatory framework that would influence the entire future configuration of the profession.

Instituted by Law No. 9,394 dated December 20th, 1996, with the objective of guaranteeing what is set forth in the Constitution, the new LDB understood that, at all its levels, education should be ensured by means of mechanisms that respected the constitutional premises and the public policies instituted in it. In this context, the training of health professionals should be based not only on what is specified in the LDB but also on the SUS, as it is up to the latter to organize the training of human resources in the health area.

Although it did not set specificities about the courses from the different areas, the LDB conferred CES/CNE the competency to deliberate about the curricular guidelines for undergraduate courses and, considering the university autonomy principle, it granted Higher Education institutions the ability to define the curricula for their courses and programs.

From the 2000s onwards, intensification of the university expansion policy and strengthening of permanent health education were observed, evidencing an inflection point towards valuing Higher Education. Consequently, it was in 2001 that, breaking away from the hermetic conceptions of curricular levels, the National Curricular Guidelines for Undergraduate Nursing Courses (*Diretrizes Curriculares Nacionais dos Cursos de Graduação em Enfermagem*, DCENFs) were approved with a focus on developing competencies that would train graduates to face the challenges inherent to society, to the job market and to the professional practice, which are in constant change. The new normative framework substituted the minimum curricula with flexible pedagogical projects guided by competencies, integrality and interdisciplinarity. Nurses' training started to incorporate the Social Determination of Health paradigm, gradually breaking away from the Biomedical model centered on diseases and on technique.

From that moment on, nurses' training should be generalist and promote due qualification of professionals committed to the citizens and capable of intervening in the most prevalent health problems. In this sense, the curricula should encompass contents from Biology and Social Health Sciences, Human Sciences and Nursing Sciences. Leaning on the SUS principles, the DCENFs contributed a robust definition in approaching specific competencies for professional performance in Primary Health Care, with working in multiprofessional teams, care integrality, emphasis on health promotion and a focus on families and communities standing out.

Substituting the minimum curricula with these guidelines triggered a reformulation process in Higher Education courses. Consequently, the analysis regarding the duration and hour load of health area courses became an imperative due to the urgency in transforming the care model in force in the Country. If 3,200 hours had been defined for Nursing courses at a first moment, this figure rose to 4,000 hours after listening to the opinions of various category bodies, with a minimum integration limit of five years, as set forth in CNE/CES Resolution No. 4 dated April 6th, 2009.

After 2009, it was only in 2020 that normative actions referring to Nursing teaching were again published, now in direct response to the emergency context caused by the COVID-19 pandemic. These documents established transient measures targeted at expanding the health workforce, given the abrupt increase in the care demand and the need to reorganize the services. In this scenario, the Brazilian government authorized the students attending the Medicine, Nursing, Pharmacy and Physiotherapy courses to undergo their mandatory curricular internships in health units, as a strategy to strengthen the system's ability to face the health criss[46]. Complementarily, it was allowed to bring forward the graduation ceremony for students attending the last year who have completed at least 75% of the hour load corresponding to their residency program or supervised internship, a measure that sought to solve the immediate lack of certified professionals[48].

In turn, similar initiatives were object of international debate, as they might have resulted in the students' unnecessary exposure, increasing the viral transmission risk, in addition to potentially representing inefficient

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Personal Protective Equipment (PPE) use, already scarce during the pandemic critical periods[49,50]. This tension between care needs and training safety evidences the complexity inherent to regulatory decisions in health emergency contexts.

On the other hand, a guideline published on July 16th,2020, authorized federal teaching institutions to substitute in-person activities with remote teaching actions, including mandatory internships, with the sole exception of two Medicine course and without explicitly mentioning other health areas[51]. Such measure opened the possibility for Nursing students to finish their undergraduate studies without fully experiencing in-person clinical practices, which sets forth the need for studies researching the pedagogical, ethical and care-related impacts exerted by this exceptional flexibilization on professional training and on the quality of the assistance to be provided in the future.

The pandemic revealed historical flaws in the articulation between education and health policies in Brazil, evidencing the urgency of implementing more robust regulatory frameworks that would ensure both teaching continuity and professional training integrity in health emergency situations[52].

Study limitations

As a limitation, it is noted that the research was focused on legislative and administrative documents of a federal scope, without deeply contemplating the impact exerted by more recent situations such as the COVID-19 pandemic on Nursing teaching. Therefore, it is suggested that future research studies explore the theme of Nursing teaching during the post-pandemic period, with special emphasis on the adoption of remote teaching and its repercussions in the training of future Nursing professionals. Studies articulating the effects of this teaching modality on the development of technical, ethical and relational competencies may offer relevant aids to rethink curricula and pedagogical strategies, contributing to ensuring the quality and social recognition of the profession.

FINAL CONSIDERATIONS

The serial analysis of the federal normative actions between 1890 and 2020 shows that the history of Nursing in Brazil is marked by continuities and breaking points that reflect the relationships among the State, work and education. The importance of Nursing as an essential profession for Public Health is clear due to how the category evolved in Brazil during the different historical periods.

The historical analysis of the norms that guide Nursing teaching, training and regulation in Brazil evidences a professional recognition process that advances gradually, but in an uneven way. The legal documents reveal the co-existence and disputes among three training models that marked the path followed by the profession: the Technical model, centered on performing procedures; the Hospital or Biomedical model, structured in the physician-hegemonic logic and in institutionalized care; and the University model, linked to the SUS and guided by the Social Determination of Health, integrality and critical training.

By systematizing 193 legal and administrative actions, the study contributes to the History of Nursing field by offering an organized documentary basis interpreted according to the Serial History perspective, enabling future quantitative and comparative analyses about how health teaching and work are regulated.

By showing an encompassing and detailed view about the history and role of Nursing in Brazil, its importance for society and for Public Health stands out, as well as the need for investments in education and to value the professionals working in this area.

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Conceptualization, C.P.M.L. and C.M.; methodology, C.P.M.L. and C.M.; formal analysis, C.P.M.L. and C.M.; investigation, C.P.M.L. and C.M.; resources, C.P.M.L.; data curation, C.P.M.L. and C.M.; manuscript writing, C.P.M.L. and C.M.; review and editing, C.P.M.L. and C.M.; visualization, C.M.; supervision, C.M.; project administration, C.P.M.L. and C.M.; financing acquisition, C.P.M.L. All authors read and agreed with the published version of the manuscript.

Use of artificial intelligence tools

Authors declare that no artificial intelligence tools were used in the composition of the manuscript "*From asylums to COVID-19: Legal frameworks and historical configurations of Nursing training in Brazil (1890–2020)*".