

# **A SELECTION OF NURSES TO BECOME OFFICERS OF THE MILITARY POLICE OF THE STATE OF RIO DE JANEIRO (1994): THIS IS A HISTORICAL RESEARCH**

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## **ABSTRACT**

This is a historical-social study. **Objective:** to describe the process of selection of the first class of officers nurses of the Assistant Health Framework in Military Police of the Rio de Janeiro's State, in 1994. Historical sources: written documents and interviews with officers nurses belonging to the first class of the Assistant Health Framework. The findings were organized, classified and contextualized in accordance with the historical method. The analysis of the data had the theoretical reference of Pierre Bourdieu's Theory of the Social World. **Results:** The rigor of the selective process has led to the inclusion of candidates suitable for the incorporation of a *habitus* military that, in the last instance, represented the possibility of learning a *habitus* appropriate future social position.

**Keywords:** Nursing; History of Nursing; Military Nursing.

## **INTRODUCTION**

In the early 1990s, the City of Rio de Janeiro suffered with increased crime, which already seriously threatened the public order. Among the measures taken to improve and strengthen the Public Security Bureau, we may highlight the realization of public tenders for police officers of the troop, which made it possible the entry of approximately 2000 soldiers. Simultaneously, a significant increase in the number of attendances at the two hospitals of the Military Police of Rio de Janeiro (PMERJ): Police Hospital and Military Hospital Central of Niterói of the Military Police both as a result of the increase in crime rates in the city, but also the increase in number of militaries in the Corporation<sup>1</sup>.

Furthermore, the increase in the number of militaries in the Corporation through such tenders also demanded the need to extend medical and hospital care to the militaries and dependents of newly arrived soldiers<sup>2</sup>, which would possibly increase even more the

number of visits to the military police hospitals and consequently, aggravate the problem of insufficient number of health professionals, particularly nurses and mid-level staff.

Thus, in 1993, the governor of the State of Rio de Janeiro at the time, Leonel de Moura Brizola, created the Board of Officers Nurses through the Law No. 2,206, of December 27, 1993. According to Article 8 of this law the 163 vacancies for soldiers would be converted into 56 jobs for officer nurses of the Health Officers' workforce as seen on Table 1. These militaries would rank as 2nd Lieutenant Military Nurses, reaching the maximum rank as a major, since the table created was comprised of: two majors, ten captains, 20 first lieutenants and 25 seconds lieutenants<sup>3</sup>.

The selection process for the first group of officers nurse was published in the State Official Gazette of Rio de Janeiro on March 8, 1994, in which were published the standards for entry into nursing officer corps of the military police. On occasion, the general commander of PMERJ was MP Colonel Carlos Magno Nazareth Cerqueira<sup>4</sup>.

The notice of the tender of Admission for Second Lieutenant Nurse, of the Board of Health of PMERJ (1994) determined the following requirements: "be a military policeman of the Corporation or a military in active service from other Armed Forces, or a civilian who is updated with military service, be a Brazilian citizen born in Brazil; candidates of both genders; possess an entry in the Regional Nursing Council, not to face charges or criminal and or administrative investigation and not have been convicted at any time for a felony or transgression, in a final judgment; have authorization from the respective authorities to participate in the tender; have a maximum hierarchical degree as a second lieutenant, if military; if reservist, have been excluded from the last military organization with the concept 'good', at least, be up to 34 years of age on December 31, 1994, except the military; collect the registration fee at any of any BANERJ branch in favor of Foundation School of Public Service FESP-RJ, and keep up with compulsory voting"<sup>5</sup>.

The evaluation process was conducted in two successive stages, with an eliminatory character, except for the proof of titles that was qualifying. The first stage consisted of assessing nursing expertise, with a written exam, containing 30 objective questions and

10 discursive questions. On the second stage there was a practical oral exam on nursing technical procedures.

For health examination, the candidate was subjected to an evaluation by a Board of Health Inspection of the corporation<sup>5</sup>. Once approved in the elimination stages, the candidates were subjected to physical sufficiency examinations. At this stage, the Physical Aptitude Test, which included physical assessment with race tests, sit-ups and push-ups, was carried.

The selection process also included psychological analysis, whose examination aimed to eliminate candidates who did not have the profile to follow a career in the Military Police. The social examination, which was the last stage of the tender, included Social Research, which comprised the completion of questionnaires by the candidate, endeavor, interviews and request for information about them. Therefore, the social research aimed at verifying, "in loco", the behavior and reliability of the candidate<sup>6</sup>.

It may gather from the above that the tender for the entry of nurses in the Military Police officer corps was long and extremely strict. And to study the problems that involved it, we have drawn the following objective: to analyze the selection process the first group the officers nurse from the Auxiliary Board of Health in the Military Police of Rio de Janeiro.

The social relevance of this study lies in the possibility of disseminating scientific production on the inclusion of nurses in the military field, especially with regard to the presence of women on a bicentennial scenario and traditionally devoted to men.

### **Theoretical and methodological approach**

This is a social-historical study, whose primary sources are composed of written and oral testimonies of officers nurse belonging to the first group of Health Assistant Table of PMERJ. Male officers were excluded. Ten semi-structured interviews were conducted, in the period from October to December 2010, at locations and times scheduled in accordance with the preferences of the people interviewed. At the time, all the arrangements were made for the compliance with the guidelines of Resolution No.

196/96, the National Board of Health. Furthermore, the project that originated this study was approved by the Ethics and Research Committee of the School of Nursing Anna Nery/Hospital School São Francisco de Assis/UFRJ on August 31, 2010, through Protocol No. 085/2010. The secondary sources, consisting of articles and books, theses and dissertations on the subject, con-substantiated the analysis of data derived from the study of the primary sources, which constituted the documentary corpus.

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Data were organized, classified and contextualized in accordance with the historical method. However the analysis of the data had as its theoretical reference the thinking of the French sociologist Pierre Bourdieu, especially with regard to the concepts of habitus, symbolic power, symbolic violence and male domination.

## **RESULTS AND DISCUSSION**

### **The motivations for entering the officer corps of the Military Police of Rio de Janeiro**

The tender for the admission of nursing officers in PMERJ, in 1994, attracted nurses who sought work in an institution that offers financial security and stability. Several reasons

led to the choice of nurses for officer positions in the Military Police of Rio de Janeiro. In the excerpt of one of the interviews one can perceive part of the motivations:

*Well, what motivated me was not the fact that I like the hospital. My motivation arose from the promotion because, as a civil nurse, I was stagnant. I felt constrained for remaining in a military hospital, because my colleagues were able to achieve higher positions, and it was a situation in which I felt discredited. But it was not the fact that I liked the hospital that led me to search the tender, but the financial motivation and the social status. (INT. # 1)*

The interviewee reveals her perceptions on the difficulties of professional growth in the condition of a civilian in a military institution. The prohibition of a civilian nurse in a military hospital shows that the structures that constitute the field reproduce their standards and hierarchies and in this sense, where agents have no other choice, but to fight to maintain or improve their position in the field, that is, "to maintain or increase their capital" 7. Another testimony highlights the interviewee's accession to the mystique of the military institution, stating that the pillars of the military police were already part of your lifestyle:

*It was my first job and I fell in love for the place. Issues related to discipline and hierarchy that are the pillars of the Military Police were also part of my life style. These values were rooted in me and I learned them with my family. I used to think it was very beautiful and I also nourished the dream of contributing to this new perspective of the institution, which was to have more harmony and grow. Bring nursing to another level, another condition of the corporation itself, which was my school and my life lesson as well ... I got married there. There I had my children. So I have affection for the PM in every way, ... emotional, personal ... (INT.#3)*

The analysis of these words highlights the incorporation of a domesticated language, that is, of the censorship that was transformed into nature, the internalization of the necessary arrangements for the official nurse, because the effects exerted by new experiences on the habitus of the candidates depend on the practical compatibility relationship between these experiences and the others that are already integrated into the habitus.

However, another interviewee, who already belonged to the institution as a member of the nursing team and as a military, records motivations that show that the nursing

diploma and the officer rank work as a kind of credential, which grant its bearer greater possibilities in the field, since the social titles of credit (academic degrees, diplomas) provide social positions to which access is obtained through these titles<sup>8</sup>.

*I developed the motivations for two, three years or so, when there was the first group of corporal nurses. I realized that there was a need, I had this experience out there, and there was a need for a nurse to direct nursing actions. We had the presence of some nurses who were civilians, some graduated nurses and, here at the institution, they did nursing services, so to speak. They did bureaucratic service. Nursing practice itself was adrift. That began to bother me. At that time I was doing graduation in nursing, and had different ideas, another mindset, another vision. I could see that it was not satisfying me. I saw it was an opportunity to grow, since I was already corporal. I could be approved and become an officer in the same institution. (INT. No. 4)*

It is worth emphasizing the term "so to speak" which the interviewee uses when referring to the quality of nursing services. This expression contributes to that word, so that it does not mean what it seems to mean, putting it in disbelief by imposing a categorical rupture between the sacred and profane knowledge in order to preserve the monopoly of a knowledge or practice<sup>9</sup>.

In general, the different motivations presented by the interviewees converged insofar as it concerns to finding a stable job, the possibility of social climbing and admiration for the military career. To compete for a place in this Framework they needed to spend time for preparing themselves for the many steps of the exams. In this sense, the selection process itself represented the possibility of choosing the candidate with the predispositions necessary for the incorporation of the military habitus. Therefore, the competition was designed to select those who could be seen and believed as suitable for the incorporation of things and military practices that, ultimately, would represent the learning of a habitus appropriate to a new social rank.

### **The selection process for officership**

Certainly, the time invested by the candidates for a successful participation in the various steps required greater dedication and contributed to the selection of the most qualified candidates. This effort is expressed by one of the interviewees:

*Well, I didn't have a specific book or handout. Graziela and I studied together and we wanted to pass. We did not admit not passing in the tender. We studied every day and prepared our material. In my mind and in the nurse's there was not a chance of not being approved, as we had gone through so many things together ... Then the so expected day came and we were very anxious, because we had to show we were good in order to avoid nasty comments that we would be benefited. Many of our colleagues failed still in the first phase, which corresponded to the written test. Immediately after, there was the second phase with practical tests. (INT. # 1)*

Thus, it is understood that, "the opportunities that agents have to submit themselves to the laws of the field is proportional to their strength on the field,"<sup>10</sup>, that is, the possession of the appreciated capital in the field. Moreover, what was at stake was a place for officer position in an military institution, which represented the opportunity to reclassify agents (nurses) who already worked in the institution, whether as a civilian or as military nurse. In this sense, the tender for officer nurses of the Military Police was very important for these candidates for representing the possibility of empowering in the institution through the visibility of their professional capital, since "it is the structure of objective relations between agents that determines what they can and cannot do,"<sup>10</sup>, that is, it is the position occupied by the agents in this structure that determines or directs their positions.

The excerpt with the words of another interviewee confirms the previous one concerning the severity and duration of the selection process, adding her perplexity about the psychological examination and social research:

*First it was an objective test, then an oral test and then, there was a psycho-technical exam with over 300 questions that were repeated, from 20 to 20 and then from 10 to 10 ... It was the same question asked in different ways to uncover your personal profile. How you would see yourself as a person. I think it was this way to catch a liar. I remember it perfectly because a friend of mine, who did it, didn't pass, and she really was a great liar. Then, when she tried this contest, the process was interrupted because it was precisely in the stage of the psycho-technical test that she failed. There were several questions; there was a Social Research. I remember that, during this search, they went to the INCA to ask about me, and this was the last step, and it was a surprise for me; I didn't know the social research was done that way. (INT. No. 2)*

Thus, at the time we sought to safeguard the image of the institution, the image of the new group was also guarded, through the selection of candidates whose personal and moral dispositions would make it suitable for the incorporation of a habitus attuned to the

military values and virtues. In this process, we sought to certify the previous social behavior of the candidates, in order to try to ensure the observance of attributes that were consistent with the expectations of the Force<sup>11-12</sup>. Therefore, the success in the contest would place the candidates in a separate and distinguishing position, since it would give visibility not only to their professional capital, but also its social capital<sup>13</sup>. Concerning the rigor of the tests, one of the interviewees compares the approval at each stage of the tender as the crowning of the best:

*The selection process is complex. It is not a competition like any other, in which you do a test and you are qualified to take a position. It is a process that involves several stages such as objective test, physical and psychological examination... So it's a long process, very stressful, because you get very anxious and also because at every stage you see people being eliminated, and you get insecure... 'Will I be the next eliminated?' (INT. No. 9)*

Indeed, the dispute over the classification was encouraged among competitors to ensure them top-rated classification at the end of the process, and for the institution, the incorporation of those who have achieved better results. It appears from the statements that the need for approval follows the logic of the pretense of the properties of the dominants, which contribute to ensuring positions of power and social prestige. Thus, the struggle for these positions represents the perpetual movement of the agents in several social spaces, because, "unless they exclude themselves from the game, the agents have no choice, but to fight to maintain themselves or improve their position in the field, I mean, to maintain or increase the specific capital that is generated only in the field, thus contributing to weigh on the others the constraints often experienced as unbearable, originated in the competition"<sup>7</sup>.

The candidates expressed some difficulties in relation to the medical examination:

*Wow... it was horrible. It was here on the second floor of the old building, in a room with a gynecologist, general surgeon, clinical doctor and obstetrician. We could barely stand in the room. First the orthopedist asked us to try to touch our foot and, between one thing and another, the surgeon arrived and, with a fast movement, dropped our pants. Underneath we were using panties and bra as underwear. He dropped it until the height in which he could examine us to see if we had hernia. That gesture was a shock, because we did not expect him to do it this way. There was a crowd waiting outside and five came at a time. When we left, it immediately generated a feeling of revolt. Subsequently, we moved on to the otolaryngologist and ophthalmologist, but it was not in the same room; it was in a different location. What I can say about the medical examination is that it was actually horrible for the*



*embarrassment we had after the fact, because we did not expect him to do this. I was opening my camisole normally... and he arrived and did this sudden movement. I don't remember if the complaint continued after the entry of the second group, because the group was too big and I can't remember if there was a change in the following groups.*

As evidenced in this and other interviews, the way used to examine the body of the candidates, according to the perception of the interviewees, reproduces symbolically the male domination to which they were subjected through the doctor's brusque gesture, when exposing the region to be examined. It is also noteworthy the collective character regarding the number of candidates and the presence of physicians of several specialties. It should also be noted that, during the examination, the candidates did not show any reaction as to the attitude of the surgeon. That's because the exercise of symbolic violence by the dominant relies on the contribution of the dominated, either in absentia or even against their will, through the tacit acceptance of domination<sup>14</sup>.

With regard to the symbolic violence still in the selection process, another interviewee also reports embarrassment, adding that:

*The medical examination was another very stressful evaluation for the group because they did not organize themselves to receive this large number of women. During the examination, there were some interruptions because of the lack of privacy. We had to report to the Director. Then their behaviors became normal. (INT. # 3)*

The snippet above shows both her embarrassment as well as the other candidates during the medical examination, adding that the lack of prior information about the conditions of the test has resulted in unnecessary exposure of the body of the candidates. Despite the embarrassment, all candidates underwent the examination, showing a "paradoxical logic of male domination and female submission, namely, the subjection of domination spontaneously, and at the same time, extorted"<sup>7</sup>, since the candidates were subjected spontaneously and mandatorily to the conditions established for the examination. This demonstrates the incorporation of female measures perfectly adjusted to the prevailing social order, which places women in positions of disadvantage compared to men (doctors and military) in that social space.

However, another section highlights the lack of awareness about the unfavorable conditions for the candidates during the completion of the medical examination:

*After laboratory tests, we went through a medical board. There were clinical physicians, orthopedists. First the clinical physician checked the blood pressure. He gave more emphasis to it. After that, now with the historical data, came the orthopedist and also the other doctors... What called my attention mostly was the clinical physician and the orthopedist. For me, it was a very relaxed examination, because there were several nurses. First, we went through the clinician and then the orthopedist. That's what called my attention mostly. I don't think it was embarrassing, in fact, it was quiet. It was respectful. I do not remember anything... (INT. No. 6)*

This position reaffirms the existence of a "magic boundary between the dominant and the dominated, in which the magic of a symbolic power is triggered and by which the dominated contribute"<sup>7</sup>, tacitly accepting the symbolic force exerted directly on the bodies, as if by magic, without any physical coercion, since the internal rules were harmonized with the domination imposed.

## **CONCLUSION**

We may conclude from the above that the nature and rigor of the selection process aimed at selecting candidates suitable for the incorporation of military practices and issues that ultimately represented the learning of a habitus that is appropriate to the new social rank.

Such a situation featured the use of devices that well reiterated the need for those future officers to be attuned in compliance with a practice grounded in the purposes of militarized spaces, where discipline and hierarchy, which are their bases of support, should be internalized and reproduced (through time) both in their way of being/doing, and in their own speeches.

By the end of this study, it was possible to develop a historical version about some aspects concerning the entry of women in the officer corps of the military police. However, it is important to continue the studies so that we can deepen our understanding about the simultaneous processes of professionalization of women and nursing, specially the female presence in military scenarios. Moreover, the versions and interpretations herein developed are no more than temporary truths, as the experience is unrecoverable.

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