



## Influence of disciplinary power in the formation and practice of nursing professionals: a Foucauldian reflection.

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the daily practice are impregnated by implicit actions that limit the capacity for developing reflection, criticality and creativity and yet values submission to medical knowledge and to the activities determined by it. It is a kind of “disciplinary power”, non-declared, but perceived by professionals and students.

Then, this work intends to reflection, through the light of pertinent bibliography and foucauldian theories<sup>1</sup>, the way disciplinary power is present in the current nursing professional`s formation and how it influences. The main motivation for this reflection is the perception that nursing in Brazil, among either technical level or upper level professionals, brings in its essence a characteristic of servility or submission, despite this isn't a clear reality, nor spoken out loud by professionals, in general, it is implicit in their practices.

For this, we will start from the historic contextualization of nursing origins as well as its teaching, considering Brazilian reality of nursing professionals' formation, by using bibliography obtained from data bases such as Scielo and Lilacs, and also from the personal acquis. Then we will analyze these facts considering Foucault's ideas about power, vigilance and punish.

## INTRODUCTION

From the historic analysis of the nursing professional's formation and the relations established in the of professional practice's environment, a past marked by rules, discipline and rigour is perceived. Also, starting from the observations and experiences in work relationships as a nursing professional, and through informal declarations from profession partners and nursing students, the reality previously described is identified until nowadays, permeating nursing educational practices and relationships established in the healthcare practice.

The market demands a professional with such characteristics, but the formation and

<sup>1</sup> In particular, the ideas exposed by Michel Foucault in “Discipline and punish” and “Microphysics of power”

## 1. Brief historic contextualization of professional formation in nursing

Before the analysis of the disciplinary power's influence in the nursing professional's formation and proceeding through the light of foucauldian theories, it became necessary to know the way this professional category has historically developed and its formation process, because it is believed that this characteristic, previously cited, is an historic and social construction. We will initiate the approach by reporting the creation of nursing as an institutionalized and salaried profession so, then, we will talk about the systematization of nursing teaching in the world, as well as in Brazil, building, this way, the elements that will subsidize this analysis.

Nursing professionals have, as main attribution, the care, but, until certain time, they didn't exist as a professional category in the way it is currently known. In past times, taking care was performed by numerous people and in different ways, depending on the historic, social, politic and economic context of each society, besides it hasn't always been a specific group for the exercise of this activity.

It means that, along history care was taken by people without preparation for this since there wasn't a systematic formation, as many of the developed health practices were based on sorcery, witchcraft, quackery, knowledge of religion, etc. Who executed those practices didn't have any teaching or were taught by religious people that, by then, kept the monopoly of knowledge (Oguisso, 2007; Geovanini, 2005).

According to these authors, it was after the accession of capitalism when health practices became understood as a service and hospital as its producer, nursing was institutionalized since this time generating the need for a more systematic teaching to get technical and scientific foundation for the exercise of its attributions. Then, a new nursing emerged influenced by capitalist politic and ideology.

In this context, in world scale, the figure of Florence Nightingale<sup>2</sup> can be highlighted, who brought a new vision at the middle of XIX century in England, contributing to the occurrence of a time lapse known as Modern Nursing, marked by the affirmation of this professional category recognized in the institutions (Oguisso, 2007).

Along reports described in nursing history, Florence Nightingale proposed the use of some criteria to create the nursing corporation proper for that time. Once she was invited to participate in the care of Crimea War's wounded, she selected a group of women to join her according to the following criteria: absolute abnegation, altruism, integrity, sacrifice spirit, humility and discipline (Geovanini, 2005; Oguisso, 2007).

When she returned from war, Florence dedicated to intellectual work and founded a school associated to Saint Thomas Hospital, systematizing nursing's teaching in England and creating a model that was spread along many countries, including Brazil (Oguisso, 2007). In the beginning of its affirmation as an institutionalized

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<sup>2</sup>A clever and extremely influent woman, military's daughter, she was considered mother of world nursing. She was born in 1820, and died in 1910, leaving a legacy for nursing founded on her theoretical-philosophical conceptions that remain at current days.

profession, it was doctors who determined which activities would be attributed to nursing and, even more, the nurse's formation process, in those early moments, was in charge of medicine professionals.

In the Brazilian context, nursing formation initiated with the foundation, by government, of the Nursing men and Nursing women's Professional School in Rio de Janeiro, next to the Injured Hospital<sup>3</sup> from Internal Affairs' Ministry, this being the first nursing school in Brazil. But, nurse formation under the Nightingalean model, started with the creation of Nurse School from the Public Health's National Department, in Rio de Janeiro, in 1920, lately named Nursing School Anna Nery<sup>4</sup>. This school came to be a pattern for other schools in national territory, which had to be equated to that one in regards to teaching model as well as professional's formation (Paixão, 1979).

Nightingalean model was based on the previously described criteria, concerning professional's selection to work in war, emphasizing rigorous discipline, military sort, and moral exigency of nursing work's aspirants. The course lasted a year, with theoretical and practical classes, where exclusive dedication and rigorous timetable fulfilment were demanded (Geovanini, 2005).

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<sup>3</sup> It was created by decree nº 791, the 27<sup>th</sup> September 1890. At present it is known as Escola de Enfermagem Alfredo Pinto, linked to Rio de Janeiro University, UNIRIO.

<sup>4</sup> At present time linked to Rio de Janeiro Federal University, UERJ.

## 2. Reflection about disciplinary power's influence on nursing professional's formation and practice.

Starting from this historic contextualization of nursing professional's formation, a past marked by rules, discipline and rigour can be perceived. Since formation, there had been a concern in creating behaviour and attitude patterns favouring the construction of a power relationships, control and submission involving day-to-day.

Two main factors can be pointed out as determinants to this reality. A priori, the gender issue, because the beginning of the constitution of nursing as an institutionalized profession lead us to XIX century, and as it is a predominately feminine profession, it adopted for itself characteristics inherent to that time women: submission, education for domestic service, no usufruct of moral and egalitarian right when compared with men, etc.

Other issue refers to the organization form of the institution involving this professional category, the hospital, since it was a military service proper organization with a ranking process that favoured the medical category, which, until then wielded intellectual knowledge and was, thus, responsible of distribute activities and introduce the so called disciplinary mechanisms<sup>5</sup>.

Previous this time, until XVIII mid-century, this organization power was concentrated in religious' hands, but from the time that caring/healing actions came to be seen as power significance, medicine relegated religious to a submission function, assuming supremacy in hospital organization. Nursing exactly emerged in this context and ended to be a "medical discipline's" target, that controlled other professional`s day-to-day.

This fact is confirmed by Padilha *et. al* <sup>(1997)</sup>, who said that, the time nursing was created by Nightingale coincided, exactly, with described by Foucault changes occurring at the hospital environment. Among these changes, it can be cited the institutionalization of clinic, with consequent establishment of power relationships regarding medical practice and hospital reorganization "from a technology that can be called politic: discipline"<sup>6</sup> (Foucault, s.d., p. 61).

In this context, nursing schools had the responsibility to adequately form the professional. So that, there was a rigid disciplinary organization, with regulations and schedules to be accomplished, under infliction of penalty: punishment, suspension, expulsion <sup>(Nascimento; Santos y Caldeira, 1999)</sup>.

These were, therefore, some of nursing teaching's disciplinary characteristics. According to Teixeira <sup>(202, p.13)</sup>, following Nightingale`s pattern schools should:

"Be oriented in order to reach nurse's adequate behaviour. Thus, rigour and discipline's valorisation excelled in this place. Students, professors and functionaries should abide behaviour rules that would form the proper professional, capable of executing his job with organization, discipline and precision. Beside, rules attended to order maintenance, which was convenient to good school function."<sup>7</sup>

<sup>5</sup>The point related to discipline and its mechanisms will be discussed lately

<sup>6</sup>"...a partir de uma tecnologia que pode ser chamada política: a disciplina".

<sup>7</sup>se orientar no sentido de alcançar o comportamento adequado da enfermeira. Portanto, a valorização do rigor e da disciplina sobressaía-se neste local. Alunas, professoras e funcionários deveriam acatar regras de conduta as quais formariam o profissional adequado, capaz de executar seu trabalho com organização, disciplina e precisão. Ademais, as regras serviam para a manutenção da ordem, o que era conveniente ao bom funcionamento da escola."

It is evident that all this preoccupation about rigour and discipline were reflected in practice relationships existing in professional exercise's environments, generating stereotyped behaviours by nurses (and nursing students), which remains nowadays in many professional's conception about this category.

In regard with practice, discipline and rigour's influence can be identified at many points, however, we will highlight organizational and work relationships aspects. In first place, we will discuss what refers to the social division of work's introduction in nursing practice's dynamics. This division was increased by commercial activity, this means, as consequence of capitalist ideas that pursue productivity acceleration, but they also allowed that the division between dominants and subordinates and intellectual work's valorisation over physical work turned more consistent. This conception was applied to nursing work by Florence and brought implicitly the idea of subordination of those who perform manual work (nursing) to those who perform intellectual work (medics), favouring the establishment of a power relationship and supremacy of a category over the other.

In second place, the implementation of a continuous healthcare practices' record, tending to guarantee assistance's execution and to allow communication between team members, is highlighted, and also these annotations' monitoring, which was instituted later<sup>8</sup>.

Foucault (1987, p. 30) brings the notion of continuous record as a concern about discipline and points out the importance of "the individual's annotation" and of the "from the bottom upwards information's transfer"<sup>9</sup>, as a form of power exercising.

Thus, since nursing teaching's institutionalization by Florence Nightingale, and nursing's institutionalization as a professional category, discipline, obedience and servility have been considered inherent to nursing professional's daily practice, not only regarding to assistance actions, but also to relationships between nurse and doctors, the nursing team and the hospital administration (Padilha *et al.*, 1997). A relationship of power was established, which medical discourse modelled "nightingalean" nurses, bringing up professionals with the behaviour model desired by the health team, and maybe, even by the society for whom they rendered their services.

Standing out from these discourses we have the "abnegation ideals" and of "donation", which suits nursing in a position of commendatory negation of itself to care about others<sup>10</sup>. These ideas were emphasized since formation, and they rooted in such way in the social imaginary, and even in nurses, that it allowed the construction of stereotypes that remain with the profession up to the present (Padilha, 1997). It was by means of these discourses created by medics, who also were responsible for the disciplinary mechanisms and the hospital mechanisms, that nursing came to be seen from a submission point of view.

It is perceived, then, that the historic context, in which the society of this hospital reorganization and nursing creation time lived, coincided with the arising of a disciplinary power that, at first, was wielded by the sovereign, but was reflected in other institutions as quarters, factories, schools, hospitals, etc.

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<sup>8</sup> This monitoring is done by means of audits that are systematic evaluation processes for customer's assistance quality, and performed by observing nursing annotations in the record or their own conditions. It is understood that nursing audits seeks to control costs, customer's attendance quality, hospital bill's proper payment, negotiation's transparency based on an ethic behaviour.

<sup>9</sup> "anotação do indivíduo" e da "transferência da informação de baixo para cima".

<sup>10</sup> Most people composing the nursing category at that time were women who had to leave behind their own needs as woman, person and citizen to wield the profession.

The term “disciplinary power”, developed by Michel Foucault, is defined as “a new technique management of men”<sup>11</sup> for the exercise of disciplinary mechanisms that had their fundamental principles elaborated during the XVIII century and characterize certain time and a specific kind of domination (Foucault, s/d, p. 61). The author addresses, in his work, mainly in “Discipline and Punishment” and “Microphysics of power”, discipline as an instrument by which power impose.

The author conceives power as dynamic, ramified, capillary, relational, and concrete and as a part of a net, where it is strengthened by discipline. For him, power is an assembly of relations that produces asymmetry between individuals and groups and that is exercised in an intermittent way, irradiating itself from the bottom to the top sustaining authority instances; and that instead of crushing and confiscating, it encourages to produce (Albuquerque, 1995).

Discipline has already been described a technique for the exercise of power, and that “implies a perpetual and constant vigilance of individuals”<sup>12</sup>(Foucault, s/d, p. 62).

The author shows that there are different forms of disciplinary action, whether by means of distribution of men in the space, with the control of activities, with hierarchized vigilance, etc., and that are used by different institutions in society (Foucault, 1987).

It is denoted by the same author that, at first, the hospital and, then, the school started using discipline not only to organize them, but also they turned into devices in which “any objectification mechanism” could “avail them as subjection instruments”<sup>13</sup> (Foucault, 1987, p. 184).

It was this disciplinary power that influenced on nursing during its formation and that was reflected in the way its practices were exercised, this being directly related to its position and to the attitude assumed by those professionals in their work relationships.

From the observation and the experiences in work relationships as a nursing professional, and by mean of informal declarations of profession partners and students of this area, it is observed that the reality previously described remains to the present, permeating nursing educational practices and relationships established in work places, even in a veiled form, despite all social, politic, economic and cultural changes occurred in society. Many nursing professionals assume behaviour of humility, conformism and docility<sup>14</sup> in relation with those who represent power and, at the same time, an authoritarian behaviour in relation to the other element that compound the nursing team.<sup>15</sup>

As example, it can be mentioned submission and obedience attitudes to “medical orders”, the absence of critical thinking, of questioning and scientific posture by nurses that, in relation with other members of the nursing team, present attitudes of authority, exigency and don't accept questionings and/or discussions regarding the care that will be given, as well as, the absence of collaboration in the assistance, assuming more bureaucratic and administrative functions.

<sup>11</sup> “uma nova técnica de gestão dos homens”

<sup>12</sup> “implica em vigilância perpétua e constante dos indivíduos”.

<sup>13</sup> “qualquer mecanismo de objetivação” poderia “valer neles como instrumentos de sujeição”.

<sup>14</sup> Foucault, in his book, “discipline and punishment”, refers to the use of discipline to form “docile bodies”. By means of it, the force of bodies is increased in terms of utility and ability and the force of those bodies is reduced, resulting in obedience (Foucault, 1987).

<sup>15</sup> Nursing team is actually composed by nurses, professional with university formation, nursing technicians and nursing assistant, with mid-level formation.

Present nursing, regarding formation as well as daily practice, lives, even in the subtle way, under a disciplinary power, evidenced by the surmised and silent daily behaviour of these professionals.

According to Carbellini, Santos y Creutzberg <sup>(2010, p. 641)</sup>, disciplinary power "used to exercise and exercises a vigilance", aiming "to direct the life of people and control them in their actions", not being nowadays, "inflexible to the point of expulsion"<sup>16</sup>, however, it keeps disciplinary mechanisms called by the authors as "disciplinary micro-penalties". Discipline, in this context, doesn't only pursue to increase individual's abilities or to deepen subjection, but also establishes a relationship, in which it turns it more obedient as more useful, and vice versa <sup>(Foucault, 1987)</sup>.

This relationship already exists since formation and is evidenced in the way the teacher looks at the student, in the comments and in the little and large humiliations in front of patients, partners and other members of the team, in the inflexibility of the schedule control, the way they present, in the encouraging to take distance from other professionals (mainly doctors), in the evaluation process (exams)<sup>17</sup>, retaliations, etc.

This fact generates difficulties in seeing the possibility to change this reality, because it is nurtured by professors during professional formation's process.

According to Padilha et. al <sup>(1997, p. 31)</sup>:

Until nowadays, there are nursing professors demanding their students to maintain distance from students from other areas in the hospital day-to-day, and punishing them if that occurs. Distance and impersonality favour control, inhibit emotion and turn people in machines more easily, robotizing and massifying the art of caring.<sup>18</sup>

Agreeing with Germano <sup>(1984)</sup> and Silva <sup>(1986)</sup>, these qualities that are infused on nurses, such as obedience, humility, extremely respect to hierarchy, are, in many cases, desired and cultivated from the university formation and become a requirement for the professional life, even by the patient and the family as well as the multiprofessional team.

<sup>16</sup> "ejercía y ejerce una vigilancia", objetivando "dirigir la vida de las personas y controlarlas en sus acciones", no siendo en la actualidad, "inflexible al punto de expulsión"

<sup>17</sup> The exam or evaluation is one of the moments when the professor wields his power over the student. According to Foucault (1987, p. 154), the exam combines techniques of hierarchy, vigilance and normalization, because it permits to qualify, classify and punish.

<sup>18</sup> "... até os dias de hoje, existem professoras de enfermagem exigindo que suas alunas e alunos mantenham um distanciamento de alunos de outras áreas no cotidiano hospitalar e punindo-os (as) caso isso ocorra. A distância e a impessoalidade favorecem o controle, inibem a emoção e mais facilmente transforma gente em máquina, robotizando e massificando a arte de cuidar...".

## FINAL CONSIDERATIONS

The need for a change is urgent because disparity is noted between what is preconized at present by the Nursing's National Curricular Directive -the formation of a generalist, humanist, critical, reflective professional capable of acting in the multiprofessional team, even in leading activities-and what is practised in this professional's process, involving a nursing corporation with such characteristics of servility and submission as cited.

The point is how nursing can be critical, reflective and suited in a leading position into the professional team if, in its essence, characteristics of obedience, humility, submission and servility are rooted. This reality exists, before anything else, as consequence of a discipline mechanism that was historically built and that is reinforced by school and the hospital, as well as the social actors involved in the relationships established inside these institutions; institutions that discipline.

Therefore, in numerous aspects related to nursing professional's formation, and its daily practices, it is identified the existence of control of space, time, of constant vigilance and continuous record, and discipline as a technique for exercising power, ideas described by Foucault to treat disciplinary power, and that sign actions in hospital nursing since XIX century, when they were yet exercised by charity sisters, till present times, even in a silent way.

It is necessary that nursing professionals revise their practices and the way they interact in the health team, and that professors, new professionals' formers, revise their pedagogical practices too, so that they can identify what factors implicit in their professional actions have contributed to the reinforcement of disciplinary power in nursing, and how this power has impacted in the assistance to be developed, because this posture is no longer compatible with the requirements from the work market and current society.



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