
CONTRIBUTIONS OF BOURDIEU'S SOCIOLOGY TO THE STUDY OF THE SUBFIELD NURSING¹

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¹ Taken from the dissertation - Praxeology, social representation about menopause and educational practices of nurses in the Family Health Strategy, presented to the Graduate Program in Education at Universidade Federal do Rio Grande do Norte (UFRN), 2009.

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ABSTRACT: The aim in this paper is to discuss the contributions of Bourdieu's Sociology to the study of the subfield nursing. A reflexive research was undertaken. Bourdieu's Sociology constitutes a group of fundamental concepts, among which *habitus*, field, capital and symbolic power. Generally articulated, these are used in many different knowledge areas, and the first two are considered the central concepts of his theory. This research permitted a better understanding on matters inherent to the nursing subfield, such as the acquisition of cultural capital, which contributes to define the position nurses occupy in the nursing subfield; the power relations among agents in the health field, particularly among physicians and nurses; and evolutionary aspects of the profession, concerning the distinctive conflicts to occupy a prominent position within the health field.

DESCRIPTORS: Sociology. Nursing. Professional practice.

CONTRIBUIÇÕES DA SOCIOLOGIA DE BOURDIEU PARA O ESTUDO DO SUBCAMPO DA ENFERMAGEM

RESUMO: Este artigo tem como objetivo abordar as contribuições da Sociologia de Bourdieu para o estudo do subcampo da enfermagem. Trata-se de um estudo reflexivo. A Sociologia de Bourdieu forma um conjunto de conceitos fundamentais; entre eles: *habitus*, campo, capital e poder simbólico, os quais, geralmente articulados, são empregados em diversos campos do conhecimento, sendo os dois primeiros considerados os conceitos centrais de sua teoria. Este estudo possibilitou uma melhor compreensão sobre questões inerentes ao subcampo da enfermagem, como a aquisição de capital cultural, o qual contribui para se definir a posição ocupada pelos enfermeiros no subcampo da enfermagem, as relações de poder entre os agentes que compõem o campo da saúde, particularmente entre médicos e enfermeiros, e aspectos evolutivos da profissão, no que tange às lutas distintas para se ocupar uma posição de destaque neste campo.

DESCRIPTORIOS: Sociologia. Enfermagem. Prática profissional.

CONTRIBUCIONES DE LA SOCIOLOGÍA DE BOURDIEU PARA EL ESTUDIO DEL SUBCAMPO DE ENFERMERÍA

RESUMEN: Este artículo propone un abordaje de las contribuciones de la Sociología de Bourdieu al estudio del sub-campo de enfermería. Se trata de un estudio reflexivo. La Sociología de Bourdieu constituyen un conjunto de conceptos fundamentales, entre ellos: *habitus*, campo, capital y poder simbólico, que generalmente articulados, son empleados en diversas esferas de conocimientos, los dos primeros conceptos son considerados como lo fundamental de su teoría. Este estudio produjo una mejor comprensión de las cuestiones inherentes al sub-campo de enfermería, como la adquisición de capital cultural, que contribuye para definir la posición ocupada por los enfermeros en el sub-campo de la Enfermería, las relaciones de poder entre los actores que forman el ámbito de la salud, especialmente entre médicos y enfermeros, y aspectos evolutivos de la profesión, concierne a las luchas distintas para conquistar una posición destacada en el campo de la salud.

DESCRIPTORIOS: Sociología. Enfermería. Práctica profesional.

INTRODUCTION

In this paper, we attempt to establish a dialogue with Bourdieu's sociology at the interface between social and health sciences, based on the concepts of *habitus*, field, capital and symbolic power, emphasizing the study of the subfield nursing.

Bourdieu's Sociology¹ constitutes a set of basic concepts, including *habitus*, field, capital and symbolic power which, generally articulated, are used in different knowledge areas. The first two are considered the central concepts of his theory.

Habitus is Bourdieu's eldest and best-known concept. According to the author, the concept is understood as a system of dispositions for practice, that is, it "[...] is an objective foundation of regular conducts and, hence, of the regularity of conducts and, if one can foresee practice [...] that is so because the *habitus* makes the agents who possess it behave in a certain way under certain circumstances".^{2:98} In this study, the *habitus* is understood as the cultural matrix that guides nurses in the health field, and particularly in the subfield nursing.

Social field is conceptualized as "[...] a universe the agents and institutions that produce or disseminate art, literature or science are inserted in".^{3:20} It is a social world like any other, but functions in a more or less autonomous way in relation to the macro-cosmos and is characterized as a field of strengths and struggles, for its preservation or transformation. Nevertheless, the functioning of a field depends, as Bourdieu highlights, on the existence of objects that are being disputed and people who possess the *habitus*, which allows them to know and acknowledge the immanent rules of the game, because they grasp the profits and symbolic gratifications deriving from that field.³

In that perspective, the health field is understood as a space where knowledge is constructed and practices are developed related to the objects that justify its existence but, at the same time, as spaces of disputes about everything that makes it move. The subfields should be understood as disciplinary spaces, like nursing for example, but work by reproducing the same dynamics as the field they are part of on a micro-scale.

The concept of cultural capital refers "[...] to the set of intellectual qualifications produced by the school system or transmitted by the family".^{4:53} The cultural capital can take three forms: in the

incorporated state, that is, in the form of durable dispositions of the organism; in the objectified state, taking the form of cultural goods – paintings, books, dictionaries, instruments, machines, which indicate or put in practice theories, criticism against these theories or problems; and in the institutionalized state, in the form of objectification that needs to be put aside because, as observed with regard to the school certificate, it grants the cultural capital – which it is supposed to guarantee – totally original properties.⁵

As regards the symbolic power, this is a form of domination, whether related to ethnic origin, culture, language or any other kind, which is exercised "[...] not in the pure logic of consciences, but through the schemes of perception, evaluation and action that constitute the *habitus* [...]"^{5:49-50}

The interest in the theme is based on its innovative aspect, as the intent in this paper is to contribute to a reflection about nursing's relations with the health area, considered as the more comprehensive space of the social macro-cosmos, as research in the health field, and specifically in the nursing subfield, rarely consider this theoretical perspective. In addition, the paper addresses the interface between social sciences and health sciences, mainly the nursing subfield, considering that the professionals are social constructions located in time and in the space of the social context and, consequently, that they are part of an existential base: the social phenomenon.

In view of the above, this paper is aimed at addressing the contributions of Bourdieu's Sociology to the study of the nursing subfield.

METHODOLOGICAL CONSIDERATIONS

A reflexive study was undertaken. Therefore, Bourdieu's theoretical perspective was used for support, as this author investigates the configuration and origin of distinguished social fields (in this study the health field, and particularly the nursing subfield), the hierarchies and fights among agents in these fields (in this case nurses and physicians), concretely analyzing the dialectically established relations between the structures and the agents' *habitus*. As this study derived from a dissertation, approval was obtained from the Research Ethics Committee at *Hospital Universitário Lauro Wanderley*, affiliated with the *Centro de Ciências da Saúde (CCS)*, at *Universidade Federal da Paraíba*, registered under n. 37/07.

THE NURSING SUBFIELD ACCORDING TO BOURDIEU'S SOCIOLOGICAL PERSPECTIVE

In Bourdieu's sociological perspective, nursing represents a subfield of the nursing field and, as such, shares characteristics with the latter. The subfields (or subsystems) are smaller regions of a field, which preserve the same dynamics. Hence, like in other fields and subfields, the groups that own the largest volume of capital and the best position in their structure also tend to remain in political control.⁶

The dominant classes or fractions of these classes "[...]" are those that impose their capital species as the principle to rank the field. Nevertheless, this is not about a merely political struggle "[...]" but about an often unconscious fight for power".^{6:40}

The agents who are part of a specific field share a set of essential interests, that is, "[...] everything that is linked with the actual existence of the field. That leads to the construction of an objective complicity that continues at the bottom of all existing conflicts and antagonisms".^{7:51} This collusion is not formally expressed, but tacitly and in a way all agents agree with. Hence, although the relations among health agents are permeated by cooperation, they contain the conflict and disputes over authority to talk and act on behalf of the field.

One example of these conflicts and disputes over the power monopoly are the relations established between two fundamental professional categories in the health field: the physician and the nurse. In that context, it is important to remind that, historically, the physician has been the central figure in the health area and that his authority and power span all other spaces and related subfields. Physicians have traditionally exercised the power of legitimate authority to talk and act on behalf of the field. This monopoly is attributed to these agents' accumulation of scientific knowledge and technical know-how, which have also granted them economic, cultural and social power.⁸

As regards the social power, physicians have mostly occupied top management functions in institutions, as the most represented category, among the agents in the health field, in the legislative and decision-making spheres of Brazilian health policies. In addition, no legal constraints exist upon physicians' participation in any health activity, which is not the case for the other professions.⁹

A study on the relation between nurses and physicians indicates that, due to the latter's out-

standing and socially prestigious position, they exert some degree of supremacy over the other health agents, including the nurses. In the same study, the hegemony of medicine over nursing is pointed out, as the main conflict factor between these two professional categories, entailing obstacles to achieve excellence in health service production and in the quality of care delivery to users.¹⁰

It was also identified in the research that nurses, despite their representativeness and higher education, do not possess autonomy to discuss, question and deliberate the evolution of patient care together with the physician. In other words, they do not have the power to decide on their own work. Hence, the nurses feel discouraged when they see that their activities are limited to medical prescriptions - which misrepresents the target-object of nursing: patient care. The struggles to gain spaces and positions, professional autonomy and power also permeate this field.¹⁰

In the same line of thought, dating back to Bourdieu's work *Homo Academicus*, medicine is considered as a practice, a social art sustained by science, in this case biology, which "[...] uses a legitimately invested social power, a legitimation that is more linked to tradition than to science itself".^{11:1590} This legitimacy, linked with strategic and powerful positions in the academic field, establishes an opposition against other faculties and disciplines. Consequently, medical work has symbolically been consolidated as superior to that of other agents in the health field. Thus, physicians and nurses are products of specific social conditions and, at the same time, products of the reproduction of power and privileges that are "dissimulated" by the teaching system.

In nursing, the nurses' position will depend on the acquisition and accumulation of capital at the inside of this subsystem - which happens distinctively among nursing faculty and clinicians.

In this respect, nursing faculty are concerned with the accumulation of cultural capital in different forms, like by advising scientific studies at the undergraduate, post-graduate and scientific initiation levels, developing research and community service projects, publish papers in specialized journals, among others. Faculty members with a doctorate and post-doctorate degree invest in culture in other forms, including participation in examination commissions, committees, scientific commissions, research groups, Brazilian and international scientific associations, administrative functions, post-graduate teaching

activities, authorship, publications in Brazilian and international journals, among others. Thus, these professionals' prestige and acknowledgement contribute to enhance new opportunities in the field, like project funding, exchange with foreign institutions, among other advantages.¹²

It should be highlighted that nurse clinicians attempt to gain their position in the field through the accumulation of cultural capital in the form of specialization programs, complemented by constant updates, group discussion, elaboration of routines that will enable them to perform well in professional terms and strengthen their autonomy and scientific authority (the technological domain, educative know-how and management know-how).

Hence, although theoretical knowledge and practical know-how are inextricably linked in nursing, the relations and strategies to conquer scientific authority in this subfield differ between nurse faculty and nurse clinicians. Hence, the greater the scientific capital the nurses accumulate, the greater their chances of gaining their competing peers' recognition.

The trajectory of the nursing profession demonstrates that their body of knowledge was constructed on clinical bases, that their teaching was centered on clinical knowledge (mostly gained in schools, which is still the case). Consequently, that is the space that most attracts interest and grants greater professional distinction. Therefore, the job market for nursing professionals is predominantly hospital-based. Therefore, the technical competences to deliver care to clients in pathological or rehabilitation conditions require a larger volume of scientific capital, although health promotion care is symbolically less valued. It should be pointed out that the scientific authority granted is directly proportional to the degree of specialty in the area, to the complexity of the equipment and material used and to the thoroughness and detailing of client care delivery.¹²

The structuring of the profession influences the field (or subfield) and will underlie the struggles for authority and power. A social field (which in this case comprises one discipline) should not be mixed up with its institutions, ethics codes, associations and physical spokespersons only. Attention should focus on the social relations among the agents, as these lie at the base of struggles to preserve or transform a certain status of strength relationships.

In this respect, the structure of objective relations among the agents determines what they

can and cannot do. More precisely, "[...] it is the position they occupy in this structure that determines or orients, at least negatively, the positions they take".^{3:10} This theoretical aspect cannot be emphasized enough, as it is extremely useful to understand the nurses' position in the conjuncture of the nursing subfield. This relates to the agents' position, the physical space and the social space.

Considering them as bodies (and biological individuals), Bourdieu signals in one of his books from the more mature phase, entitled "The misery of the world",¹³ that human beings are, just like things, located in a place that can be defined as the physical point where the agent is, whether that is a location or a relational viewpoint, "[...] as a *position*, as a ranking in an order. The place occupied can be defined as the extent, the surface and the volume an individual or thing occupies in the physical space [...]"^{13:160}

The social agents that are thus constituted by the relation with and in relation to a social space, that is, fields and also things, to the extent that they are appropriated by the agents, constituted as properties, are located within the social space, in a place that can be characterized "[...] by its relative position towards other places (on top of, below, in between, etc.) and by the distance that separates it from them." Just like the physical space is determined by the mutual exteriority of the parts, "[...] the social space is defined by the mutual exclusion (or distinction) of the constituent positions, that is, as a juxtaposed structure of social positions".^{13:160}

In that sense, the author's core thesis is based on this principle: there is no space in a hierarchized society that is not hierarchized and, consequently, that does not express the social hierarchies and distances; this takes place in a more or less deformed and mainly dissimulated manner though, due to the naturalization effect that makes one say in daily reality that it is just like that. In this paper, the ascension strategies, in search of a better position, in distinctive struggles, in the fight for what can guarantee forms of power and actions that involve the professionals in the nursing subfield, should be considered based on the agents' positions in each field conjuncture.

As regards this subfield's current conjuncture, we consider that the medical and male standards have influenced the professional practice and educational development of nursing in the course of its historical construction. This historical reality, which pictures the nurses' submission to the medical category, has aroused these profes-

sionals' interest in the reorganization of nursing, with a view to making it independent and autonomous. Today, this profession has attempted to establish itself as a science, attempting to get rid of a practice that is linked to action and become increasingly intellectual and scientific.

Since its origins, nursing only involved curative care and was mainly developed in the hospital system. Today, however, this profession attempts to consolidate itself "[...] finding its activity area based on scientific nursing assistance in care delivery to human beings, thus considered in its broadest sense".^{14:62}

It is highlighted that contemporary nursing has faced challenges to create and maintain a solid scientific base for practice, such as: moving from mono-disciplinary to interdisciplinary and cross-disciplinary studies; developing scientific research as a part of daily practice (keeping in mind the rigor to develop these studies); learning to recover experiences with a view to their systemization (producing knowledge based on this process); working with methods that enhance the integration and complementariness of the qualitative and quantitative paradigms; moving beyond the local and private aspects of care, enriching it with the global and collective (in other words: developing research in which we study the phenomenon of care in a community or particular culture, comparing it and identifying it with similar or different aspects in other cultures); and deepening the knowledge about and view on care, through evidence-based nursing research methods. All of this is aimed at contributing to improve individuals, families and communities' quality of life.¹⁵

It should also be mentioned that, in recent decades, the transformations that have happened in nursing reflect the scientific advances in the health field and its respective political and paradigmatic changes, like the implementation of the Unified Health System, whose doctrinarian principles of equity, universality and care integrality are implicit in nursing practice and reflect these paradigmatic changes.¹⁵

In that sense, post-graduate education and the relation between agents and institutions and research funding agencies is expanded. In the Brazilian context, post-graduate nursing education currently includes 61 programs, 38 at the Master's and 20 at the doctorate level. Almost 300 research groups are enrolled the National Scientific and Technological Development Council's (CNPq) directory, with a view to better responding to

the repressed demand for grants and other forms of funding.¹⁶ The acknowledgement of nursing as a knowledge area, consolidated through new perspectives for the development of the area, is due to the recent creation of a specific nursing committee in the CNPq structure – the Nursing Advisory Committee, a long-standing aspiration of the scientific nursing community, whose requirement was even embraced by the Brazilian Nursing Association (ABEn).¹⁷

In Bourdieu's perspective, scientific knowledge advances result from symbolic struggles between positions and agents who fight for a specific kind of capital, like authority and/or scientific legitimacy for example. Hence, the agents or groups (in this case the scientific community of Brazilian nursing, a group that possesses the scientific *habitus*) have fought to improve their chances of achieving higher social positions in the social space (in this case the Brazilian scientific field). In this respect, in a study¹⁸, it is demonstrated that the establishment of post-graduation programs (PPGEnfs) contributed to the constitution of Brazilian nursing's scientific *habitus* and that their advances have been marked by a reduction in regional inequalities in the programs' distribution and by enhanced qualification, with some programs reaching concept six (the highest PPGEnfs have obtained so far), besides the expectation to achieve the desired top concept seven during the next triennial evaluation.

Thus, the nursing profession is strengthened as a science, based on the educational process of M.Sc. and Ph.D. graduates, reflected in the increased quality of undergraduate and post-graduate teaching and in the improved nursing care pattern. This care gains further qualification with research development in response to practical needs.¹⁹

In this new nursing reality, the distinctive struggles and *enjeux* (everything that makes the field move) tend to take new forms. To give an example, the scientific capital (which we could call the *droit d'entrée* and, more precisely, the capital volume needed to gain a good position in nursing) indicates significant signs of change. This basic capital starts to be accumulated as from the initial academic conquests.

Nowadays, undergraduate nursing students attempt to ascend in the profession by participating in research activities, research and extension projects, presentation of studies at scientific events, publications in specialization journals and running

for scientific initiation grants, among other strategies. Consequently, the students take interest in post-graduate programs earlier.¹²

This movement of immanent trends in the field is perceived by the agents who possess the “adapted, competent *habitus*, endowed with the meaning of the game. If the *habitus* is the mediation, the sense that is established between the mobilization of resources and the subject’s action supposes a preliminary deciphering of the events the subject is part of”^{20:121}.

In view of the earlier considerations, we infer that Bourdieu’s Sociology represents an important instrument to discuss the proposed theme, as it allowed us to get to know a different and innovative form of addressing different dimensions in the nursing subfield. Examples: the position this profession occupies in the health field, the acquisition process of cultural capitals, which nurses go through to enter the health field and occupy a position among those inherent in the structure of this field and the relation between this position and the hegemonic forces’ symbolic power.

FINAL CONSIDERATIONS

Based on Bourdieu’s Sociology (concepts of *habitus*, field, capital and symbolic power), this study permitted a broader conception of issues inherent in the nursing subfield, such as the acquisition of cultural capital, which contributes to define nurses’ position in the health field, and particularly in the nursing subfield.

The study evidenced the power relations among the agents in the health field, particularly between physicians and nurses. Departing from the dialogue we attempt to establish with the concepts of Bourdieu’s Sociology, we can infer that nursing’s position determines two behaviors. On the one hand, it makes its professionals more susceptible to the acceptance of the symbolic power practiced by the socially most acknowledged profession in the health field: medicine. On the other, the evolutionary aspects of nursing demonstrate that nurses have faced distinctive battles to occupy an outstanding position in the health field and, consequently, gain further social acknowledgement.

In view of the above, this study’s contribution to the nursing subfield is undeniable, based on Bourdieu’s concepts, as it permits comprehensive reflections on aspects of that profession, like

the position nurses occupy in the health field for example, and the power relations between these and other agents in that field.

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