

# Inter-professional relationships in the Brazilian Navy - an analysis from the perspective of gender

*Relações interprofissionais de saúde na Marinha do Brasil - uma análise na perspectiva de gênero*

*Relaciones interprofesionales en la Marina Brasileña - un análisis desde la perspectiva del género*

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## ABSTRACT

**Objective:** To analyze inter-professional relationships in the Brazilian Navy from 1980 to 1997. **Methods:** Social-historical research based on written documents and interviews with eight military nurses who belonged to the Naval Corps Women's Auxiliary Reserve (CAFRM). **Results:** Two categories emerged from data analysis: the beginning of everything - civilian nurses and their relationships with military nurses; and inter-professional relationships in the Brazilian Navy - from older military officers to modern ones. **Conclusion:** The feminization process in the Navy was always imbricated with power struggles, both on the part of the civilian nurses and on the part of the other members of the institution. Acknowledgment and respect were only achieved at all the levels of the hierarchy because the military nurses incorporated the institution's principles.

**Keywords:** Women; Military nursing; Gender identity.

## RESUMO

**Objetivo:** Analisar as relações interprofissionais na Marinha do Brasil (MB) no período de 1980 a 1997. **Métodos:** Pesquisa histórico-social com base em documentos escritos e entrevistas com oito oficiais enfermeiras, que pertenceram ao Corpo Auxiliar Feminino da Reserva da Marinha (CAFRM). **Resultados:** A análise temática dos dados resultou em duas categorias: O início de tudo: as enfermeiras civis e suas relações com as enfermeiras militares; e Relações interpessoais na MB: do mais antigo ao mais moderno. **Conclusão:** Concluiu-se que o processo de feminização na MB sempre esteve imbricado nas disputas pelo poder, tanto com as enfermeiras civis quanto com os demais membros da corporação. E que o respeito e o reconhecimento das enfermeiras, em todos os círculos hierárquicos, só foram alcançados, eficazmente, porque as militares incorporaram os pressupostos da instituição.

**Palavras-chave:** Mulheres; Enfermagem militar; Identidade de gênero.

## RESUMEN

**Objetivo:** Analizar las relaciones interprofesionales en la Marina de Brasil (MB) en el período 1980-1997. **Métodos:** Investigación histórica y social basada en documentos escritos y entrevistas con ocho enfermeras militares que pertenecieron al Cuerpo Auxiliar Femenino de la Reserva de la Marina (CAFRM). **Resultados:** El análisis temático de los datos mostró dos categorías: el comienzo de todo - las enfermeras civiles y sus relaciones con las enfermeras militares; y relaciones interprofesionales en la MB - del más antiguo al más moderno. **Conclusión:** Se concluyó que el proceso de feminización en la MB siempre estuvo relacionado con las disputas por el poder, tanto con las enfermeras civiles como con los demás miembros de la corporación, y que el respeto y reconocimiento por las enfermeras, en todos los círculos jerárquicos, sólo fueron alcanzados eficazmente en virtud de que las militares incorporaron los presupuestos de la institución.

**Palabras-clave:** Mujeres; Enfermería militar; Identidad de género.

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## INTRODUCTION

The 1980s in Brazil were marked by economic crises and by the reorganization of political democracy after a long period in which the military ruled. It coincided with strengthened fights for gender equality, boosted by feminist movements initiated in the 1960s. The Brazilian movement was concomitant with that of the world context and women gradually acquired greater voice with important and impactful landmarks, with national and international recognition as citizens on the part of the government, through struggles against oppression and female exploitation<sup>1,2</sup>.

Public health policies were implemented at the beginning of the 1980s with a focus on gender, providing differentiated actions in regard to women, such as the Women's Integral Healthcare Program (*PAISM*). The Federal Constitution, established in 1988, introduced legal equality, and at the international level, the United Nations (UN) approved the Convention on the Elimination of All Forms of Discrimination Against Women, established at the same time as International Women's Day on March 8<sup>th</sup>, among other actions<sup>1-3</sup>.

In this context, a new concept emerged for the historiography of women, until recently characterized by an absence of questions and controversies. The North-American historian Joan Scott initiated a discussion on the emergence of women's studies highlighting the academic legitimacy and using the term gender as a category of analysis, which became depoliticized and neutral<sup>4</sup>.

It was in this context of national and international changes that Latin-American Armed Forces opened up to women<sup>3</sup>. The protagonists of this achievement were faced with a new field of work with the creation of the Naval Corps Women's Auxiliary Reserve (*CAFRM*), in accordance with Law N<sup>o</sup> 6,807, July 7<sup>th</sup> 1980. The main purpose of creating *CAFRM* was to provide the institution with personnel to perform technical, administrative and healthcare functions, as well as to use the work force to perform typically female activities and professions such as nursing<sup>5,6</sup>. The job market for nurses was expanding at the time and entering the Brazilian Navy was an opportunity for a career, with attractive salaries, stability and professionalization, in addition to the mystical power of the uniform to be worn by the nurses as contained in the imagination of people.

The women who qualified through all the stages of the initial selection, with general and specific tests, psycho-technical test, health assessments and interviews, were enrolled in the Adaptation Course administered at the Admiral Adalberto Nunes Physical Education Center (*CEFAN*) in the city of Rio de Janeiro for four months. The course was intended to assess the participants' physical performance and incorporation of military conduct; those who failed in any of the stages were dismissed. The final classification achieved in the course determined the candidates' hierarchical rank, who, if successful, would be appointed Second Lieutenants of the Reserve<sup>6</sup>. Most of the nurses who entered *CAFRM* were assigned to the Marcilio Dias Naval Hospital (*HNMD*).

At this point, 31 years after women entered the Brazilian Navy, there is still a gap in historical research addressing the feminization of the Armed Forces. The importance of this study refers to its contribution to the history of women who entered the Women's Reserves, especially military nurses, with a focus on the professional relationship between civilian and military nurses, and the relationship of the latter with senior and modern officers, imbricated in a universe of submission, hierarchy and gender inequalities. Note that "modern" is jargon used in the military environment to qualify officials with a lower rank in a given hierarchical level, the one who began their career more recently, regardless of age.

This study contributes to knowledge concerning the feminization of military organizations in Brazil, focusing on nurses entering into these institutions. Hence, it increases scientific production in the field of military nursing history, enabling the dissemination of such knowledge and further studies addressing the topic. This study's aim was to analyze inter-professional relationships within the Brazilian Navy from 1980 to 1997.

This study's historical period comprises from 1980 to 1997: the starting point (1980) is the year *CAFRM* was created and the first female nurse officers entered the Navy. The final point (1997) represents the extinction of *CAFRM* and the reconstruction of Corps and Boards of Officers and Soldiers of the Navy, which acknowledges the equality of female Officers and Soldiers with male Officers and Soldiers, which resulted in better prospects for a female military career and the achievement of rights, equivalent to those inhering to male military personnel.

## METHOD

This qualitative, historical-social study resulted from a Master's thesis titled "Female nurses in the Brazilian Navy: the historiography of the Naval Corps Women's Auxiliary Reserve (1980 to 1997)". The study's setting was the city of Rio de Janeiro because it was the place with the highest concentration of military organization belonging to the Brazilian Navy, such as *HNMD*, the Navy Health Board, and the Integrated Mental Health Unit, among others, and consequently, has the highest number of nurses.

Primary sources included internal Navy documents available at the Navy Directorate of Cultural Heritage, decrees and laws, as well as the testimonies of eight nurses: three who are still active and five retired who belonged to *CAFRM*. Because of a scarcity of documental evidence, we sought Oral Histories, which focus on "current time" history. In this sense, "the first challenge for the historiographical work is understanding that the process of past reconstruction is subject to successful reinterpretations according to one's representation of the present and idealization of the future"<sup>7</sup>.

Inclusion criteria were: being a nurse and having entered the Brazilian Navy between 1980-1997, and being an active or retired military officer living in the city of Rio de Janeiro, Brazil. A semi-structured interview script based on the study's

objective was used to guide oral testimonies collected in February 2012. The place where interviews were held was established in cooperation with the interviewees: one interview was conducted in the interviewee's home, three at the hospital itself, one at the Integrated Health Unit, and three at the Navy Health Board. The interviews were digitally recorded and transcribed afterwards; each required about five hours. After careful readings, data were organized and grouped together into a table: testimonies on the one side and keywords on the other. This organization facilitated visualization of similarities concerning the study's objective among the reports. With this overview, interviews were reorganized by related themes and the following categories emerged from interpretation of raw data: The beginning of everything: civilian nurses and their relationships with military nurses; and inter-professional relationships in the Brazilian Navy - from older military officers to the modern ones.

Interpretation of the interviews was based on thematic analysis, which enables seeking a core of meanings that composes the communication of the interviewee, the presence of which means something for the objective<sup>9</sup>. Data were analyzed based on concepts of gender and their relationships defended as set forth by Simone de Beauvoir and Joan Scott.

The project was approved by the Institutional Review Board at the Federal University of Santa Catarina (UFSC), protocol N<sup>o</sup> 2406/2011. The participants signed free and informed consent forms and letters of interview sessions, in accordance with Resolution 196/96, National Council of Health. The participants' real names were replaced by the letter N for nurse, followed by the year they entered the Brazilian Navy.

## RESULTS AND DISCUSSION

### The beginning of everything: civilian nurses and their relationships with military nurses

The work of nurses in the Brazilian Navy's health staff was initiated in 1917 with the Sisters of Charity of St. Vicent de Paul, when a contract was established between the institution and the Mother Superior of the Sisters. In the Marine Central Hospital, under the supervision of the hospital's director, the sisters delivered nursing care, monitored and supervised the nursing wards, in addition to "catechesis, supervision of laundry, linen, ranch and kitchen, activities that reproduced the work of women in the private sphere." This agreement lasted until 1978 when the sisters left the hospital and were replaced by civilian nurses<sup>9,10,21</sup>.

The exit of the Sister of Charity complied with the Law of Professional Practice N<sup>o</sup> 7.498/86, which regulates nursing practice requiring qualification equivalent to the position held in the nursing staff, a requisite that many sisters did not meet. Still, the Sisters kept working with the civilian nurses who became responsible for the nursing service, while the Sisters maintained responsibility for the stewardship service<sup>9</sup>.

The career of civilian nurses in the Navy was initiated in 1949 when Admiral Sylvio de Noronha created the Permanent Staff of the Ministry of Navy through Law 872, October 16, 1949. A total

of 41 slots would be occupied as the temporary positions held by the Charity Sisters were abolished. According to the law, nurses who had worked for the Brazilian Expeditionary Force during World War II had preference over other candidates<sup>11</sup>.

In addition to the implementation of *HNMD* in the 1980s, the Brazilian Navy also faced significant changes in its naval structures, expanding its floating, aerial, amphibious and terrestrial craft. Hence, the Navy encountered an insufficient contingent of officers and sailors because administrative functions were mainly performed by civilian workers hired under the Consolidation of Labor Laws regime. Their productivity level was below what was desired due to a lack of financial resources to update and train these workers. Therefore, there were too few officers and sailors to meet all the demands, leading to the need to hire professionals with a college degree to work onshore<sup>10</sup>.

Only in 1980 were women afforded the opportunity to serve as officers in the Brazilian Armed Forces, with the creation of *CAFRM*. Its objective was to employ a female work force to perform healthcare, administrative and technical activities, meeting the needs of human resources. In the case of nurses, the utility of this work force, brought into the military sphere, was mainly to perform activities socially and culturally considered to be feminine. The recently graduated nurses of the *CAFRM*'s first class, most of them from 20 to 24 years old, arrived at the hospital to complement the already existing nursing staff comprised of civilian nurses. The civilian nurses, who delivered care and performed managerial roles, including positions of leadership, were reorganized to provide care only, which led to many conflicts, as evidenced by the hierarchically higher rank of the military nurses in comparison to their professional colleagues:

*[...] now I understand the way I was received. At the time we [officers] didn't understand; it was a fact, we had been approved in a contest, and we had to fight for our space, but at the time it was difficult for them [civilian nurses], they were old enough to be our mothers, and a bunch of young women, 24, 23 year-old women, coming and taking over the leadership, the services they had built, organized, put into work; so, we can't say rivalry didn't exist. (N1, 1981).*

*[...] we got there and occupied a space that was theirs, and of course, it always causes some conflict, and we were pretty young, I had at least two years of experience, but the nurse who became the head nurse had graduated recently, and, as any new graduated, she was insecure and was from the first class of women. You do the math, you own the place for years, you're the head of the surgical center for 20 years, and then, a girl who knows nothing, comes around and becomes your boss. This is a hard pill to swallow. (N3, 1981).*

*[...] there was a certain difficulty for the civilian nurses to accept the change because they were older than us, had occupied those positions for many years and would be replaced by young ladies, practically. (N2, 1981).*

With diverse experiences, the nurses from the CAFRM's first class struggled with the civilian nurses when they arrived at HNMD. The military nurses, due to their ranks, were hierarchically higher than the civilian nurses and had advantages over them in the sense that they had more voice; they were military officers and were replacing the civilian nurses in their positions in the hospital. This aspect of the inter-professional relationship between these women corroborates the ideas of Simone de Beauvoir, according to which, women do not tolerate taking orders from another woman because they trust men better. She concludes that social gender relationships, especially subordination, go beyond differences between masculine and feminine, and may occur among people of the same gender<sup>12</sup>. Hence, abruptly and with the power that was granted to them, the military nurses took possession of that structure that was organized and idealized by civilian nurses, leading to much conflict and many difficulties.

In a previous study, we indicate the inexperience and insecurity of the nurses beginning a career at the CAFRM: when they took new positions, they did not have knowledge of the military environment into which they were entering and for this reason they faced resistance from the entire nursing staff that did not want to accept the newcomers' leadership<sup>10</sup>. In this regard, some interviewees report the main difficulties imposed by the civilian nurses. The civilian nurses put obstacles in the way of any attempt to implement change or improvement by the military nurses.

*In the beginning there were only civilian nurses and I remember some saying: don't, don't implement anything because it's not possible here. So I said, but we have to try. I believe you cannot become complacent. (N4, 1981).*

*[...] don't try to do anything, and we'd say, from the beginning, that we wanted go to conferences, we wanted to present papers, and they'd say, don't do it, it's no good, you cannot do it here, this is not how things work around here. (N4, 1981).*

The civilian nurses had their reasons to respond in such a way, discouraging and dissuading against any attempt of change proposed by the military nurses. They had lost the power and space they had at the hospital and this resistance caused many military nurses to leave the Navy and resume their careers in the civilian job market. These data confirm the relationships of domination, subordination and power that permeated the working environment of the military nurses, hindering social relationships in daily practice due to opposing ideas, denial or repression on the part of the civilian nurses<sup>13</sup>.

Corroborating a study conducted in 2012<sup>10</sup>, this study's results show that the nurses' resignations as a result of the dispute of power between the civilian and military nurses were very real. In addition to those who left the army, some nurses who remained in the army left the HNMD and were relocated to other military

organization. The civilian nurses did not accept being subordinated to the young and inexperienced military nurses and nor did they tolerate losing their professional prestige.

Even though the civilian nurses knew, when they entered the Navy, that they were governed by a different set of regulations and were aware that the new officers would be hierarchically superior, which would put them at a disadvantage in comparison to the military nurses, their resistance to accepting changes was apparent, marked by discrimination and resentment:

*[...] it was when the discrimination against us started, because we got here, occupied a space that were theirs and of course, it always cause some conflict. (N3, 1981).*

*Some nurses were, let's say, more polite, more elegant in the manner they received us, but others, did their work but openly showed their discontentment and we pretended not to notice, treated them well, and we were walking on thin ice, always self-conscious. But, thank God, we managed to occupy our space. (N1, 1981).*

*The civilian nurses were unwilling; at the beginning they were afraid because some of them, especially those in leadership positions, would have to leave their positions, including the head nurse, in favor of the military nurses, and that's what really must have caused resentment. (N5, 1981).*

It is known that the military environment is one in which conduct is under strict disciplinary rules and those who do not adapt pay a high price, so nurses rapidly assumed this posture and fought a battle with their fellow professionals. When they arrived at HNMD, they found a front marked by conflict: on the one side, professionally devalued civilian nurses feeling a lack of prestige, and on the other side, women from the CAFRM's first class with an immense responsibility and had to create strategies to deal with all the rejection.

In this case, because there was a hierarchical context, that is, dominant and dominated parts, the contrasts and binary opposition were apparent due to repression and antitheses presented by the differences of meanings<sup>14</sup>. Hence, another report reveals the inequalities civilian nurses experienced in the Navy, mainly because it was an environment ruled by men, which became more accentuated with the arrival of military women from CAFRM.

*The civilian nurses were excluded twice: they were women and were not military. So, after women entered the navy, nurses gained a voice these women never had; civilian nurses were silenced twice. From the time the military women started gaining positions and approximating men in terms of time of service, they started dialoguing at the same level of equality and occupying spaces that civilian nurses never dreamed of. (N6, 1993).*

This report shows civilian nurses were excluded twice. For one, they were women so they faced inequality based on gender; secondly, they were imbricated in an environment hierarchically commanded by masculinity and therefore, seen not only as women but also as individuals not socially accepted in that environment. With the arrival of the *CAFRM* nurses, group inequality took place; they were not part of the recently established group of military nurses. In this sense, it is worth noting that this previous report, when the interviewee says the civilian nurses were silenced twice, corroborates the consideration of Joan Scott that "Group identities define individuals and deny the full expression or realization of their individuality"<sup>15:15</sup> Hence, it was in this context of inequality that military nurses started gaining voice and dialoguing in equal terms with men after a long period of male domination.

### Interpersonal relationships in the Brazilian Navy: from older officers to the modern ones

The relational confrontation of male domination and opposition to women is a traditional characteristic in society and in the Armed Forces, as well. Sometimes, however, this situation of hierarchical superiority tends to oscillate and a change takes place in the pre-established standards, changing the depreciative status of submission and acceptance to a valued standard of imposition and leadership. In regard to this relationship, this interviewee notes:

*After I took the Nursing Division, I started in management, going to meetings with the director [...] Every meeting there were complaints about the nursing staff. At the beginning I'd be devastated, blushed, because they were talking about my nurses. Then, after a while he'd say: Lieutenant! Then I'd say: Yes, I'm here, let the whip come [...] I'd lift my head and speak, I couldn't be afraid of his words, because, among those officers, who were already Frigate captains or Captains of sea and war, I was modern. But I had to express myself because I had an entire group depending on me. (N4, 1981).*

*I recall that the HNMD Director wanted a folder one way and the sergeant did it another way. So, he called me and said: your damned nurses can't do their work decently! He was sitting and I got in front of him, punched the table and said: You wait a minute, damn it! You can arrest me but don't talk bad about my people, because your hospital is working and running because of their hard work. So he said: at last a leader was born! Then, a while after that, he walked with me in the corridor and said that the power was not in his hands and that he also took orders and it was very hard. (N4, 1981).*

In the masculine dominated model of the Armed Forces, more than in any other environment, it is the role of men to

command and that of women to obey. This gender-hierarchical logic, however, was suppressed by this interviewee when she imposed herself and decided to break the hierarchical chain, challenging her superior to defend the nursing staff even at the risk of suffering some administrative punishment. The way the hospital Director responded, though, acknowledging her attitude as that of a leader, was surprising.

This professional recognition may mean advancement in the reconstruction of gender relationships in the naval military field. For society to remain modern and complex, we need to have a broad view of the concept of gender construction, we need to go farther and include not only kinship as a form of social organization with a view of the family and housework, but fundamentally to look to the labor market, which, through its "segregation, helps in the process of gender construction"<sup>14:22</sup>.

The reports of the military nurses, however, show discrimination and practices excluding women, contributing to male domination, such as: the need for a male presence on the staff for it to work properly, and women's lack of access to places populated by hierarchically superior officers, as shown in the following excerpts:

*[...] we were in the navy for a long time and one day we were three women on duty, the commanding officer was a woman, the officer in the state room was a woman, and the chief of the emergency department was a woman. There was an administrative problem and on the following day, the director said: "but there were three women? They don't understand the Navy well." Imagine that! after more than 30 years in the Navy! So he said: "I want a man, as the one with the highest rank, always on the team, either in the state room, in emergency or as the Commanding Officer. (N3, 1981).*

*I remember that once something very annoying happened: I entered the elevator, and there were various officers, including a female senior officer, and I entered the elevator, said good day, excused myself and entered the elevator. One of the physicians, from general surgery, ordered me to leave because there were only senior officers there and me, being a lower-rank officer, was not allowed to enter the elevator! (N2, 1981).*

When women entered the navy they opened a space and competed with men, fighting for institutional power, and had to face humiliation and discrimination. I highlighted in these reports the imposition of the male officers and lack of tolerance for modern women, that is, the difficulty in sharing activities that were previously exclusively reserved for male military officers, which, with the presence of women, had to be shared, as well as spaces restricted to men in which women were not authorized to go, configuring discrimination in its varied forms. Such situations refer to discriminatory practices that originated in the legitimation

of hierarchy, together with sexist attitudes on the part of the male military officers. To minimize this discrimination, it was necessary to exclude *CAFRM* nurses.

The arrival of the first nurses to *HNMD* shook the hospital's entire organizational structure. Even though there had always been female nurses in the Navy, both civilians and religious organization-based nurses, the high-rank male physicians headed the services, and only in rare exceptions did civilian nurses play this role. Because, at the time, there was no Nursing Department, the officer nurses were subordinated to the Medical Department and did not have an active voice in regard to the other members of the nursing staff. This position of the nursing workers is highlighted in the following report:

*The concepts in the nursing context at the time referred a great deal to support; we didn't have much professional freedom. It was almost as if we were there to abide medical orders only, so we didn't have much autonomy. So, we got there with a different way of seeing things and caused some changes, including sectors that became a responsibility of the nursing staff, such as the emergency department, the surgical center and the obstetric center came under the head nurses. We were Second Lieutenant and most of the officers, head of the clinics were Sea and War captains or frigate captains, so we had some difficulty with this aspect of the hierarchy. Many things changed in the HDMD over the years and we no longer merely follow prescriptions. (N7, 1988).*

*Listen: physicians were the head of obstetrics, the heads of the clinics, and the head of the obstetrical center, and there was a nurse who was not the head of the sector and was subordinated to the physician head of the clinics, to the head of the obstetrics [...] they were all male physicians, despite much struggle on the part of the head nurse [...]. (N7, 1988).*

*The head of the general surgery department on my floor was a very senior frigate captain, all very formal, so there was the routine visit of the general surgery, the nurse was there only to push the cart, the medical charts all came on those metal clipboards and were placed in this cart, and the role of the nurse was that: to push the cart. We wouldn't say anything, nothing was asked, completely different from today. (N2, 1981).*

The process of acquiring a military identity among men is produced and reproduced based on premises and teachings that originate in military schools, such as the Naval School, or in a smaller amount of time, though not less intense, found in the Officer Training Course, which is known for imposing relative social isolation from the civilian world on the military "apprentices". These individuals are removed from society to focus on a new social role: that of being a naval sailor. Hence, nurses within

the navy were seen to lack professional autonomy, as merely compliant to medical prescription and the physicians' auxiliaries. When the *CAFRM* nurses entered this universe, they brought the differences experienced in the civilian sphere and used their differentiated knowledge to initiate a process of changes based on knowledge and awareness that "with knowledge and talent, women had conquered a place in the male universe"<sup>12,111</sup>.

This achievement brought new elements to the analysis of the legitimation of female power in the Navy. In their period of training, women were being prepared for changing judgments concerning power, discipline, hierarchy and leadership, which were previously exclusive to men. They faced, as they arrived at *HNMD*, the denial and discomfort of their subordinates under the command of military women:

*Wow, it was pandemonium when military women took the place of civilians, both for the civilians and for the enlisted men who didn't accept the command of women. So, our class experienced this pretty tough period, it was really hard. (N4, 1981).*

*Some soldiers received us well. Some didn't because they were very accustomed to civilian women in the sectors. But then, a female military nurse is different, so some of them complied with the orders because they were military, but you could tell they were not at ease in the situation [...] (N3, 1981).*

The soldiers were used to complying with the orders of the civilian nurses, who, for not being military, had a more "civilian" way of exercising leadership over sailors, corporals and sergeants, giving them certain freedom to weigh the female orders with a less probability of suffering disciplinary punishment. In this sense, the arrival of military nurses changed the way of leading and the consequent demands because the nurses had the obligation to command, legitimating their power and role within the Navy. This full exercise of power over lower-rank personnel is described by the interviewee as a bad and difficult time, because the modern soldiers still had socially constituted values, which was an obstacle to their acceptance of the command of the newcomers. Hierarchy, however, which is inherent to the Armed Forces, prevailed and nurses used that to impose themselves. Hence, this male tension among soldiers, more apparent because it was not easy for them to be under the command of women, means that "changes in the organization of social relationships always correspond to changes in power representations [...]"<sup>4,14</sup>.

Still, in regard to the rejection on the part of male soldiers toward the military nurses, one participant reports that one of the reasons was that military nurses were more strict and demanding:

*I think that it was difficult for male soldiers, to adapt to us, because they were previously subordinate to the civilian nurses and their demands were different from ours,*

*because we started making military demands that weren't required before. The civilian nurses didn't have military ascendancy, so we'd demand uniform, graduation, and we observed they complained: "oh my, you keep pressing me, it wasn't like this before, and now everything is strict and demanding." (N5, 1981).*

*[...] yes, I guess the soldiers resented the arrival of women a bit, because we demanded a military attitude. (N5, 1981).*

As previously mentioned, men were already used to being commanded by other men because it was part of the military environment. What changed and caused rejection on the part of the more conservative soldiers was the fact that such command came from women, undermining male hegemony. The hierarchical principle, however, was sufficient to confer some legitimacy and authority to the women's power. This emphasis on gender reveals a view of equality and inequality, that is, men differentiate male and female orders<sup>4</sup>.

In 1983, salutes, honors, signs of respect, and the Armed Forces ceremonials were regulated through Decree N<sup>o</sup> 88,503, June 13<sup>th</sup> 1983. According to Chapter II, Art 8<sup>th</sup> when a subordinate speaks to a higher rank officer, the treatment "sir" is always required and whenever a senior officer addresses subordinates, the treatment "you" is used. Both female officers and subordinates, however, had difficulty in putting the Signs of Respect that characterize all circumstances of place and time, spirit of discipline and appreciation, existing among the members of the Armed Forces, into practice:

*[...] but our training was different, we were tailored to value other aspects, which, as a civilian nurse you're not prepared for, to maintain a posture, for instance. When a higher rank officer approaches you, you have to stand up, pay attention to the way you talk, and this is not emphasized during college. The way to address a female officer is not "you", it's Ma'am, and you have to maintain protocol. (N5, 1981).*

*Men opposed our arrival. There were female Lieutenant officers putting soldiers in jail because they would answer back. There were patients who wanted to address us with you so we had to explain that we were in uniform, I'm an officer, you can't use you because you're a sergeant; they wouldn't accept it, so they'd use you and I had colleagues who arrested them, he was arrested [...] they didn't accept the fact they had to respect us, because of sexism of Brazilian men [...] when they'd say Ma'am, they'd say it with disdain, not with respect [...] (N4, 1981).*

The following reports show the obstacles faced by the female officers to address their subordinates using you:

*There was this disbelief, and we faced difficulties. I, for one, came from the interior of Minas Gerais, traditional family and had the greatest difficulty addressing soldiers as you. There were many soldiers in CEFAN, many older soldiers, white-haired men, sergeants that we had to address as you, and for me it was very difficult, addressing someone much older than me as you. (N2, 1981).*

*The relationship with the soldiers was a difficult thing because as a higher-rank officer, you have to address modern officers as you and I was pretty young, 23, 24 years old, and there were older sergeants, who for me would naturally be Sir, so I couldn't address them as you, I knew that in the army it was wrong but I just couldn't, it was hard! It took some time for me to get used to it and incorporate the practice into my routine (N3, 1981).*

Women, young, with a college degree, and the pioneer women in the Brazilian Armed Forces, these were the attributes of the CAFRM nurses. This combination of factors led subordinates to oppose the female presence, in addition to the hierarchical order, regardless of age and time of service. On the nurses' side, the difficulty in using you was because of their subordinates' older age. Most of the interviewees reported feeling uncomfortable in addressing white-haired men as you. Overtime, however, the nurses gained authority, duties and responsibilities, which together led these women to command and take leadership positions and be empowered. They grew used to their status, as higher than that of soldiers.

## CONCLUSION

This study's aim was to understand how the interpersonal and inter-professional relationships of female nurses inserted into a military institution took place in an attempt to evidence and relate gender studies and also to recover the nursing history in the Brazilian forces.

The creation of CAFRM enabled us to reflect on and analyze the impact of this feminization process within the Navy and specially within HNMD, which initiated a dispute for space and power between military and civilian nurses, concomitantly with one involving higher-and lower-rank military male personnel, marking gender hierarchy and power in a sphere traditionally ruled by men and trailing a historical path of possible ascension to higher command positions.

The incorporation, on the part of the nurses, of military premises was one of the drivers for them to be acknowledged and respected at all the hierarchical levels, a constant challenge for the Navy, which was the first among the Brazilian Armed Forces to incorporate women. In every new situation that emerged in regard to the women, men needed to find new ways to deal with them, getting to the point of extremely sexist attitudes, given the fact those men had introjected, since their own training, that power was restricted to them.

We consider that the entrance of women in the Navy to have been very advantageous not only for the society but for the nursing itself, giving its development and accomplishment of professional recognition through scientific knowledge and wit to deal with inequalities between men and women in the military sphere.

Finally, we expect this paper to contribute to further studies addressing military nursing, aware that this process is not fully exhausted here, and demystifies the power relationships socially accepted and historically constructed in which men command and women obey, which seemed so natural and acceptable for so much of history, however, transformed in the modern context.

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<sup>1</sup> T.N. Captain of sea and war is a rank in a small number of navies, especially those of Portugal and Brazil, which corresponds to the rank of ship-of-the-line captain, or the US and Commonwealth rank of full captain. Source: [http://en.wikipedia.org/wiki/Brazilian\\_Navy](http://en.wikipedia.org/wiki/Brazilian_Navy)