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Social inequalities in Brazilian nursing discourse: social commitment and hegemonic struggle

Desigualdades sociais no discurso da enfermagem brasileira: compromisso social e luta hegemônica

Desigualdades sociales en el discurso de la enfermería brasileña: compromiso social y lucha hegemónica

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Abstract

Background: Social inequalities are a contemporary challenge. Nurses play an important role in fighting against them, defending social justice and promoting more democratic power relations.

Objective: To analyze the dimensions of social inequalities in the discourses of representing entities in Brazilian nursing.

Methodology: Qualitative document study in a sample of ten public texts illustrating the positioning of 3 Brazilian nursing entities.

Results: The discourse on social inequalities is represented by the dimensions of Gender, Race/Ethnicity, Economic status, and Other vulnerabilities, highlighting the normalization of racism and discrimination as factors that affect society and nursing. Nursing's specific interests are presented as society's general interests, particularly regarding the dimensions of gender-based and racial inequalities. The identification and defense of vulnerable groups and persuasion of social actors are the main forms of discourse organization in the entities' position.

Conclusion: Representing entities are highly committed to a discourse on social inequalities, namely gender-based, racial, related to economic status and other vulnerabilities.

Keywords: health equity; nursing; societies, nursing; social change; social justice

Resumo

Enquadramento: As desigualdades sociais manifestam-se como um desafio contemporâneo e os profissionais de enfermagem possuem um papel importante no seu combate, na defesa da justiça social e na promoção de relações de poder mais democráticas.

Objetivo: Analisar as dimensões das desigualdades sociais nos discursos de entidades representativas da enfermagem brasileira.

Metodologia: Estudo qualitativo, do tipo documental, que utilizou 10 documentos de posicionamento público de 3 sociedades da enfermagem brasileira.

Resultados: O discurso sobre desigualdades sociais é representado pelas dimensões Género, Raça/Etnia, Fator económico e Outras vulnerabilidades, evidenciando a naturalização do racismo e da discriminação como condição que afeta a sociedade e a enfermagem. Os interesses específicos da enfermagem são apresentados como interesses gerais da sociedade, sobretudo quanto às dimensões de desigualdades de género e raça/etnia. Denúncia, defesa de públicos vulnerabilizados e persuasão dos atores sociais são os principais modos de organização discursiva presentes no posicionamento das entidades.

Conclusão: Há um alto comprometimento discursivo das entidades com as desigualdades de grupos sociais, nomeadamente no que concerne ao género, raça/etnia, fator económico e outras vulnerabilidades, num posicionamento político de justiça social.

Palavras-chave: equidade em saúde; enfermagem; sociedades de enfermagem; mudança social; justiça social

Resumen

Marco contextual: Las desigualdades sociales son un desafío contemporáneo y los profesionales de la enfermería tienen un papel importante que desempeñar para combatirlos, defender la justicia social y promover relaciones de poder más democráticas.

Objetivo: Analizar las dimensiones de las desigualdades sociales en los discursos de las entidades representativas de la enfermería brasileña.

Metodología: Estudio cualitativo de tipo documental, que utilizó 10 documentos de posicionamiento público de 3 sociedades de enfermería brasileñas.

Resultados: El discurso sobre las desigualdades sociales está representado por las dimensiones de Género, Raza/Etnia, Factor económico y Otras vulnerabilidades, lo que destaca la naturalización del racismo y de la discriminación como condición que afecta a la sociedad y la enfermería. Los intereses específicos de la enfermería se presentan como intereses generales de la sociedad, especialmente en las dimensiones de desigualdades de género y raza/etnia. La denuncia, la defensa de los grupos vulnerabilizados y la persuasión de los actores sociales son los principales modos de organización discursiva presentes en el posicionamiento de las entidades.

Conclusión: Existe un alto compromiso discursivo de las entidades con las desigualdades de los grupos sociales, en particular, en relación con el género, la raza/etnia, el factor económico y otras vulnerabilidades, en un posicionamiento político de justicia social.

Palabras clave: equidad en salud, enfermería; sociedades de enfermería; cambio social; justicia social

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Introduction

Social inequalities are a contemporary challenge, and fighting them is one of the Sustainable Development Goals (SDGs) proposed by the United Nations for 2030 (Programa das Nações Unidas para o Desenvolvimento [PNUD], 2016). Throughout Brazilian history, social inequalities have been significant, reflecting in the people's access to basic rights and benefit from public education, health, and service policies, in a multidimensional and relational phenomenon. Despite the unprecedented and systematic reduction of inequalities, particularly from 2003 to 2015, caused by relevant transformations beyond income distribution, Brazil still has one of the highest inequality rates in the world (Campello et al., 2018; PNUD, 2016; Silva et al., 2018).

Winters et al. (2018) consider that nursing is essential to establish the dialogue between vulnerable communities and healthcare. Therefore, as primary healthcare providers, nurses are experienced in vulnerable contexts and advocating for more democratic power relations, thus practicing transformative nursing.

Nursing is particularly committed to the defense of social justice, the fight against inequalities, and ensuring integral, universal, and equitable care delivery to the population as part of its daily practice. However, there are theoretical and practical gaps in the nurses' understanding of and acting on social inequalities (Craveiro et al., 2015), which can hinder their everyday fight against the inequalities that affect society in general.

Hence, this study focuses on the dimensions of social inequalities for nursing representing entities under the Marxist dialectics' framework. It aims to analyze the dimensions of social inequalities in the discourses of nursing representing entities in Brazil.

Background

Marxist dialectics analyzes the phenomena of objective reality, based on the categories of matter (the objective reality itself), consciousness, social practice (cultural-historical activity, production processes), and contradiction (Silva Triviños, 2006). Transformation is only possible by explaining contradictions. In the same way, society can only change through the transformation of its parts. Thus, "the transformation of the whole is only fully accomplished after an accumulation of changes in the parts that make it up. Sectorial and quantitative changes are carried out until a critical point is reached that marks the transformation of quantity into quality" (Konder, 1981, p. 38). Thus, the relation between the whole and its parts and the process of changes and contradictions inherent to it are categories of the theoretical framework that guided this study.

From the dialectical perspective, social inequalities are relational processes that limit or harm the status of a particular group, class, or social circle. Inequalities, being systemic, are generated and reproduced in the social space and relationships, strongly determining the asymmetric

distribution of available resources such as property and knowledge among individuals (Silva et al., 2018).

Social inequalities can be addressed from different perspectives, namely economic analysis (Borges & Amaral, 2015). However, it should be noted that income distribution is only one aspect of the inequality production process. There are other relevant dimensions, such as gender and sexual orientation, race and ethnicity, age and generation, and living area, among other factors.

The representing entities of a profession are private hegemonic organisms, which serve the relation between civil society and political society, elaborating new ideologies within the process of struggle for hegemonic order (Simionatto & Negri, 2017).

These entities, and their organizational structure, can provide greater visibility to collective interests, gathering professionals around common purposes and seeking to empower the profession. Thus, they are perceived as allies to the movements and struggles of certain groups because they build up the principles that guide the demands for better working conditions and pursue practices that minimize social inequalities (Santos et al., 2016).

This study adopted the social theory of critical discourse analysis (CDA) as an analytical approach that describes discourse categories and, above all, explains them in their dialectical relation to social structure and organization (Thompson, 2011). CDA understands discourse-centered text analysis as a form of social action and representation, which means that we act and represent the (social) world to which we belong through discourse.

CDA explains the relations between the part (the specific phenomenon) and the whole (reality in general), revealing the contradictions between them. It is relevant to highlight that the expression of the ideological and hegemonic aspects of discourse is dialectically related to how these discourses occur in general social practices. The term "discourse" is "a particular view of language in use [...] an element of social life which is closely interconnected with other elements" (Fairclough, 2008, p. 3).

Research Question

How are social inequalities represented in the discourses of nursing representing entities?

Methodology

A qualitative document study was carried out to analyze public positioning texts, such as manifests, letters, and news articles from nursing representing entities. Two entities qualified to participate in the decision-making processes of the Conselho Nacional de Saúde (CNS - Brazilian National Council of Health, triennium 2015-2018) were included together with two other entities whose core activity showed the potential to defend the reduction of social inequalities, according to the researchers' empirical experiences from previous studies.

The document selection was based on reading the con-

tent published on the institutions' websites, collected by entering in the website search boxes the term *social inequality* and identifying, among the documents found, those that addressed the entities' exact positioning on the theme under study. Inclusion criteria for the documents were being in the public domain and published from 2011 onward. The study decided upon this timeframe considering the year the World Conference on Social Determinants of Health was held in Brazil. A total of 34 documents produced by three entities were collected, as it was not possible to collect documents that met the search criteria on the website of one of the four previously selected entities. The documents found were archived in the MAXQDA 12 software, version 12.3.5.

The documents were then read to identify the categories for analysis and coded by peer reviewers in a double-blind review process after the researchers were trained to use the software and on the conceptual and methodological alignment of the categories for analysis.

The following categories were identified: Gender; Race/ethnicity; Economic status (income, finances, poverty/wealth); and Other vulnerabilities (e.g., generation/age, deprivation of freedom, disability, mental suffering). At this stage, 24 documents were eliminated as they did not present discursive content considered relevant to the dimensions of inequality. The sample was thus composed of ten documents. Table 1 presents the selection of documents for analysis.

Table 1

Selection of references from the corpus of analysis

Associação Brasileira de Enfermagem. (2017). Carta de Maceió para a Enfermagem Brasileira. (2017). http://abeneventos.com.br/69c-ben/anais/edicao-carta.htm
Associação Brasileira de Enfermagem. (2018). Manifestação sobre a conjuntura política eleitoral nacional de 2018. http://reben.com.br/site/2018/10/11/manifestacao-sobre-a-conjuntura-politica-eleitoral-nacional-de-2018/
Associação Brasileira de Enfermagem. (2018). Manifesto da CNAIDS em defesa da Política Nacional de IST, HIV/Aids e Hepatites Virais. http://www.abennacional.org.br/site/manifesto-da-cnaids-em-defesa-da-politica-nacional-de-ist-hiv-aids-e-hepatites-virais/
Associação Brasileira de Obstetras e Enfermeiros Obstetras. (2016). IV Marcha pela Humanização do Parto. https://abenfo.wixsite.com/meusite/single-post/2016/11/16/IV-MARCHA-PELA-HUMANIZA%C3%87%C3%83O-DO-PARTO
Conselho Federal de Enfermagem. (2015). Cofen repudia PL 5.069/13, que dificulta atendimento a mulheres estupradas. http://www.cofen.gov.br/cofen-repudia-pl-5-06913-que-dificulta-atendimento-a-mulheres-estupradas_37008.html
Conselho Federal de Enfermagem. (2017). COFEN alerta sobre impactos da reforma da previdência. http://www.cofen.gov.br/cofen-alerta-sobre-impactos-da-reforma-da-previdencia_50277.html
Conselho Federal de Enfermagem. (2018a). Conselhos de Enfermagem debatem mortalidade materna e aborto. http://www.cofen.gov.br/conselhos-de-enfermagem-debatem-mortalidade-materna-e-aborto_66087.html
Conselho Federal de Enfermagem. (2018b). Coren-MT faz ação em homenagem a enfermeiras negras. http://www.cofen.gov.br/coren-mt-faz-acao-em-homenagem-a-enfermeiras-negras_66478.html
Conselho Federal de Enfermagem. (2018c). Dia Internacional da Mulher: Por um Brasil mais feminino. http://www.cofen.gov.br/ma-noel-neri-por-um-brasil-mais-feminino_61011.html
Conselho Federal de Enfermagem. (2018d). Mulheres e negros são maioria na enfermagem em MT. http://www.cofen.gov.br/mulheres-e-negros-sao-maioria-entre-os-profissionais-de-enfermagem-em-mt_66743.html

During the reading process of the documents, CDA text elements were identified and recorded. The researchers' group validated these records to verify the level of agreement and avoid individual interpretation bias. In the next stage, a cross-sectional analysis was carried out by exploring the text elements and their relation to discursive practices and social practice. The discursive categories regarding the ideological and hegemonic effects of discourse were subject to analytical interpretation.

Given that this analysis focuses on public documents, the study was exempt from an ethics committee's opinion, according to CNS regulations in Brazil. Nevertheless, the researchers considered the ethical issues in knowledge development, respecting the professional code of conduct and the research integrity principles.

Results

The document analysis identified the dimensions of inequalities present in the texts. Positioning focused on gender-based inequalities (in 90% of the documents), followed by Race/Ethnicity (in 60% of the documents), Economic status, and Other vulnerabilities.

The predominant general structure of the documents is argumentative. The social actors, most collectively organized, present themselves in the first-person plural. Considering time and space relations, the researchers found documents that address past and historical issues to analyze the Brazilian population's current situation. The following records are examples of persuasion of social actors (call to change) and the reporting of racism, using, respectively, discursive strategies of unification, by

constructing a collective identity (verbs conjugated in the first-person plural) and raising awareness on black people and their knowledge: “We need to change women’s reality in the labor market” (Conselho Federal de Enfermagem - Federal Nursing Council, 2018c, para. 4);

The black population’s pioneering work in nursing care has been ignored, and the traditional knowledge of caregivers such as wet nurses, nannies, midwives, healers, etc., has been marginalized, contributing to consolidating the image of the light-skinned nurse, with delicate features and kind behavior. (Conselho Federal de Enfermagem, 2018b, para. 7)

The documents revealing gender-based inequality addressed the conditions experienced by women, the LGBTQ+ (lesbian, gay, bisexual, transgender, queer or questioning, and others) population, and female nurses. Using a persuasive discourse, they called for the inclusion of these groups in political relations and persuade social actors to fight gender violence.

In favor of the inclusion in the political debate of topics regarding the recognition of black, *quilombola*, *terreiros*, and indigenous populations’ rights together with those of women and LGBT populations with a view to providing visibility and promoting these groups’ claims. (Associação Brasileira de Enfermagem - Brazilian Nursing Association, 2017, para. 1)

Against the hate culture and the normalization of prejudice that incite violence, we defend peace, dialogue, debate of ideas, respect, and defense of human life in all its diversity in terms of gender, sexual orientation, skin color, race/ethnicity, and political or religious choices, including not having any religion or belief. (Associação Brasileira de Enfermagem, 2018, para. 3)

The discourses explain the effects of gender inequalities: violence in various forms (obstetric, institutional, domestic, psychological, and sexual); maternal mortality; decrease of autonomy; control of the body, particularly through the medicalization of the female body for sexual and reproductive purposes; lower political participation and low wages.

“Maternal mortality is one of the most serious violations of women’s rights, as it can be prevented in 92% of cases and it occurs mainly in developing countries” (Associação Brasileira de Enfermagem, 2018, para. 7).

Obstetric violence exists and is characterized by the appropriation of women’s body and reproductive system by health professionals, through dehumanized care, excessive medicalization, and pathologization of natural processes, leading to the loss of women’s autonomy and ability to decide freely about their bodies and sexuality, and negatively impacting women’s quality of life. (Associação Brasileira de Obstetizes e Enfermeiros Obstetras - Brazilian Association of Obstetricians and Obstetric Nurses, 2016, para. 2)

These entities express their positioning against gender inequality using terms such as *respect*, *support*, and others

regarding the defense of rights and equality. They contain discursive strategies that reveal the normalization of gender-based inequality through metaphors, symbolisms, and adjectives of intensity:

Urgent measures to fight against discrimination, gender-based violence, and moral harassment occurring in health units, with the appropriate reporting and legal prosecuting, and the necessary support from peers and organizations representing the profession. (Associação Brasileira de Enfermagem, 2017, para. 1)

“Every year, the day before the celebration of the National Women’s Day, surveys show alarming numbers of the violence against women. It is a shameful scenario for us that demands action” (Conselho Federal de Enfermagem - Federal Nursing Council, 2018c, para. 6).

The Race/ethnicity inequality dimension was portrayed by the social conditions experienced by black, indigenous, *quilombola*, and *terreiro* populations. This dimension also included the implications of racial issues in nursing.

The organization system of nursing education, the Nightingale System, imported from Europe and the United States, defended a “white preference,” establishing criteria that excluded black candidates from training courses considering that they did not fit the standard. (Conselho Federal de Enfermagem, 2018b, para. 7)

Racism results from cultural and family internalization; it is an ideological phenomenon of differentiation and purge of the other. “Characteristics such as the tendency for loitering, excessive libido, idleness, etc., were considered «natural» attributes of black and indigenous people, thus being regarded as the gangrenous part of society” (Conselho Federal de Enfermagem, 2018b, para. 6).

Imperative statements and time and space markers are used to support the way discourse is used to defend social equality and persuasively call for the extinction of social and racial discrimination. It was also possible to identify discursive elements that illustrate racial discrimination’s normalization in society and its implications for nursing education.

“The Black Awareness month will be celebrated through the initiative «Nem ladies, nem nurses: mulheres negras na Enfermagem» (Neither ladies nor nurses: black women in Nursing), which will disseminate information on black women’s marginalization in the history of Nursing” (Conselho Federal de Enfermagem, 2018b, para. 1).

Nursing education has historically excluded black women, and despite their increasing inclusion in professional training environments, prejudice is still a current problem. Racial relationships need to be discussed from elementary school to higher education. (Conselho Federal de Enfermagem, 2018d, para. 3)

Racial inequality in the nursing profession was reflected in the relation between economic status and lower social reputation of professions occupied by black people. The discourses denounce black women’s exclusion and invisibility in the history of nursing:

The professionalization of Nursing in Brazil be-

gan in the early years of the Republic, when the country's intellectuals defended the racist theories promoted by European thinkers, identified as "scientific racism", and based on the belief in different human races, with black and indigenous peoples ranking below white people. (Conselho Federal de Enfermagem, 2018b, para. 5);

In one of the hospitals where she sought employment, she was informed right away that there was not the place to present resumes for maintenance and cleaning services. In another situation, a company returned her contact by offering the same type of job. (Conselho Federal de Enfermagem, 2018d, para. 11)

The documents addressing the dimension of Economic factors (Conselho Federal de Enfermagem, 2018c; Associação Brasileira de Enfermagem, 2017) denounce and explain the effects of the concentration of money, and low schooling and income on the maintenance of economic and health inequalities, using data from the Brazilian census for corroboration.

Wage inequality is shocking. IBGE [Brazilian Institute of Geography and Statistics] data show that women are widely discriminated against in key positions and areas of action, with wage differences of 53% compared to men. Gender equality is still a distant dream in Brazil. The Congress, where laws are passed, should support women. However, its female representation is minimal. Women are also a minority in the Brazilian parliament, occupying only 10.5% of the House of Representatives' seats, well below the world mean of 23%. (Conselho Federal de Enfermagem, 2018c, para. 4)

The documents include text elements that present economic inequality as a structural problem of Brazilian society, demonstrated namely by the description of wage differences between men and women and black and white populations and sentence structures such as *women's reality in the labor market, maintenance of economic and social inequalities between black and white people*.

The entities also address a smaller extent of the economic dimension of social inequality related to the profession, pointing out the impact of the welfare system reform discussed in the country in 2019:

Nursing is predominantly female, with 84.6% of women. The government's Welfare Reform affects nursing professional, technical, and auxiliary staff, both as individuals and workers. Setting the minimum retirement age at sixty-five (65) years does not take into account the difference relating to household work, which often involves the temporary interruption of women's paid work. (Conselho Federal de Enfermagem, 2017, para. 9)

Inequality related to Other vulnerabilities adopts the generic and comprehensive designation of *power minorities* to designate the affected groups. The documents refer to people with disabilities and living in urban or rural areas who face unequal access to the labor market and sexual and reproductive rights.

The results reveal an intersection of inequalities, which indicates a concentration of their effects in certain groups, resulting from a combination of Economic status and the dimensions of Gender, Race/Ethnicity, and Other vulnerabilities. In the document of the Conselho Federal de Enfermagem (2018c), the intertext is used to corroborate the combination of the four inequality dimensions discussed in this study:

The scenario is even more discouraging for black and mixed-race women. In Brazil, the IBGE publication states that gender is not the only dimension with a significant impact on statistics, as skin color or race, disability, or living in urban or rural areas also reinforce inequalities. (Conselho Federal de Enfermagem, 2018c, para. 5)

Discussion

The textual genres of the documents and their general argumentative structure reveal that social inequalities are discussed and considered by Brazilian nursing bodies. In a political positioning anchored on social justice, these entities are highly committed to recognizing the existence of exploitation and subordination. The discourses are per se resistance strategies to hegemonic political and economic powers.

According to Thompson (2011), in the discourse, the general modes of operation of ideology and the strategies of symbolic construction are used to expose the dynamics of domination, seeking to promote and put into effect thoughts and intentions. Fairclough (2008) describes the modes of operation of ideology as forms of power, with discursive and ideological practices designed as strategies in relations of domination.

Many of the documents analyzed present narrative as a discursive text element. They highlight the medicalization and pathologization of women's bodies, income inequalities, and women's work overload, including nurses. As modes of operation of ideology, narratives point out the existence of a hegemonic cultural, political, and economic power in a society marked by capitalism and patriarchy.

The document analysis shows the entities' position in defending minorities, equity, and gender and ethnic-racial equality. In this defense, the voices used in the documents (first-person plural) and the facts narrated (from the historical background to the present day) are discursive strategies that indicate a consensus built through representations. From a Gramscian perspective, these discourses make particular rules, norms, and values universal (Garcia, 2010). The ideological positioning is reinforced by the lexical elements present in the documents (marginalization, criminalization, prejudice, exclusion, violence, disadvantage, suffering) used to characterize the inequality and discrimination faced by vulnerable populations, including nurses. It should be noted that nursing is mostly a women's job, and its social position is characterized by gender inequalities expressed through crystallized power relations and historical contexts of submission (Lombardi & Campos, 2018).

The racial issue and its relation to the profession are also present in the documents, revealing a discourse that denounces experiences of racism and discrimination by people in general and by nurses. As part of society as a whole, the nursing profession follows the historical journey of valorizing a model that dismisses practices carried out by black caregivers (Campos, 2015).

Therefore, since its formation, Brazilian nursing is characterized by relations of inequality, with imbrications of gender, social class, and ethnicity/skin color, leading to wage devaluation and unequal career opportunities among women (Lombardi & Campos, 2018).

The combination of the inequality dimensions is explicit in the documents analyzed, displaying a discourse of ideological position in which this combination is indicative of political resistance to the struggle against inequalities, described as multiple and overlapping oppressions dialectically and structurally determined (Cisne, 2018).

The results show three modes of discursive organization used by the nursing representing entities to resist political and economic hegemonic power: the identification of situations of inequality, the defense of vulnerable groups, and the persuasion of social actors to whom the discourse is addressed. According to Gramsci, these modes are related to social transformation described as a gradual transition resulting from cultural change, which, associated with political change, would allow new understandings of the world, new hegemonies (Spessoto & Lima, 2016).

It should be noted that the social inequalities discourse present in the documents can indicate new ways of thinking of the entities and, therefore, are elements that gather practical, ideological, and cultural guidelines for social transformation.

However, despite the reporting, few discursive elements in the documents criticize the structural components of the social, technical, gender, and racial division in the labor market as conditions that explain the inequalities. Similarly, the discussion about the dimension of economic inequality is present in the documents but is limited to confirming its existence, particularly regarding income and occupation factors.

Moreover, the strategies to defend populations affected by inequalities do not directly consider urging decision-makers to act upon these groups. Thus, despite recognizing the effect of inequalities on society in general and the profession, there is no explicit defense of the mechanisms for overcoming them. As a result, the discourses contain text strategies of persuasion that focus more on rallying their peers than on objectively and politically intervening. This contradiction goes against the understanding that the hegemonic struggle exists to transform the unequal social conditions imposed by the dominant class and build fairer values and a better society (Gramsci, 2004). Thus, it is expected that nurses become active agents in transforming practice, going beyond the capacity to analyze their cultural-historical status (Spessoto & Lima, 2016; Santos & Silva, 2020).

Furthermore, it is important to incorporate this action as a guideline in the training of professionals capable of transforming everyday practice in all services, policy

development, and health system management.

This study is groundbreaking in affirming the relevance of entities that come together with common interests, democratic orientation, allowing nurses to assume themselves as organic intellectuals with a critical-reflexive practice. For Gramsci (2004), these intellectuals can either represent the maintenance and reproduction of the dominant class's values or, through the education of nursing representing entities, be able to promote the construction of new social values, the critical elaboration of their practice, and the continuous persuasion and construction of new world ideologies and conceptions (Spessoto & Lima, 2016).

Considering the dialectical categories of the parts and the whole, presenting specific needs and making interests universal can be positive strategies for social change. However, the modification of the whole is more complicated than the modification of each of its parts. Each whole has its different way of changing. The conditions of change depend on the whole's character and the specific process of which this whole is a moment. (Konder, 1981, p. 38)

Thus, the discourses that place the phenomenon of inequality in historical and social contexts with particular effects on nursing are fundamental but insufficient in modifying the whole if they cannot reflect on society as a whole.

The contradiction between the parts and the whole produces changes because, by unveiling the conflicts between recognizing inequalities in society in general (including in nursing) and advocating for an ongoing action inside and outside the category, it places nursing as an agent of dialectical social transformation. In this continuous process of quantitative accumulation, a qualitative change of nursing reality is achieved, both from a theoretical and practical perspective.

The results of this study focus on Brazilian nursing. Still, they can guide the discussion of this topic in other contexts since discourse and its ideologies are present in various societies. The exclusive use of online documental sources may also constitute a limitation as other discourses (verbal and multimodal) were not explored in this study.

Conclusion

The results highlight the high discursive commitment of nursing representing entities to the inequalities that affect social groups, particularly regarding gender, race/ethnicity, economic status, and other vulnerabilities. Therefore, this study reveals a unified discourse through the symbolic construction of a nursing class identity committed to reducing social inequalities. There is a common understanding that inequalities are a real challenge for society, the healthcare system, services, and health professionals. Considering the gaps in the field of study and the singular social commitment of nursing, the results are an important contribution to discussing how nursing understands and acts on inequalities, based on the analysis of the systems of domination, exploitation, and social reproduction.

Thus, the discourses presented add to the search for social

justice by recognizing the different affected groups and the dimensions of inequalities, even if there are contradictions between cause and effect, the parts and the whole. Overcoming these contradictions requires the reinforcement of tools and spaces for demand, assistance, and struggle with democratic social transformation principles.

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