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THEORETICAL ARTICLE/ESSAY

Advanced Nursing Practice in Brazil: A Theoretical-Critical Essay in Light of Pierre Bourdieu

Prática Avançada de Enfermagem no Brasil: Ensaio Teórico-Crítico à Luz de Pierre Bourdieu

Práctica Avanzada de Enfermería en Brasil: Ensayo Teórico-Crítico según Pierre Bourdieu

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Abstract

Background: This theoretical essay reflects on advanced practice nursing (APN) in light of Pierre Bourdieu's theory, understanding it as a phenomenon embedded in a field structured by power relations, symbolic struggles, and the unequal distribution of capital, which shape its legitimation and professional recognition.

Objective: To reflect on APN in light of Pierre Bourdieu's theory, considering its definition and application in national and international contexts, with emphasis on the barriers to its implementation in Brazil.

Main topics under analysis: A theoretical-reflective analysis of the definition, application, and consolidation of APN, interpreted through Pierre Bourdieu's concepts of field, habitus, and forms of capital, focusing on struggles for autonomy, recognition, and legitimacy, as well as the factors shaping its implementation in Brazil.

Conclusion: In addition to being a technical and care-related innovation, APN constitutes a social phenomenon that challenges power relations and requires structural, political, and symbolic transformations to strengthen nursing autonomy and recognition within the Brazilian Unified Health System.

Keywords: nursing; advanced practice nursing; health policy; unified health system; social theory

Resumo

Enquadramento: Este ensaio teórico apresenta uma reflexão sobre a prática avançada de enfermagem (PAE) à luz da teoria de Pierre Bourdieu, compreendendo-a como fenómeno inserido num campo estruturado por relações de poder, disputas simbólicas e distribuição desigual de capitais que condicionam a sua legitimação e reconhecimento profissional.

Objetivo: Refletir sobre a PAE à luz da teoria de Pierre Bourdieu, considerando a sua definição e aplicação em realidades nacionais e internacionais, com ênfase nos entraves à sua implementação no Brasil.

Principais tópicos em análise: Análise teórico-reflexiva da definição, aplicação e consolidação da PAE, interpretada a partir dos conceitos de campo, habitus e capitais de Pierre Bourdieu, com enfoque nas disputas por autonomia, reconhecimento e legitimidade e nos condicionantes da sua implementação no Brasil.

Conclusão: A PAE constitui, além de uma inovação técnico-assistencial, um fenómeno social que tensiona relações de poder e demanda transformações estruturais, políticas e simbólicas para fortalecer a autonomia e o reconhecimento da enfermagem no Sistema Único de Saúde.

Palavras-chave: enfermagem; prática avançada de enfermagem; política de saúde; sistema único de saúde; teoria social

Resumen

Marco contextual: Este ensayo teórico presenta una reflexión sobre la práctica avanzada de enfermería (PAE) a la luz de la teoría de Pierre Bourdieu, entendiéndola como un fenómeno inserto en un campo estructurado por relaciones de poder, disputas simbólicas y una distribución desigual de capitales que condicionan su legitimación y reconocimiento profesional.

Objetivo: Reflexionar sobre la PAE a la luz de la teoría de Pierre Bourdieu, considerando su definición y aplicación en contextos nacionales e internacionales, con énfasis en las barreras para su implementación en Brasil.

Principales temas de análisis: Análisis teórico-reflexivo de la definición, aplicación y consolidación de la PAE, interpretado a partir de los conceptos de campo, habitus y capitales de Pierre Bourdieu, con énfasis en las disputas por autonomía, reconocimiento y legitimidad, así como en los factores que condicionan su implementación en Brasil.

Conclusión: Además de constituir una innovación técnico-asistencial, la PAE representa un fenómeno social que tensiona las relaciones de poder y requiere transformaciones estructurales, políticas y simbólicas para fortalecer la autonomía y el reconocimiento de la enfermería en el Sistema Único de Salud.

Palabras clave: enfermería; enfermería de práctica avanzada; política de salud; sistema único de salud; teoría social

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Introdução

Advanced nursing +practice (ANP) has frequently been addressed in the literature as a strategy to expand access, improve the quality of care, and respond to physician shortages. However, such interpretations tend to privilege a functional and instrumental view of ANP, reducing it to a technical and care-delivery innovation while obscuring the social, political, and symbolic dynamics that condition its emergence, legitimation, and institutionalization. In light of Pierre Bourdieu's social theory, it becomes possible to shift this understanding and analyze ANP as a phenomenon embedded in a field structured by power relations, struggles over capital, and mechanisms of distinction, thereby revealing dimensions that remain poorly visible in traditional approaches (Bourdieu, 1989; Bourdieu, 1996; Bourdieu, 2014).

In this sense, this article assumes that ANP cannot be understood exclusively on the basis of its care-related or organizational effects; it must also be analyzed as a situated social practice shaped by interests, struggles, and hierarchies that structure the health care field. This perspective makes it possible to problematize not only the outcomes attributed to ANP but also the processes that make such outcomes possible, as well as the conditions that limit its implementation in different contexts. Thus, rather than describing the expansion of ANP, this article seeks to understand which power relations are mobilized, which forms of capital are valued, and which agents are favored or challenged in this process.

International literature reveals the coexistence of different conceptions of ANP. On the one hand, the nurse practitioner (NP) model stands out, strongly influenced by biomedical rationality, in which the expansion of nurses' scope of practice occurs through the incorporation of traditionally medical responsibilities, such as diagnosis and prescribing (Pan American Health Organization [PAHO], 2018; American Association of Nurse Practitioners [AANP], 2022; Toso, 2016). On the other hand, a conception has emerged that understands ANP as advanced practice situated within nursing science, grounded in its own theoretical and ethical-political foundations and oriented toward improving the quality of care, clinical decision-making, and professional autonomy (Cassiani & Dias, 2022; Püschel et al., 2022; Federal Council of Nursing [COFEN], 2023). Although this duality is widely recognized, how these models relate to power struggles in the health care field and to processes of professional legitimation remains underexplored.

In this context, ANP can be understood as a practice characterized by expanded clinical autonomy, decision-making capacity, and professional responsibility on the part of nurses, supported by advanced education and specialized clinical competencies (Cassiani & Dias, 2022; Püschel et al., 2022). This understanding, however, is shaped by different interpretations in the literature, which situate ANP either as an expansion of clinical scope of practice, particularly within the NP model (PAHO, 2018; Toso, 2016), or as an expression of the development of nursing science itself, grounded in its theoretical frameworks and the strengthening of professional autonomy (Cassiani & Dias, 2022; COFEN, 2023). Given this duality, this study understands ANP within the nursing discipline, in accordance with the perspective adopted throughout the article.

This is where Bourdieu's theory offers a relevant analytical contribution, by making it possible to understand that the adoption of particular ANP models is not neutral but expresses struggles over symbolic, cultural, and professional capital. The concept of field makes it possible to analyze the health care space as an arena of hierarchical relations in which different professions compete for recognition and authority. The concept of habitus, in turn, helps explain how historically constituted dispositions, such as the subordination of nursing to medicine, shape professional practices, perceptions, and boundaries of practice. Capital, in turn, highlights that the legitimation of ANP depends on the ability to accumulate credentials, institutional recognition, and symbolic prestige (Bourdieu, 1989; Bourdieu, 1996; Bourdieu, 2014).

In the Brazilian context, this analysis is particularly relevant. The Brazilian Unified Health System (SUS), although structured around the principles of universality, comprehensiveness, and equity, operates in a setting marked by profound regional inequalities, precarious working conditions, and interprofessional struggles. In this setting, the implementation of ANP does not occur in an institutional vacuum but within a field already structured by consolidated hierarchies, in which the centrality of the biomedical model tends to limit nursing autonomy and unequally redefine possibilities for professional practice (Ministério da Saúde, 2023).

Furthermore, the incorporation of ANP in Brazil has frequently been justified by arguments related to expanded access and health service efficiency. However, when critically examined, this justification may conceal processes of task delegation and work rationalization that do not necessarily imply an effective redistribution of power within the health care field. Studies indicate that, in certain contexts, ANP may operate as a strategy of functional adaptation to system limitations without promoting structural changes in interprofessional relations (Koster et al., 2026; Püschel et al., 2022). This perspective reinforces the need to analyze ANP beyond its apparent effects by questioning the conditions that sustain its implementation and the interests that shape it.

Thus, this article proposes as its original contribution an analysis of ANP based on a critical-theoretical approach grounded in Bourdieu's social theory, shifting the focus from normative and functional descriptions to an understanding of power dynamics, symbolic struggles, and the forms of capital at stake. By adopting this framework, the study demonstrates that ANP is not merely a technical response to the demands of health systems but also a social phenomenon that simultaneously expresses and reproduces structures of domination present in the health field.

In this context, central questions arise: Does ANP challenge or reaffirm historically consolidated professional hierarchies? Does it contribute to nursing autonomy or

reinforce its subordinate position within the health care field? To what extent can its implementation in Brazil expand access to care without reproducing structural inequalities? By addressing these questions, this study seeks to advance a critical understanding of ANP and provide theoretical elements that contribute to scientific debate and to the formulation of policies more consistent with the principles of the SUS.

Accordingly, the objective of this article is to reflect on ANP in light of Pierre Bourdieu's theory, considering its definition and application in national and international contexts, with an emphasis on barriers to its implementation in Brazil.

Methodology

This is a qualitative, critical-theoretical essay guided by Pierre Bourdieu's social theory, whose purpose is to produce an analytical interpretation of ANP as a social phenomenon situated within the health care field. The study is based on the construction of a theoretical argument articulated with the selected literature, with a view to problematizing concepts, analyzing symbolic struggles, and interpreting the social conditions that structure the emergence and institutionalization of ANP (Grant & Booth, 2009), using the categories of field, habitus, and capital as its analytical axis.

The methodological process was developed in three interconnected stages. First, relevant sources on ANP were identified and selected, including normative documents, institutional reports, and scientific literature. Inclusion criteria were thematic relevance, relevance to the Brazilian context, and analytical potential for discussing the regulation, education, and professional integration of ANP. The search was conducted in publicly accessible institutional and bibliographic databases, as well as through cross-referencing, considering ANP as a social practice embedded in power relations.

In the second stage, the sources were organized and categorized according to their levels of evidence and discursive nature, distinguishing among: (1) normative documents, which provide guidelines and regulations (Cofen, 2023; Associação Brasileira de Enfermagem [ABEn], 2023; Associação Brasileira de Enfermagem de Família e Comunidade [ABEFACO], 2023; Cofen, 2024; Ministério da Educação, 2024); (2) institutional reports, which express institutional positions and situational assessments (PAHO, 2018; PAHO, 2023; World Health Organization [WHO], 2020); and (3) scientific articles, which present empirical and theoretical analyses of ANP (Cassiani & Dias, 2022; Püschel et al., 2022; Koster et al., 2026). This distinction made it possible to qualify the analysis according to the analytical weight of each type of evidence, considering the production of meaning within the health care field.

In the third stage, the sources were critically analyzed in light of the Bourdieusian categories of field, habitus, and capital (Bourdieu, 1989; Bourdieu, 1996; Bourdieu, 2014). The materials were interpreted in consideration of their contexts of production and their implications for the health care field, seeking to identify power relations, mechanisms of legitimation, and symbolic struggles associated with ANP. The concept of field guided the analysis of professional positions; habitus guided the analysis of historically constituted dispositions; and capital guided the analysis of the resources mobilized for legitimation. This approach made it possible to produce an analytical reading focused on understanding the social dynamics that condition advanced practice in Brazil.

Bourdieu's theoretical-analytical framework and advanced nursing practice

The analysis of ANP is grounded in Pierre Bourdieu's social theory as a set of analytical operators capable of apprehending the relations that structure the health care field. This approach shifts the understanding of ANP from a technical-normative perspective to a relational reading in which professional practices are understood as effects of struggles over legitimacy, authority, and recognition (Bourdieu, 1989; Bourdieu, 1996; Bourdieu, 2014).

The concept of field is used to understand the health care space as a hierarchical relational structure in which different professions occupy unequal positions and compete to define legitimate competencies and practices. In this sense, the field is not regarded as a neutral setting but as a system of forces that conditions possibilities for action and professional recognition, operating through implicit rules that regulate the legitimacy of practices (Bourdieu, 1989).

From this perspective, forms of capital are central to the analysis insofar as they represent resources that confer power and position within the field. This study highlights cultural capital, associated with education and qualifications; symbolic capital, related to professional recognition and legitimacy; social capital, linked to institutional networks and relationships established by agents; and institutional capital, related to norms, regulations, and positions occupied within the health care system (Bourdieu, 1989; Bourdieu, 2014). The unequal distribution of these forms of capital helps explain the conditions of professional integration and recognition within the field.

The concept of habitus is incorporated as an analytical operator to examine how historically constituted dispositions guide professional practices and perceptions. Understood as a system of embodied dispositions, habitus mediates the relationship between structures and practices, influencing how agents recognize their possibilities for action and position themselves within the field (Bourdieu, 1996). Its use makes it possible to understand how educational trajectories and institutional experiences relate to the positions occupied.

The articulation of field, capital, and habitus makes it possible to apprehend the health care field as a space of structured relations in which professional practices are conditioned by the positions occupied and the resources available to agents.

This framework makes it possible to analytically delimit interprofessional relations as an expression of struggles

over capital and positions within the field, understood as structuring elements of relationships within the health care system.

However, mobilizing Bourdieusian theory requires critical consideration. Its emphasis on the reproduction of structures may restrict an understanding of possibilities for transformation, particularly in contexts of professional change (Bourdieu, 1996). In addition, the lesser centrality attributed to the ethical and relational dimensions of care warrants caution in its application to nursing. Finally, its categories are recognized as taking on specific configurations according to context, requiring situated analysis (Bourdieu, 2014).

Thus, the theoretical framework adopted serves as an analytical basis for interpreting positions, relationships, and conditions of professional integration within the health care field, guiding the analysis developed in this study.

Discussion

Advanced nursing practice as a reconfiguration of the health care field: power, capital, and interprofessional tensions

The analysis of ANP, guided by Bourdieu's social theory and developed from the selected normative, institutional, and scientific sources, makes it possible to understand that its emergence is not configured as a linear process of technical innovation but as a reconfiguration of the health care field, in which historical struggles over authority, legitimacy, and professional recognition are renewed (Bourdieu, 1989; Bourdieu, 1996; Bourdieu, 2014). This perspective shifts the dominant interpretation of ANP, which is frequently centered on care outcomes, toward an analysis of the social conditions that structure its possibility of existence.

The normative and institutional documents analyzed (PAHO, 2018; WHO, 2020; ABEn, 2023; ABEFACO, 2023; PAHO, 2023; Cofen, 2023; COFEN, 2024; Ministério da Educação, 2024) indicate that ANP has been promoted as a strategy to expand access and reorganize care, in accordance with institutional positions that emphasize interprofessional work and consistency with the principles of the SUS (ABEn, 2023; ABEFACO, 2023). However, the analysis combined with scientific studies shows that these effects are neither homogeneous nor automatically derived from adoption of the model; rather, they are conditioned by the specific configurations of health systems and by power relations among professions (Laurant et al., 2018; Püschel et al., 2022; Cassiani & Dias, 2022; Gonçalves et al., 2025; Koster et al., 2026).

This evidence makes it possible to problematize the narrative that ANP, by itself, would produce improvements in access and quality of care. From a Bourdieusian perspective, the findings indicate that such outcomes depend on the effective redistribution of capital within the health care field, particularly forms of capital that sustain professional authority and recognition (Bourdieu, 1989; Bourdieu, 2014; Püschel et al., 2022). In this sense, expanded clinical responsibilities do not necessarily guarantee autonomy and may instead constitute a strategy of functional delegation that maintains the centrality of dominant positions within the field (ABEn, 2023; ABEFACO, 2023). Accordingly, the question arises as to whether the expansion of clinical responsibilities represents effective disciplinary autonomy for nursing or, rather, a mechanism of functional delegation that maintains dependence on the medical field.

This tension is particularly relevant in the Brazilian context. Analysis of the sources shows that implementation of ANP occurs within a field historically structured by biomedical hegemony, in which nursing occupies subordinate positions sustained by a professional habitus that naturalizes such hierarchies (Bourdieu, 1996; Bourdieu, 2014). Studies indicate that this structure hinders the incorporation of practices that challenge the traditional distribution of authority, even when supported by scientific evidence and institutional policies (Laurant et al., 2018; Cassiani & Dias, 2022; Koster et al., 2026).

In addition to interprofessional tensions, the analysis shows that ANP also produces reconfigurations within nursing itself. The requirement for advanced education, such as master's and doctoral degrees, implies the valorization of cultural capital as a criterion of distinction and may generate processes of internal stratification that differentiate "advanced" and "non-advanced" nurses. Although this dynamic contributes to professional valorization, it may also deepen inequalities, particularly in contexts marked by asymmetries in access to education (Püschel et al., 2022; Ministério da Educação, 2024).

The studies analyzed indicate that, in countries where ANP is consolidated, the construction of symbolic capital has been fundamental to its legitimation, supported by regulatory frameworks, institutional recognition, and robust scientific production (Laurant et al., 2018; Kilpatrick et al., 2024). In Brazil, analysis of the sources reveals the fragility of these elements, expressed in regulatory uncertainty and resistance from different institutional actors (Cofen, 2023; Cofen, 2024).

Another central aspect identified concerns the use of ANP as a strategy for rationalizing health care work. The sources analyzed indicate that, in certain contexts, ANP may be mobilized as a response to physician shortages, operating as a mechanism for cost containment and reorganization of the work process (PAHO, 2018; PAHO, 2023; Laurant et al., 2018). Although relevant, this perspective is insufficient to explain the complexity of the phenomenon, as it may reduce ANP to a functional solution while disregarding its implications for professional autonomy and quality of care.

Within the SUS context, this logic has even more complex implications. The analysis shows that incorporating ANP without adequate restructuring of the system may result in increased inequalities, particularly in regions with less access to advanced education. This produces a central contradiction: the territories that most need ANP are those with the least capacity to implement it, reinforcing the unequal distribution of capital within the health field (Ministério da Educação, 2024).

Thus, the analysis of ANP reveals a phenomenon marked

by ambivalence, in which the expansion of practices and responsibilities is articulated with power dynamics, struggles over capital, and interprofessional tensions. This configuration points to the need for a more in-depth examination of the conditions that sustain its implementation and of the analytical limits of the approaches adopted, particularly with regard to understanding the relationships among structure, practice, and transformation within the health field.

Bourdieu and the analysis of knowledge production on advanced nursing practice

The use of Pierre Bourdieu's theory to analyze ANP advances understanding of the dynamics that structure the health care field by showing that professional legitimation derives not only from technical competencies but also from the ability to accumulate capital and occupy positions within the field (Bourdieu, 1989; Bourdieu, 1996). This approach contributes to denaturalizing the idea that the expansion of ANP represents, in itself, progressive advancement in the health care system, shifting the analytical focus toward the social conditions that sustain or limit its institutionalization, as already demonstrated in the previous analysis of the field.

However, within this study, mobilization of this framework is not restricted to identifying structures or describing positions within the field; it also entails an analytical shift toward the very modes through which knowledge about ANP is produced. By showing that concepts, models, and evidence are produced in situated contexts, Bourdieu's theory makes it possible to problematize the foundations on which ANP has been constructed as a scientific object, challenging interpretations that present it as a universal technical response (Bourdieu, 1989; Bourdieu, 1996; Bourdieu, 2014).

In this sense, the analysis shows that knowledge production on ANP does not occur neutrally but is shaped by power relations, institutional interests, and struggles over scientific and professional legitimacy. Studies in nursing indicate that innovative practices, such as ANP, may be interpreted differently according to the professional and institutional projects at stake (Laurant et al., 2018; Cassiani & Dias, 2022; Koster et al., 2026). Thus, rather than merely identifying the limits or potential of the practice, it becomes analytically relevant to understand how such categories are produced, mobilized, and legitimized within the field.

Furthermore, Bourdieusian theory makes it possible to problematize the centrality of certain dimensions in knowledge production on ANP. By highlighting the primacy of structural and organizational interpretations, it becomes possible to identify that aspects related to care, although central to nursing, tend to occupy secondary positions in normative and scientific formulations (ABEn, 2023; ABEFACO, 2023; Bourdieu, 1996; Bourdieu, 2014). This analytical shift does not imply disregarding these dimensions but rather showing how they are hierarchized in the knowledge-construction process.

Another relevant aspect concerns the need to situate knowledge production within its context. The analysis shows that the incorporation of international ANP models, frequently used as normative references, is linked to specific contexts of health system organization (Ministério da Educação, 2024; ABEn, 2023; ABEFACO, 2023; Bourdieu, 2014). Studies indicate that transferring these models without considering local historical and institutional conditions may produce interpretations detached from the Brazilian reality (Püschel et al., 2022; Kilpatrick et al., 2024; Koster et al., 2026). Thus, Bourdieu's theory makes it possible to demonstrate that knowledge about ANP itself is conditioned by the structures within which it is produced.

In this direction, scientific and normative production on ANP also participates in struggles within the health care field, helping to define which practices are recognized, which models are legitimized, and which actors are authorized to speak about the topic. The literature indicates that professional autonomy is related to the capacity to produce knowledge, influence public policies, and establish socially recognized practices (Rouhi-Balasi et al., 2020; Soares et al., 2020). Thus, ANP may constitute not only a care practice but also an object of scientific and political struggle.

From this perspective, it is possible to state that the analytical contribution of this essay lies in making explicit that ANP should not be interpreted only as a care practice but also as an object of situated knowledge production, whose interpretations are directly related to the configurations of the health care field. In dialogue with the study objective, this reading shows that the incorporation of advanced practices may take on different meanings depending on the conditions of knowledge production, circulation, and legitimation, reinforcing the need for analyses that consider these dimensions (Bourdieu, 1996; Bourdieu, 2014).

Along the same argumentative line, deepening the analysis makes it possible to challenge the dichotomy between potential and limitations by showing that these categories are not intrinsic properties of ANP but analytical constructions produced in specific contexts. In the Brazilian context, marked by persistent structural inequalities and the centrality of the biomedical model, ANP is interpreted through frameworks that reflect these same conditions. This dynamic demonstrates that knowledge about the practice is not external to the field but is a constitutive part of its struggles and reconfigurations.

In this sense, mobilizing Pierre Bourdieu's theory is not limited to identifying structural constraints but operates as an analytical instrument for problematizing the very modes of knowledge production concerning ANP. By making explicit the relationships among power, capital, and recognition, this approach shifts the focus from normative explanations to an analysis of the conditions that make particular practices possible, legitimate, or invisible within the health care field (Bourdieu, 1989; Bourdieu, 1996; Bourdieu, 2014). This analytical shift broadens the interpretive horizon by showing that the consolidation of ANP depends less on the adoption of predefined models and more on agents' capacity to intervene in the symbolic and institutional structures that

regulate professional recognition. Thus, the discussion remains open to analysis of the multiple configurations that ANP may assume according to the struggles and arrangements established in different contexts.

Conclusion

ANP, when interpreted in light of Pierre Bourdieu's social theory, emerges as a social phenomenon embedded in a field structured by power relations, symbolic struggles, and unequal distribution of capital, moving beyond a restricted understanding of it as a technical and care-delivery innovation. From this perspective, the limits and possibilities of ANP cannot be explained solely by its normative or organizational configuration but also by the structural conditions that regulate its legitimation within the health field.

In the Brazilian context, the incorporation of ANP reveals tensions that express the coexistence of expanded professional scope and the persistence of historically consolidated hierarchies that position nursing in a subordinate condition. The expansion of clinical responsibilities in this setting does not automatically translate into autonomy, since the distribution and recognition of symbolic, cultural, and institutional capital remain unequal among the different agents in the field.

The adoption of international ANP models, when disconnected from the specificities of the SUS, tends to reproduce asymmetries and limit its transformative potential. Thus, ANP comes to be understood not as a technical solution but as an expression of struggles over professional recognition and authority, whose effects depend on the historical and institutional configurations in which it is embedded.

The consolidation of ANP in Brazil therefore involves processes that extend beyond regulation and professional education, implying the reconfiguration of power relations, the production of symbolic recognition, and the strengthening of nursing as an autonomous field. Making these dimensions explicit broadens the interpretive horizon regarding ANP and deepens understanding of its implications within the health care field.

Author contributions

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