



Nurse Nestória Merino de Arce: pioneer in orthopedic and traumatology nursing care

Enfermeira Nestória Merino de Arce: pioneira nos cuidados de enfermagem em ortopedia e traumatologia

Enfermera Nestória Merino de Arce: pionera en cuidados de enfermería en ortopedia y traumatología

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ABSTRACT

Objective: to describe nurse Nestória Merino de Arce's contributions to the establishment of professional identity of orthopedics and traumatology nursing. **Method:** biographical historical and qualitative research. The oral life history technique was used for data collection, with transcription and transcreation. Documents were collected from the collection of the *Instituto Nacional de Traumatologia e Ortopedia Jamil Haddad* (INTO), and source triangulation was applied. The analysis followed Claude Dubar's framework of social identity construction. **Results:** three analytical categories emerged: "Nurse Nestória Merino de Arce's life and insertion in nursing"; "A new life in Brazil and professional challenges"; "Professional experience in orthopedics and traumatology – making a difference in care". **Conclusion and implications for practice:** the study presents the identity form at work, as the ideal professional biography, which is constituted by the establishment of identity to its aging, with a legacy established at INTO and in the field of orthopedics and traumatology nursing. It strengthens the recognition of specialized nursing by the constitution and application of a clinical practice of care in a national reference institution in orthopedics and traumatology, offering the Brazilian population services of different complexities with recognized quality.

Keywords: History of Nursing; Nurse's Role; Nursing Care; Specialization; Trauma Nursing.

RESUMO

Objetivo: descrever as contribuições da enfermeira Nestória Merino de Arce na constituição da identidade profissional da enfermagem em ortopedia e traumatologia. **Método:** pesquisa do campo da história do tipo biográfica, utilizando abordagem qualitativa. Para coleta de dados, utilizou-se a técnica da história oral de vida, com transcrição e transcrição. Foram coletados documentos no acervo do Instituto Nacional de Traumatologia e Ortopedia Jamil Haddad (INTO), aplicando-se a triangulação de fontes. A análise seguiu o referencial da construção de identidades sociais de Claude Dubar. **Resultados:** três categorias analíticas emergiram: "A vida e a inserção da enfermeira Nestória Merino de Arce no mundo da enfermagem"; "Uma nova vida no Brasil e desafios profissionais"; "Vivência profissional em ortopedia e traumatologia - fazendo a diferença no cuidar". **Conclusão implicações para a prática:** o estudo apresenta a forma identitária no trabalho, como a biografia profissional ideal, que se constitui do assentamento da identidade ao seu envelhecimento, com legado estabelecido no INTO e no campo da enfermagem em ortopedia e traumatologia. Fortalece o reconhecimento da enfermagem especializada pela constituição e aplicação de prática clínica de cuidados em instituição de referência nacional em ortopedia e traumatologia, oferecendo à população brasileira serviços de diferentes complexidades com qualidade reconhecida.

Palavras-chave: Cuidados de Enfermagem; Enfermagem em Ortopedia e Traumatologia; Especialização; História da Enfermagem; Papel do Profissional de Enfermagem.

RESUMEN

Objetivo: describir la contribución de la enfermera Nestória Merino de Arce en la constitución de la identidad profesional de la enfermería en ortopedia y traumatología. **Método:** investigación en el campo de la historia, tipo biográfica, con enfoque cualitativo. Para la recolección de datos, se utilizó la técnica de historia oral de vida, con transcripción y transcreación. Los documentos se recopilaron de la colección del *Instituto Nacional de Traumatología e Ortopedia Jamil Haddad* (INTO), y se aplicó la triangulación de fuentes. El análisis siguió el marco de Claude Dubar para la construcción de identidades sociales. **Resultados:** surgieron tres categorías analíticas: "La vida y la inserción de la enfermera Nestória Merino de Arce en el mundo de la enfermería"; "Una nueva vida en Brasil y desafíos profesionales"; "Experiencia profesional en ortopedia y traumatología: marcando la diferencia en la atención". **Conclusión e implicaciones para la práctica:** el estudio presenta la forma de identidad en el trabajo, como la biografía profesional ideal, que consiste en el establecimiento de la identidad en el envejecimiento, con un legado establecido en el INTO y en el campo de la enfermería en ortopedia y traumatología. Fortalece el reconocimiento de la enfermería especializada a través del establecimiento y aplicación de una práctica clínica asistencial en una institución de referencia nacional en ortopedia y traumatología, ofreciendo a la población brasileña servicios de diferentes complejidades con calidad reconocida.

Palabras clave: Atención de Enfermería; Enfermería de Trauma; Especialización; Historia de la Enfermería; Rol de la Enfermera.

INTRODUCTION

The research object of this article is centered on nurse Nestória Merino de Arce's life trajectory and her contributions to the professional field of orthopedics and traumatology nursing.

Regarding studies on personal and professional life trajectories, they provide access, through people's stories, to the paths they have taken in different social, cultural, political and economic contexts, which have contributed to determining social identity. This social identity is a mix of individual and collective experiences, and belonging to a certain group allows for the construction of a collective identity. Thus, individual life stories intersect with other people's paths in the same group, since they experience the same collective identity.^{1,2}

In nursing, nurses' biographies have been valued with the intention of pointing out the growth of a specialty, the influence of characters in the creation of nursing schools and organizational entities, and the development of theories applied to nursing, analyzing the social and political advances of nursing.³

The construction of personal identity requires social judgment and takes into account personal values, received guidance and self-definitions that constitute the basis for the construction of professional identity.¹ Nursing has acquired a professional identity that brings together a general professional profile with the ability to achieve specific tasks.

The orthopedics and traumatology specialist nurse, recognized by the Federal Nursing Council (In Portuguese, *Conselho Federal de Enfermagem* - COFEn), for the first time, in the now revoked Resolution 389 of October 18, 2011, is the one who designates and meets nursing care priorities according to the symptoms presented in the orthopedic affection and/or traumatological condition, paying attention to the appropriate interventions, aiming to reduce discomfort and favoring well-being, through the application of Systematization of Nursing Care, with special attention to care with orthopedic mobilization and pain assessment.⁴

Orthopedic and traumatology nursing has a history that precedes its recognition as a specialty in Brazil. Pioneering nurses set out to organize and develop healthcare practices in these areas together with other healthcare professionals, especially orthopedic physicians. In Brazil, the *Hospital Central dos Acidentados* (HCA) was created in 1943 in Rio de Janeiro with the purpose of providing specialized care in orthopedics and traumatology. HCA was deactivated in 1973, when it was taken over by the Brazilian National Institute of Social Security, and was reopened as the *Hospital de Traumatologia e Ortopedia* (HTO), currently the *Instituto Nacional de Traumatologia e Ortopedia Jammil Haddad* (INTO), located within the federal sphere of the Brazilian Health System.⁵

It was in this historical context that nurse Nestória Merino Arce helped to establish the recognition of the role of orthopedics and traumatology nursing in the field of care, management and teaching, contributing to the expansion of specialized nursing in society.

Thus, this article aimed to analyze nurse Nestória Merino de Arce's contributions in the constitution of the professional identity of orthopedics and traumatology nursing.

METHOD

This study is based on a doctoral thesis entitled "Echoes of a professional identity: nurses' life trajectories in orthopedics and traumatology", approved by the Research Ethics Committee, under Opinion 2.542.224/18. This thesis described the biographies of nurses relevant to the orthopedics and traumatology scenario, and the most cited was Nestória Merino de Arce. Thus, this research is in the field of history, of the biographical type, using a qualitative approach.

The oral life history (OLH) method was used, which allows "identifying narratives using electronic means and is intended to collect testimonies, promote analyses of current social processes and facilitate knowledge of the immediate environment".⁶ The data were obtained from an interview given by nurse Nestória Merino de Arce, supplemented by direct sources, such as written documents from her personal collection and INTO archive.

OLH, by necessarily relying on participants, called study collaborators, is always a history of the present time, as it relates to temporal cuts of contemporary times and has as its basic characteristic the presence of living testimonies. This method allows access to a current past, recorded in the experiences analyzed, intervening in the projections of the future elaborated by collaborators or communities.⁶ It is important to note that the history of the present time carries within itself the idea of provisional knowledge that may undergo changes over time, and may be constantly rewritten, using the same material, through additions, revisions and corrections.⁷

Data collection took place in May 2019 at INTO, using a voice recorder (50 minutes recorded), a portable video camera, a notebook for recording nonverbal observations and an interview script with triggering themes (choice for nursing and another about professional experience in the orthopedics and traumatology nursing specialty). A supporting board with photos and cataloged documents was created to jog the collaborator's memory before and during the interview, a procedure recommended by the OLH methodology.⁶

In the data processing phase, the following stages were taken: transcription (transformation of the oral source into written form) and transcreation (cleaning the text and organizing it according to narrative coherence), in order to establish the meaning given by the collaborator to the facts to be described and interpreted. The resulting material was sent to the collaborator for validation.

For biographical writing, the collaborator's narrative was respected in relation to the chronological delimitation stipulated by her. The analysis resulted from direct and indirect source triangulation, under the framework of Claude Dubar's construction of social identities, from which the socialization process is understood as that which allows us to grasp identity perception from a sociological perspective, reconstituting a relationship of identity for oneself and for others.^{1,2}

RESULTS

Nurse Nestória Merino de Arce's life and insertion in the world of nursing

She was born Nestoria Merino Shawan in Bolivia on June 2, 1941, in the state of Pando, in the city of Cobija, in the Nazareth colony, on the Virtudes farm. Her parents were peasants with basic education. Her father, born in Bolivia, was a veteran of the Paraguayan War, and later dedicated himself to the farm. Her mother took care of the family and worked in the fields. She had a younger sister. As a child, she went to study in the city of Cobija, where she lived with her aunts, returning to her parents' farm only during the holidays. When she entered high school, she went to live with her confirmation godmother, a widowed teacher. She wanted to take the Normal Course and become a teacher, but the scholarships then offered in Bolivia had already been distributed.

So, she took the science course and, when she finished, she did not know which path to take. Her godmother then informed her that there were scholarships for the nursing course, and Nestória went to the capital, La Paz, where she studied from 1961 to 1963, at the *Escuela Nacional de Enfermería* (ENE) of the Bolivian Ministry of Public Health. The school was far from her hometown, and it took Nestória two days to reach the boarding school, which she was only allowed to leave on Sundays, accompanied by her guardian. Nursing education at ENE emphasized the preventive or public health aspect, which aimed to solve health problems. From 1962 onwards, the course lasted four years, with a study plan that included theoretical teaching, laboratory practice, clinical practice and outreach to the community. Educational objectives were formulated according to each student, considering cognitive, psychomotor and affective aspects.⁸

During the first three months of the course, only theoretical classes were offered, during which time Nestória began to question her career choice. However, despite believing that nursing was not nursing she wanted to pursue, she decided to continue her studies, sometimes by her own decision and sometimes following her godmother's advice. At that time, she felt that acquiring a profession was the only way to improve her life and that of her family.

She graduated as a nurse in 1963. The Ministry of Education required that, immediately after graduation, all nurses who had received scholarships during the course be sent to work at the Trinidad Health Center in the state of Beni for two years as a way of returning government support. In her second year of work, in 1965, Nestória met her future husband, a medical student. The following year, 1966, already married, she moved to Brazil, settling in Rio de Janeiro, where she started a family with three children.

A new life in Brazil and professional challenges

Upon arriving in Rio de Janeiro with her husband still studying medicine and pregnant with her first child, young nurse Nestória faced a difficult financial reality, needing to work to help with household expenses. It was through a social worker at the

Santa Casa de Misericórdia do Rio de Janeiro, where she had all her prenatal care and delivery, that she obtained information about a health institution that accepted foreigners to work: the *Hospital da Ordem Terceira de São Francisco da Penitência*, in the Usina neighborhood.

She applied and was accepted to work as a nurse at the aforementioned hospital in 1966, where she stayed for a year. This institution helped her to legalize her documents, thus acquiring the right to remain in Brazil. Since the salary was very low, she decided to seek guidance from a professional organization. At the time, the most active and well-known organization was the *Associação Brasileira de Enfermagem* (ABEn), Rio de Janeiro section, where she was welcomed and received a letter of referral to report to the Polyclinic of Botafogo, which was looking for a nurse for pediatric emergencies. Hired by the polyclinic, she resigned from the *Hospital da Ordem Terceira de São Francisco da Penitência*, remaining in the pediatric emergency department for eight years (1967-1975), which gave her a great deal of learning in healthcare and management. At the same time, she worked from 1968 to 1973 in the *Hospital PIO XII's* plastic surgery clinic.

Determined to stay in Brazil, Nestória revalidated her nursing degree at the *Universidade Federal Fluminense*, as was the practice at the time. At a certain point, HTO caught her attention, as it was located very close to her home. Informed that a cooperative was hiring nurses, she went to seek information on how to apply, and was met by nurse Sandra Ramos. Sincere in her desire to work close to home, she told the interviewer so and, unfortunately, she was not hired.

Tireless and determined, in April 1974, she returned to the same hospital and, this time, was attended to by nurses Julimar Guedes Lima and Gazilda Menezes do Carmo. Julimar, a "very friendly" woman from the Northeast, interviewed her and hired her for a position as an afternoon nurse in the outpatient clinic. Nestória would replace Gazilda, who was going to take a leave of absence for training, beginning her career in orthopedics and traumatology nursing. At that time, according to her memories, the head of nursing at the outpatient clinic was nurse Neuza Santana.

Professional experience in orthopedics and traumatology - making a difference in care

As soon as she was admitted to HTO, Nestória was asked to give a lecture at "Hospital Month", an event that took place annually in September. Although she questioned the invitation, considering her short time at the institution, she decided to accept. So, she prepared herself and, on the day of presentation, the medical director, Oscar Rudge, was in the front row to watch, which made her feel honored.

At HTO, after working in the outpatient clinic, Nestória was assigned to the women's inpatient ward to lead the team. Since she had no practical experience in orthopedics and traumatology nursing, like her other team members, they all worked closely with orthopedic physicians, trying to understand the clinical, surgical and treatment specificities, relating them to the nursing care required in the pre-, trans- and post-operative periods. Thus,

she gradually specialized in providing care to these patients, a type of assistance that became increasingly important to ensure the success of patients' treatment, especially those undergoing orthopedic surgery.

Nestória and the other nurses at HTO studied the same scientific literature on medical orthopedics, the only one they had access to at the time, acquiring knowledge about the surgical position, the duration of surgery and its postoperative restrictions for different cases, as she herself explains:

We studied in a group of nurses only, using the same scientific literature on the specialty as the orthopedists, thus acquiring knowledge about the surgical position, the duration of surgery and its postoperative restrictions for different cases. Due to the proximity of orthopedists in the wards and in the outpatient clinic, we asked a lot of questions, and they clarified our doubts, including with the director, Oscar Rudge, who really enjoyed teaching and performed surgeries in various segments, making the learning experience broad (verbal citation).

Although she does not remember the dates, she worked in these sectors of HTO, Nestória recalls that it was for less time than in the Critical Care Unit (CCU), a sector to which she was assigned after a problem occurred there. Thus, after working in the outpatient and inpatient sectors, she remained in the CCU for a long period.

When her contract expired, she had already risen to the position of head of nursing at the ICU, but her departure was inevitable due to the entry of new nurses through the selection process of the Public Sector Admissions Department (PSAD). In view of this, Nestória and all the nurses at HTO who had not passed the selection process filed an injunction and were able to remain at the institution with the employment contract they had.

After the nurses who had been hired by public examinations were admitted to HTO, Nestória remained in the CCU for a long time, being transferred to another sector only when she needed to cover a service need. During the initial period of operation of HTO, there were no divisions of the wards into subspecialties. The director performed spine, hip and knee surgeries, which were the most frequently performed at the institution, which is one of the reasons why nursing care developed more quickly in response to the demands of the patients undergoing it.

Having remained as a nurse at HTO CCU, and because the CCU was the place where all post-surgery spine and hip patients were referred, Nestória ended up becoming more interested in nursing care for people undergoing these surgeries, dedicating herself particularly to learning both for care and for nursing training, knowledge that she applied with the hospital's nursing team.

Given the possibility that the contract with HTO would not be renewed, in 1975, Aciara Viana, also a nurse at HTO, encouraged Nestória to participate in a recruitment process for the "Hospital do Fundão" (Hospital Universitário Clementino Fraga Filho) of the Universidade Federal do Rio de Janeiro, where Nestória

was one of the nurses selected. Soon after being called to work at the "Hospital do Fundão", a new competition was opened for PSAD with vacancies for nurses at the same hospital. Nestória applied, took the exam and was approved. After taking office as a federal civil servant, Nestória was sent to receive training at other institutions that had advanced technology CCUs, in order to take on the position of head of nursing at the CCU at the "Hospital do Fundão".

However, after completing the training, she requested a position at HTO arguing that she already had significant work experience at this hospital, which was close to her home. Her request was accepted and Nestória completed her work at the "Hospital do Fundão" after two years of work (1978 and 1979).

Upon her return to HTO, she was assigned to the CCU again and later became an "advisor" to the head of nursing, at the time nurse Marilda Albuquerque, who had been directly elected to the position. During her time at HTO, she also worked as a nursing supervisor and in the hospital infection control sector. From 1991 to 1994, she was the replacement for the head of nursing, Maria Carmelita Henriques Achcar, holding the position from 1994 to 2002. During her time as head of nursing and with HTO/INTO once again federalized, the Pró-INTO Foundation was created to meet the demand of the group interested in accrediting HTO/INTO. The Pró-INTO Foundation took as an example the successful experience of the Brazilian National Cancer Institute, as it is a reference institution for teaching, research and care. Anesthesiologist Joaquim Pires e Albuquerque Pizzolante was appointed as director of the Pró-INTO Foundation.

In this context, the Pró-INTO Foundation created a board of trustees headed by physician Arnaldo Bonfim, a board of which Nestória became a member as head of nursing at HTO/INTO. Nurse Natalina Guerrero (head of nursing at the CCU) and orthopedic physicians José Edilberto Ramalho Leite, Sérgio Luiz Côrtes da Silveira and Paulo César Rondinelli (medical director of HTO/INTO) were also members of the board.

The head of nursing at the Pró-INTO Foundation was nurse Neuza Santana, but the foundation hired few nursing professionals. The funds earned from the foundation were invested in financing for physicians to study abroad to acquire advanced knowledge and practical experience, in order to raise the technological level of the hospital. The Pró-INTO Foundation operated until 2000, and during its existence, in 1996, a partnership was established with the nursing residency course at the Universidade Federal do Estado do Rio de Janeiro/Ministry of Health. As head of nursing at HTO/INTO (1994-2002), Nestória led the entire nursing team and worked with a meeting schedule. These meetings were scheduled separately between the head of nursing and head nurses of sectors, nurses on duty, nursing assistants and technical-administrative staff who worked directly with the nursing team.

Nestória stood out as a leader and had a deep knowledge of trauma and orthopedics work, which earned her the team's respect. She says that she allowed herself to listen and clarify any situation before it became extensive, and she used to call an extraordinary meeting when it was necessary to solve a problem.

At least once a week, she would “tour” the sectors to check on the nursing service on a daily basis. She would joke around and have employees’ attention in a light-hearted way, seeking to maintain good relations in the service and quality of nursing care. Always very close to the hospital’s medical management, Nestória participated and articulated ways for the nursing staff to be involved in HTO/INTO actions with the aim of guaranteeing other spaces in the institution.

During her leadership career at HTO/INTO, Nestória became familiar with orthopedic and traumatology nursing care. Regarding this care, she states that there is specificity in patient mobilization, defining the specialty of orthopedic and traumatology nursing as care for the patient’s body, which, due to some pathology or musculoskeletal trauma, requires assessment of all segments, such as joints, bones, muscles, tendons and ligaments, considered during the performance of nursing care that requires mobilization.

Nestória states that the mobilization learned in literature and in undergraduate studies does not cover that which is performed in orthopedic and traumatology nursing practice. There is a peculiarity for which literature has not described “paying attention to mobilization”, because mobilization for post-operative care depends on the type of surgery, and the nurses who are responsible for this mobilization know this difference, thus ensuring different mobilizations so that they allow nursing care provision. Thus, Nestória emphasizes that nursing professionals aim to find ways to alleviate pain and avoid harm to patients, paying attention to the body mechanics appropriate for performing this care.

Nestória also believes that orthopedic and traumatology nursing can still be better defined as a specialty in the theoretical-practical scenario, in order to enforce COFEn Resolution 389/2011 of October 18, 2011, which recognized this specialty in a national scenario.⁶ She reports that her training was self-taught, seeking scientific knowledge of the medical-orthopedic specialty, fundamental nursing and medical-surgical nursing, associating this knowledge with the care work carried out at HTO/INTO, which allowed her to outline care that was adapted to the reality of each surgical technique in orthopedics and traumatology, always seeing patients from a nursing perspective: a unique being with their limitations and human needs.

In her professional career, demonstrating her leadership role and professional vision, together with other nurses, Nestória participated in the fight for the creation of the *Associação Brasileira de Enfermagem em Traumatologia e Ortopedia* (ABENTO), attending meetings for this purpose with ABEn Nacional and ABEn - Rio de Janeiro section so that the title of specialist in orthopedics and traumatology nursing could be granted by institutions with the competence to register such title. Nestória refers to this movement as a fight by nurses in traumatology and orthopedics for power, recognition and appreciation of the specialty.

In 1989, Nestória participated in the planning of a congress on orthopedic and traumatology nursing held in Rio de Janeiro, which she considers a milestone for nursing in this specialty. The event, the First National Meeting of Traumatology and Orthopedics Nurses, took place at the *Hotel Glória*, located in the

Glória neighborhood, and was attended by international guests, HTO/INTO’s director and the nurse from the Ministry of Health, Maria Carmelita Henriques Achcar, who occupied the opening table as honorary president.

After years of working as head of nursing at HTO/INTO, Nestória began working as a medical records auditor and in the pharmacy sector, which led her to take a training course at *Fundação Getúlio Vargas*. In 2003, she retired and, after a year, was invited by the then orthopedic medical director, Sérgio Cortes, to return, through a contract, to work in the administrative area. Thus, Nestória returned to HTO/INTO, definitively ending her career as a nurse in 2004.

DISCUSSION

The institution, now known as INTO, was the locus for the construction of the role of nursing professionals in orthopedics and traumatology, and it was in this scenario that many personalities worked and contributed to the specialized area, being responsible for defining the best care practices and disseminating specialized knowledge, contributing to the aforementioned hospital institution becoming a national reference.⁵

The professional identity of a category has been and continues to be constructed based on several aspects, such as the relationship between the area and society in terms of its care, educational, scientific, social and political role. In the case of identity studies based on a character, it is not essential to restrict social identities to a specific work and training condition. Even before an individual identifies with a professional or educational group, they already carry with them, since childhood, a sexual, ethnic and social identity influenced mainly by their parents, which can be transmitted by both, by one of them or by their main caregivers.^{1,2}

On the other hand, social identity begins to develop when the child enters school, where teachers and classmates help him or her experience his or her first social identity.¹

Regarding social identity, the account of Nestória’s life trajectory, from her humble origins in Bolivia to her distinguished career in orthopedic and traumatology nursing in Brazil, shows a construction throughout her life in progressive interaction with positive and negative situations of social, personal, and cultural relationships, based on her determination to achieve personal and professional goals, in which the circumstances of the construction of professional identity were established.

Thinking and writing the history of the present and, in this case, of a specialty, based on an exemplary character, also allows us to understand the historical context through which nursing itself, as a profession, was constituted, reflecting on the ways in which this identity is treated from an individual to a collective point of view.⁹

Upon settling in Brazil in 1966, Nestória, a foreigner in the country for the first time, began working to help with household expenses. It was in her first job, at the *Hospital da Ordem Terceira de São Francisco da Penitência* and at ABEn, that she was shown ways to legalize her status in the country to reside and work as a

nurse. Her profile as a competent nurse, aware of her potential for development, was demonstrated throughout her professional career, in a path that certainly aligns with many other nurses of her time who worked in specialized practice settings, with the support of other nurses and entities representing nursing.

Nestória had a long career at HTO, where she also served as head of nursing and participated as a member of ABEn in the fight for the creation of ABENTO, seeking recognition and qualification of nursing specialists in orthopedics and traumatology. She played a vital role in the promotion and recognition of this specialty, highlighting the importance of nurses' active involvement in defining their field of activity.

She also played an important role in improving quality of nursing care in orthopedics and traumatology. After her retirement, she returned to INTO in administrative roles. This change highlights the versatility and potential of nurses in leadership roles in healthcare management, promoting specialized patient care and operational efficiency.

The social context also plays a very important role for professionals. This is because in healthcare institutions, as in many other settings, professionals often compete for recognition, whether through their scientific expertise, in the pursuit of patient well-being, or through their competence in administration and management.⁵

In this context, professional identity is an amalgamation of identities formed in childhood with those forged through external and internal interactions throughout life. These interactions give rise to characteristic identity patterns in the work environment, which contribute to the construction of an ideal professional biography.^{1,9} These internships do not appear as a unique variable in the career overview, but are intrinsically linked to factors such as stability, qualified specialization and internal promotion, which are closely related to acquired skills, accumulation of diplomas and continued training.¹

Nestória's biography highlights the influence of her family on her childhood and the importance of her studies in the first stages that led this woman to pursue a career as a nurse. Her interest in nursing was not immediate, but it grew over time due to various situations, such as the opportunity to receive a scholarship. Nursing is often not the first choice for those who want to work in the health field, being a secondary possibility, often influenced by the family members of these students.¹⁰ In this way, the role of nursing professionals, and even the social role, is based on the socio-professional universe, but is not reduced to identities at work.¹

It is important to note that, throughout Nestória's nursing training, there was no discipline that addressed orthopedics and traumatology care, which justifies her lack of interest in this area until she started working at HTO. In generalist nursing training, orthopedics and traumatology care is generally part of the area of clinical-surgical nursing or nursing care for the of adult and elderly health.⁵ Unlike other surgical treatments and procedures, orthopedic surgery care stands out due to its diversity, which is influenced by the complexity inherent to the surgery itself and by the scope of orthopedic surgery, which encompasses segments of the musculoskeletal system closely related to body biomechanics.

Even currently, the Brazilian National Curricular Guidelines do not indicate specific content and disciplines that should make up a nursing curriculum, but they do present the need for professionals qualified to practice nursing to be articulated in relation to knowledge and interventions in the most recurrent/prevalent health-disease problems in the epidemiological profile, both nationally and in their region of activity, promoting the comprehensive health of human beings.¹¹ The curriculum, understood as a living element of professional training, must be constantly assessed by those who construct and implement it, in order to seek out coherences and incoherences.¹²

Nestória gradually became involved in the trauma and orthopedic service, assuming all the responsibilities that fall to nursing, and improving her practices and knowledge. For her, orthopedics and traumatology nursing require extensive knowledge of the musculoskeletal system, considering the peculiarities of the procedures in the specialty.

We understand that biographies contribute to the debate about nursing in the construction of the role of nursing professionals, as they allow us to highlight the legacy left by the characters who influenced and continue to influence care practices, research and education in nursing.¹³

Nurse Nestória began working in orthopedic and traumatology nursing at HTO outpatient clinic even before the institution had opened all its available beds to receive patients. She developed her professional development in an all-round way, since HTO/INTO gave her the opportunity to work as a nursing assistant, supervisor, administrator and manager. This experience, in different roles on the nursing team, since the beginning of the organization of HTO/INTO, created internal bonds of deepening with the social body of the institution, which allowed the construction of an institutional identity aimed at improving quality of care and increasing recognition of institutional competence. The leadership role in HTO spaces, working alongside renowned orthopedists, resulted in a prominent position for Nestória, who, encouraged by them, gave lectures, supervised and managed departments, becoming one of the pioneers of orthopedic and traumatology nursing.

Nestória's trajectory, portrayed here, presents the form of identity at work, attributed as the ideal professional biography, which includes construction through training, obtaining: the establishment of identity; the progressive achievement of qualification, through which the recognition of identity begins; access to responsibility in the career, reaching a phase of recognition of identity through previous forms; and the progressive transition to retirement, a moment in which a person is faced with the aging of identity.¹

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

The life story presented in this manuscript is that of Nestória Merino de Arce, a Bolivian nurse who settled in Brazil, where she dedicated herself to orthopedic and traumatology nursing. In her memoirs, Nestória enriched the history of nursing with

information about the establishment of a specialty and its application in clinical practice in a specialized institution that today represents a national center for the development of technologies in orthopedics and traumatology, with international partnerships, offering the Brazilian population services of different complexities with recognized quality.

These stories have the implicit function of awakening in future nursing professionals the extent to which it is possible, through role models, to understand the fundamentals of nursing and to be imbued with the identity contained in biographical discourses. The biography contributes to nursing's historiography and provides clues about facts that deserve more in-depth studies, since the narrative of Nestória Merino de Arce's professional life reveals challenges and confrontations on different fronts, especially in the development of orthopedic and traumatology nursing, such as the implementation of nursing at HTO, the creation of the nursing residency course at this institution, the creation of ABENTO, and the recognition of the specialty. These and other events contributed to highlighting nursing in a specific field of knowledge in the health area. They can and should be expanded upon in other studies, thus following the evolution of healthcare, allowing us to identify the professional identity embedded in her actions and examples for the future of the area of orthopedic and traumatology nursing.

The use of OLH comes up against limitations in the interviewee's memory, who narrates events experienced in the past, reinterpreting them based on emotions accumulated throughout life. To minimize these limitations, we chose to apply Dubar's theoretical framework, which distances the narrative from the personal impressions of both the participant and the authors.

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DATA AVAILABILITY RESEARCH

The contents underlying the research text are included in the article.

CONFLICT OF INTEREST

No conflict of interest.

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