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REVIEW

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The symbolic struggle in a surgical nurse' daily life in a military hospital[a]

La lucha simbólica en el cotidiano de una enfermera quirúrgica en un hospital militar

A luta simbólica no cotidiano de uma enfermeira cirúrgica em um hospital militar

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ABSTRACT

Objective: to understand the symbolic struggle in a surgical nurse' daily life in a military hospital. **Method:** qualitative research, approach, case study. Theoretical framework used was Bourdieu's sociology. It was conducted at the *Hospital Central de la Fuerza Aérea del Perú* between 2023 and 2024, involving ten operating room nurses. Data were collected through semi-structured interviews, participant observation, and document analysis, and analyzed using thematic analysis. **Results:** from the "Unveiling the surgical field as a space of symbolic power" category, three subcategories emerged: undervalued and invisible *habitus*; imposition and symbolic struggle; and the pursuit of status and professional respect. **Final considerations and implications for practice:** surgical nurses perform safe care actions that, when not recorded, become invisible and undervalued by military agents. They face imposition and symbolic struggle that limit their practice but maintain the desire for recognition to affirm their professional identity.

Keywords: Activities of Daily Living; Nursing; Social Identification; Qualitative Research; Surgical Patient.

RESUMEN

Objetivo: comprender la lucha simbólica en el cotidiano de una enfermera quirúrgica en un hospital militar. **Método:** investigación cualitativa, abordaje, estudio de caso. El referencial teórico utilizado fue la sociología de Bourdieu. Fue realizada en el Hospital Central de la Fuerza Aérea del Perú del 2023 al 2024 con diez enfermeras (civiles) de sala de operaciones. Datos fueron recopilados por entrevista semiestructurada, con observación participante y análisis documental, examinados con análisis temático. **Resultados:** de la categoría "Desvelando el campo quirúrgico como espacio de poder simbólico", surgieron tres subcategorías: *habitus* poco valorado e invisible; imposición y lucha simbólica; y búsqueda de estatus y respeto profesional. **Consideraciones finales e implicancias para la práctica:** la enfermera quirúrgica realiza acciones de cuidado seguro que, al no registrarse, resultan invisibles y poco valoradas por agentes militares. Enfrenta imposición y lucha simbólica que limitan su práctica, pero mantiene el deseo de reconocimiento para afirmar su identidad profesional.

Palabras clave: Actividades Cotidianas; Enfermería; Identificación Social; Investigación Cualitativa; Pacientes Quirúrgicos.

RESUMO

Objetivo: compreender a luta simbólica no cotidiano de uma enfermeira cirúrgica em um hospital militar. **Método:** pesquisa qualitativa, abordagem, estudo de caso. O referencial teórico foi a sociologia de Bourdieu. Foi conduzido no *Hospital Central de la Fuerza Aérea del Perú* entre 2023 e 2024 com dez enfermeiros civis de centro cirúrgico. Os dados foram coletados por meio de entrevistas semiestruturadas, com observação participante e análise documental, e examinados por meio de análise temática. **Resultados:** a partir da categoria "Desvelando o campo cirúrgico como um espaço de poder simbólico", emergiram três subcategorias: *habitus* pouco valorizado e invisível; imposição e luta simbólica; e busca por *status* e respeito profissional. **Considerações finais e implicações para a prática:** a enfermeira cirúrgica realiza ações de cuidado seguro que, por não serem registradas, tornam-se invisíveis e pouco valorizadas pelos agentes militares. Enfrenta imposição e luta simbólica que limitam sua prática, mas mantém o desejo de reconhecimento para afirmar sua identidade profissional.

Palavras-chave: Atividades Cotidianas; Enfermagem; Identificação Social; Pacientes Cirúrgicos; Pesquisa Qualitativa.

INTRODUCTION

The impetus for this study arose from the authors' concern to explore and shed light on the often overlooked and undervalued daily realities of nursing practice within the context of symbolic power dynamics observed in military institutions. Complex social practices unfold within these settings, based on established frameworks and interactions between various actors in the operating room (OR) (nurses, surgeons, and anesthesiologists) and the patient. These interactions reveal the symbolic capital conferred by military rank, which civilian nurses lack. This context often obscures the essence of care as a spiritual connection between two

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individuals, transcending time, space, and personal history, in a shared pursuit of meaning and wholeness.[1]

Therefore, among the various settings in which nurses provide care, the OR stands out as a place within the hospital where different specialties, with their respective procedures and protocols, come together, which can lead to greater difficulties in communication. The group most likely to be affected by this is the nursing staff, given their frequent rotation between ORs for different specialties.[2]

In this regard, a kind of symbolic struggle may emerge capable of practically challenging the immediate agreement on embodied and objective structures, i.e., a systematic revolution that questions the very foundations of production and reproduction of symbolic capital.[3]

There is little international research on the topic. However, a study[4] conducted in Brazil concludes that nurses recognize the social utility of their work in the context of patient care as an activity that benefits others and generates added value. In Peru, the country where this research was conducted, a study[5] concludes that a head nurse's daily routine is represented by their complex daily work, where they often associate their managerial role with the administrative process implementation, due to the nature of the institution, where military ranks prevail.

This led to questions: how does the military context influence surgical nursing care? What is OR nurses' daily life like in a military hospital? How do OR nurses represent their daily lives in their imagination? In addition to ensuring that the effective social practice performed by OR nurses in a military context is valued and respected by other professionals in the surgical unit, the following objective arose: to understand the symbolic struggle in surgical nurses' daily life in a military hospital.

METHOD

This is qualitative research, which is an interdisciplinary field that establishes a space where individual positions and actions can intersect with the framework that determines culture and social ties.[6] The approach used was the case study (CS) method, because it investigates a contemporary phenomenon (the symbolic struggle in a surgical nurse' daily life in a military hospital) in depth and within its real-world context, especially when the boundary between the phenomenon and the context may not be clearly defined.[7]

Pierre Bourdieu's sociology was used as a theoretical and philosophical reference for his modern structuralist-constructivist thought and his view of social reality as a system of fields, where he focuses on and articulates categories to explain and understand the practices of agents in the sphere of social life. For theoretical support, Robert Yin, considered one of the authors who has delved most deeply into the logical and strategic aspects of CSs, was used, thus allowing a contemporary phenomenon (the "case") to be investigated in depth and in its real context.[8]

The research setting was the *Hospital Central de la Fuerza Aérea del Perú* (HCFAP) from May 2023 to August 2024. The sample consisted of ten civilian OR nurses, determined by data saturation, understood as the knowledge formed by the researcher in the field when understanding the intensity of the information necessary for their work.[9] The data collection process was completed when the information became redundant.

The data gathered through qualitative interviews allowed for an interpretation of social reality, values, customs, ideologies, and worldviews, which are constructed through subjective discourse, thus assigning a particular[10] meaning and significance to the human experience of surgical nurses at the studied military hospital. Observation allowed for the recording and analysis of what actually happens in the studied context. Document analysis provided access to texts, which, while not speaking for themselves, offered insights into specific questions.[9] The instruments used were interview guides, observation protocols, and document analysis frameworks, respectively.

The interviews were conducted in one of the OR rooms and lasted 30 to 45 minutes. Participants were eager to share their experiences. Observations were made in the OR during the daily activities of nurses caring for surgical patients. Document analysis was performed at the end of surgeries, where the forms completed by scrub nurse II were accessible. After data collection, transcriptions and skim readings were performed, and the data were analyzed using thematic analysis.

Ethical aspects related to privacy, intimacy, confidentiality, and anonymity of information obtained in the studies were considered. The guidelines for the protection of human subjects in research related to the three essential principles of bioethics were: respect for the person (autonomy); beneficence; and justice.[11] The project was approved by the HCFAP Ethics Committee (NC-50-HCDE-nº 220), which issued a favorable opinion after participants signed the Information Security, Confidentiality, and Proprietary Agreement, in accordance with institutional protocol. Participants were informed verbally and in writing about the study objectives and methodology and voluntarily agreed to participate by signing the Informed Consent Form. Their identities were protected by the use of pseudonyms (other names).

RESULTS

Table 1 shows that participants' ages ranged from 37 to 62 years, and their experience as OR nurse specialists ranged from two to 21 years. The main qualitative characteristics highlighted were: enthusiasm in welcoming patients (Edith); and skill and composure in performing highly complex surgeries (Bella); the ability to respond immediately and confidently in a surgical setting (Lirio); the delicate tone of voice when communicating with patients (Aurora, Alhelí and Arco Iris); the care and organization in the arrangement of surgical instruments during the intraoperative period (Zoe); the firm stance in defending their daily practice (Mayté and Rosse); and the skill in managing medications in critical surgical patients (Innovación).

The study is part of a doctoral thesis where the qualitative analysis of the data resulted in four categories, of which the following was chosen for this publication:

Table 1. Participant sociodemographic and professional characterization.

Pseudonym	Age	Years of experience in the operating room	Role in the operating room	Qualitative characteristics
Edith	44	5	Scrub	Enthusiasm in welcoming patients
Bella	46	21	Scrub	Skill and composure in handling instruments during complex surgeries
Lirio	50	13	Scrub	Ability to respond quickly and confidently in the operating room setting
Zoe	62	12	Scrub	Meticulous and organized preparation and management of instruments during surgery
Mayté	47	14	Scrub	A firm stance in defending their daily practice
Arco Iris	41	13	Scrub	A gentle and respectful tone of voice when communicating with patients
Alhelí	57	19	Scrub	Sensitivity and empathy when communicating with patients
Innovación	37	2	Scrub	Skill in administering medications to critically ill surgical patients
Aurora	49	21	Scrub	A gentle tone of voice when communicating with patients
Rosse	48	21	Scrub	A firm stance in defending their daily practice

Unveiling the surgical field as a space of symbolic power

OR nurses' social practice in a military hospital may go unnoticed or be minimized by other agents in the surgical field who traditionally maintain the recognition of surgical practice as appropriate, added to the military ranks (which nurses do not possess) and which some of the other professionals use to impose their will, transforming the space of social interaction into a field of symbolic struggle. However, surgical nurses recognize their position as central agents of care, which drives them to seek a harmonious work setting that values their *habitus*. Figure 1 presents a representation of an OR as a space of symbolic power.

The following subcategories emerged:

Subcategory: Considering operating room nurses' actions (*habitus*) as often undervalued and overlooked by other surgical staff members

In their daily routine, surgical nurses perform a series of actions, whether as scrub I or scrub II nurse. The former is generally considered linked to surgical technique, while the latter, because its interventions are focused on direct patient care in the OR, constitutes a symbolic value without written record in intraoperative records. This means their work is often minimized by other surgical staff members or replaced by technical staff when surgeries are necessary.

Some statements are as follows:

> *We are invisible. We do many things, like preparing the operating room* (...), *checking that the equipment is working properly, and anticipating risks* (...) *things that the patient doesn't notice and we don't even record* (Edith).
>
> (...) *sometimes, the role of circulating nurses or scrub nurses II is taken over by both the anesthesiologist and the surgeon, as if their work were undervalued, as if* (...) *it was just to take notes or do something necessary for the pharmacy* (Lirio).
>
> (...) *they aren't very visible, but they're still brought in as circulating nurses* (...) *when the demand for surgeries is high, four rooms need to be opened, so there's a shortage of nurses, and technicians replace them* (Arco Iris).

Observation on 09/10/2024 at 8:00 a.m.:

> *Edith reports, "By order of Dr. Roberto* (the military anesthesiologist's fictitious name), *the patient in room 2 is being transferred to room 5. The patient is in the ward; there are not enough nurses". The head nurse on duty, addressing Claudia* (fictional name), *says, "You are going to room 5; it is a TUR* (transurethral resection)*". Claudia checks the schedule, approaches Rosse, and says, "They have a technician assigned to your room. Why open a room if the staff (circulating nurse) is not complete? They only come if there is an anesthesiologist, not if there are nurses".*

Document review on 07/08/2023:

> *The nursing record of the surgical patient has the attribute of presenting a summarized assessment of some aspects*

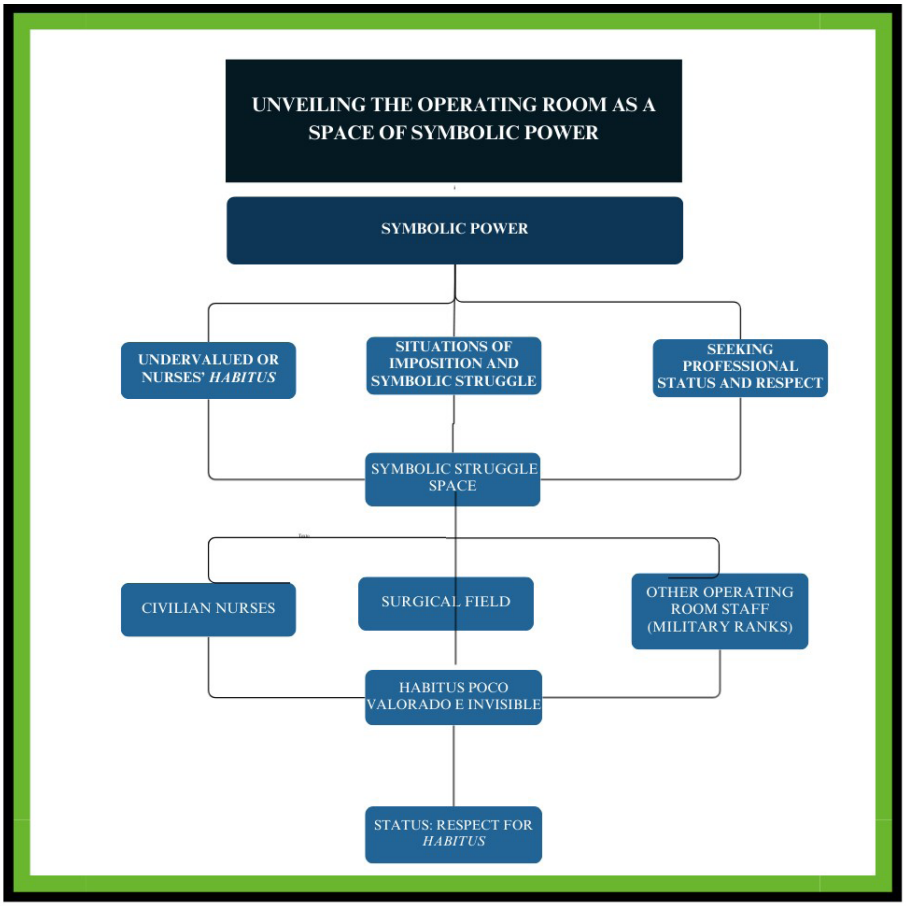

Figure 1. Interpretation that portrays the operating room as a symbolic space of power.

of the nursing care process (NCP) *with the limitation of not reflecting its other stages.*

Subcategory: Referring to situations of imposition and symbolic struggle in the surgical field

Being civilian nurses in a military hospital, where military ranks often prevail in medical care, coupled with the scarcity of materials and supplies that every healthcare institution faces, constitutes a limitation in their daily practice. Occasionally, they encounter unethical situations on the part of the OR staff, who, protected by their military ranks or historically accumulated power, impose their will, ignoring the fact that nurses also have extensive surgical knowledge. Some statements were:

> (...) *sometimes the treatment isn't the most cordial; it limits us. We want to do the right thing, but he* (the military anesthesiologist) *comes along and imposes his decision; sometimes we give in. We try to reconcile with him, but sometimes he ends up imposing himself* (Arco Iris).

> *We do what the military physician tells us; they don't let us do our job properly, and if we say we can't, they start complaining and say, "That nurse is 'bad,' I don't want to work with her; she's problematic; get her out of the room". So, where are we?* (Mayte).

> (...) *he* (the military anesthesiologist) *wanted me to leave the room I was working in (*to open another operating room with a technical staff). *I didn't agree, so he said he would call the hospital's high command and complain that I didn't want to open that room because I didn't feel like working* (Bella).

Observation made on 03/21/2024 at 6:45 a.m.:

> *The military anesthesiologist approaches a scrub nurse and says loudly, "Claudia, the schedule is being respected. Why didn't you mention that Inovación* (a nurse's pseudonym) *is also on duty? She's a scrub nurse, so she can go into the other operating room, and the technician can circulate between the two rooms". Claudia responds, "The emergency* (an 85-year-old adult, a retired noncommissioned officer) *is a priority; the other patient* (a 45-year-old adult, an active-duty officer) *is scheduled. Furthermore, Inovación is responsible for the recovery service; these are major surgeries* (exploratory laparotomy and nephrectomy,

respectively). *How can a technical staff circulate between two rooms at the same time?"*

Subcategory: Longing for a nursing condition where their *habitus* is respected

Surgical nurses recognize the need to crystallize and unify their accumulated knowledge through protocols that reflect their *habitus* as a way to reveal their position as the sole social agent of care within the surgical staff. This leads them to desire, in their social imagination, a coordinated approach in which their *habitus* is respected by the other members (anesthesiologists and surgeons, several of whom hold military rank). Some statements are:

> *We need to understand each other. We need to behave with respect, work as a staff, in harmony* (...) (Wallflower).
>
> *Maybe it's their training, but they also work with civilians, and I think respect is unique, regardless of the training they received in school* (Innovación).
>
> *We should start creating protocols so that we all work and speak the same language, in all nursing processes. We should start doing that* (Rosse).

DISCUSSION

OR nurses in the surgical setting perform routine actions to ensure safe patient care, but because these actions are not documented, they become "invisible care", as pointed out in the study.[12] The authors state that nurses perform a series of interventions based on observation, empathy, knowledge, and experience, which leads them to make deliberate professional and ethical judgments focused on each individual patient's needs.[13]

To paraphrase the authors themselves, these actions should be considered because they require time and effort, yet have a positive impact on patient safety and well-being. This is similar to the findings of a literature review study,[14] which concluded that these interventions are not always documented, but they enhance the professionalism of nursing practice by making patient care more effective. They must be implemented in daily practice, as they can and should lead us to excellence, both professionally and as human beings.

On the other hand, no studies were found in the surgical field to compare with our findings. However, in another area of nursing, a study conducted in Argentina[15] concluded that intensive care unit nurses perform various types of nursing care, including activities that are not documented in nursing reports.

This lack of visibility regarding the interventions of second-level surgical nurses lead to their tasks being performed by technical staff, without leaving any objective evidence (signature) on the checklist. This reflects their "*habitus*", which, according to Bourdieu, is the more or less explicit and systematic representation one has of the social world, of one's position within it, and of the position one should occupy.[16] In this regard, a study[17] with oncology nurses found that the role of nurses in shared decision-making, as well as in other aspects of nursing practice, is largely invisible.

Therefore, we can conclude that while power dynamics in the OR are made visible, nurses' *habitus* as caregivers becomes invisible within a social structure where the military rank of patients and/or their guardians is given prominence. Most physicians constitute symbolic capital, which for Bourdieu is another name for capital of distinction, of any nature, when it is perceived by an agent endowed with categories of perception that come from the incorporation of the structure of its distribution, i.e., when it is known and recognized as natural,[18] implying for them to face some situations of symbolic struggle in the surgical space. In other words, it is a kind of subtle power that, without resorting to physical force, uses certain individuals as agents to impose reference frameworks that prioritize military rank in healthcare, thus demonstrating a distinct and institutionally recognized authority.

According to the author, this phenomenon occurs because of the constant struggles between different factions of the ruling class to impose their own definition of legitimate power, social capital, and social authority, based on the recognition and acceptance of the collective belief system.[16]

This, in a way, limits and shapes OR nurses' (civilian staff) *habitus* in terms of accepting this symbolic capital, since it is the context in which they provide their care, thus transforming the OR into a field of symbolic power relations among its members.

Hence, Bourdieu argues that the concept of a field, understood as a system of positions and their objective relationships, also has a temporal dimension, which implies introducing a historical perspective into the relational way of thinking.[19] It is necessary to construct a simplified model of the social field as a whole, which allows us to consider, for each agent, their position in all the spaces of play where the history of the social field is constantly present in a materialized form (the institutions) and in an incorporated form (the arrangement of agents) that make them function.[18]

These inherent structural elements influence OR nurses' daily practice, leading them to follow certain established protocols and confront ethical dilemmas that force them to re-assess their principles and draw upon their accumulated knowledge to understand the social context where military rank confers status and symbolic power.

In this regard, in the struggle to impose a legitimate view of the social world, individuals possess power in proportion to their symbolic capital, i.e., to the recognition they receive from a group.[18] Furthermore, Bourdieu adds that considering the social field as an arena of conflict should not make us forget that the actors involved share a number of fundamental interests, all of which are linked to the very existence of the field, constituting a kind of basic common ground.[19]

For the same author, in this social field, there is a struggle for the imposition of a legitimate way of perceiving the relationship of forces manifested by distributions, a representation that can, by its own effectiveness, contribute to the perpetuation or subversion of this relationship of forces.[20]

Faced with the limitations of their daily work setting, surgical nurses in a military hospital express their desire for recognition of

their *habitus* so that a space for social interaction can be created where the distribution of this symbolic capital is equitable.

In this regard, an author,[21] drawing on Bourdieu's ideas, points out that symbolic capital is a form of symbolic power; it is the particular force possessed by certain individuals who exercise symbolic violence. This is a form of violence that is exerted on an individual or group of individuals with their complicity, as they perceive it as harmless and therefore socially acceptable. The same author,[19] following Bourdieu's concept of *habitus*, states that it is an analytical tool that allows us to explain practices in terms of strategies and to provide justifications for them. Within this context, social actors are rational, and their strategies follow certain patterns, forming coherent and socially explainable configurations based on their position within the field.

Bourdieu adds that agents' representations vary according to their position and their *habitus* as a system of perception and schemes of appreciation as cognitive and evaluative structures that they acquire through the lasting experience of a position in the social world.[22] The author, along with Wacquant,[3] discusses scientific habitus as a scientific *modus operandi* that operates in a practical context according to the norms of science. Similarly, following this same line of thought, other authors[23] state that the social field of nursing is seen as a space where knowledge is constructed and practices are developed around the issues that justify its existence.

Converging with this thought, it can be stated that surgical nurses, given the existence of symbolic capital in their field of activity, feel capable of acquiring it and transforming it into a force that supports their care practice, using their knowledge base and developing strategies such as starting to implement nursing protocols to strengthen their scientific *habitus* and be on an equal footing with other agents who hold a social practice recognized by history under the symbolic system of imposition and domination (symbolic violence) granted by their profession and military rank.

These results offer a reflective and critical look at the social aspects of OR nurses' daily life in a military institution, highlighting their habitus and the essence of nursing, allowing them to be recognized in the future as the sole provider of care within the OR, with their own body of knowledge.

The results obtained are limited by the nature of this study and cannot be generalized. Therefore, the experiences presented regarding OR nurses' daily life can only be transferred to another context with a similar meaning to the one studied.

Nursing, in its endeavor to reveal its true essence, needs to view reality from a broader perspective. Thus, qualitative research, by exploring the essence of phenomena, allows us to immerse ourselves in people lived experiences to understand their daily practices. This is being implemented alongside proposals to incorporate strategies such as using standardized nursing terminology and North American Nursing Diagnosis Association taxonomies, such as the Nursing Interventions Classification and the Nursing Outcomes Classification, into patients' intraoperative nursing documentation, and to establish a pre-operative nursing assessment visit, thus gradually shaping best practices within the field of surgical nursing.

FINAL CONSIDERATIONS AND IMPLICATIONS FOR PRACTICE

An OR nurse's *habitus* in a military hospital is manifested through actions that ensure safe surgical care, but because these actions are not documented, they become invisible, leading to their work being undervalued by other OR staff members and representing a weakness for nursing as a whole.

Although nurses possess a wealth of knowledge that could enhance their professional standing, they face constraints and symbolic power struggles within the OR setting, as well as ethical dilemmas that often lead them to prioritize patient well-being. The OR setting may seem restrictive, but its norms and practices ultimately become integrated into their *habitus*.

OR nurses, situated within power dynamics with surgeons and anesthesiologists, strive for recognition of their *habitus*, leveraging their knowledge and skills through strategies that enhance their competencies and build a professional identity that is still largely invisible.

To increase surgical care visibility, it is proposed to formally document surgical procedures, develop standardized protocols, conduct pre-operative consultations, promote continuous professional development, enhance surgeons' professional standing, raise awareness among other healthcare professionals, and encourage research that strengthens the recognition and implementation of best practices.

This study is limited to a specific military hospital and to subjective experiences, which restricts the generalizability of the findings. However, its findings may be useful for contexts with similar hierarchical dynamics.

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DATA AVAILABILITY RESEARCH

The data are available upon request from the authors. This restriction is due to institutional confidentiality and security protocols of the Peruvian Air Force.

CONFLICT OF INTEREST

No conflict of interest.

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