

REVISÃO**Milestones in the relentless pursuit of the nursing salary floor****Marcos históricos na busca incessante pelo piso salarial da enfermagem****Hitos históricos en la búsqueda incesante del salario mínimo de la enfermeira**

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RESUMO

Objetivo: Analizar críticamente los hitos históricos, políticos, legislativos y las movilizaciones sociales que culminaron en la Ley nº 14.434/2022, así como sus impasses y desafíos de implementación. Métodos: Revisión bibliográfica narrativa y cualitativa, con organización cronológica y temática de los hallazgos en cuatro ejes: (1) movilización político profesional; (2) evolución legislativa; (3) impactos socioprofesionales; y (4) avances y desafíos post sanción. Resultados: La trayectoria inicia con intentos legislativos desde 1947 y avanza con la regulación profesional a lo largo del siglo XX, sin garantía de piso. La pandemia de COVID 19 catalizó el protagonismo político de la categoría, culminando en el PL nº 2.564/2020 y en la promulgación de la Ley nº 14.434/2022. La judicialización subsecuente expuso tensiones entre argumentos económico-fiscales y derechos sociales, resultando en una aplicación asimétrica entre sectores y entidades federativas. Evidências apontam que a ausência histórica de piso favoreceu múltiplos vínculos, jornadas extensas, adoecimento e efeitos negativos na qualidade assistencial por outro lado, a valorização remuneratória associa-se a redução de rotatividade e melhora de desfechos do cuidado. Conclusão: O piso salarial constitui reparação histórica e marco de valorização do trabalho em saúde, mas sua efetividade requer financiamento estável, fiscalização contínua e políticas complementares (regulamentação da jornada de 30 horas, saúde do trabalhador, planos de carreira). A consolidação dessa conquista depende da manutenção da mobilização coletiva e do fortalecimento institucional das entidades representativas, reposicionando a Enfermagem como sujeito político estratégico para a qualidade e a equidade no SUS.

Descritores: Enfermagem; Piso salarial; Política de recursos humanos em saúde; Valorização profissional; Judicialização; Movimento social.

ABSTRACT

Objective: To critically analyze historical, political, and legal milestones—and social mobilizations—that led to Law No. 14,434/2022, including ensuing hurdles and implementation challenges.^{22–25} Methods: Narrative, qualitative literature review, organizing findings chronologically and thematically across four axes: (1) political professional mobilization; (2) legislative evolution; (3) socio professional impacts; and (4) post enactment advances and challenges. Results: From early failed bills (since 1947) through professional regulation in the 20th century, the nursing floor remained absent until the COVID 19 pandemic catalyzed political protagonism, the 2020 bill, and enactment in 2022. Subsequent judicialization exposed tensions between fiscal discourse and social rights, yielding asymmetric application across sectors and jurisdictions. Evidence links the historical lack of a floor to multiple jobs, long shifts, burnout, and compromised care quality; conversely, improved pay aligns with lower turnover and better care outcomes. Conclusions: The wage floor is a milestone and historical redress for nursing, but full effectiveness demands stable funding, enforcement, and complementary policies (30 hour workweek regulation, worker health programs, career ladders). Sustained collective mobilization and stronger institutions are key to consolidating gains and positioning nursing as a strategic political actor for quality and equity within Brazil's Unified Health System.

Descriptors: Nursing; Wage floor; Health workforce policy; Professional valorization; Judicialization; Social movement.

RESUMEN

Objetivo: Analizar críticamente los hitos históricos, políticos, legislativos y las movilizaciones sociales que culminaron en la Ley nº 14.434/2022, así como sus impasses y desafíos de implementación. Métodos: Revisión bibliográfica narrativa y cualitativa, con organización cronológica y temática de los hallazgos en cuatro ejes: (1) movilización político profesional; (2) evolución legislativa; (3) impactos socioprofesionales; y (4) avances y desafíos post sanción. Resultados: La trayectoria inicia con intentos legislativos desde 1947 y avanza con la regulación profesional a lo largo del siglo XX, sin garantía de piso. La pandemia de COVID 19 catalizó el protagonismo político de la categoría, culminando en el PL nº 2.564/2020 y en la promulgación de la Ley nº 14.434/2022. La judicialización subsecuente expuso tensiones entre argumentos económico-fiscales y derechos sociales, resultando en una aplicación asimétrica entre sectores y entidades federativas. Las evidencias señalan que la ausencia histórica de un salario mínimo ha favorecido múltiples vínculos, jornadas extensas, enfermedades y efectos negativos en la calidad asistencial; por otro lado, la valorización remuneratoria se asocia con la reducción de la rotatividade y la mejora de los resultados del cuidado. Conclusión: El salario mínimo constituye una reparación histórica y un marco de valorización del trabajo en salud, pero su efectividad requiere financiamiento estable, supervisión continua y políticas complementarias (regulación de la jornada de 30 horas, salud laboral, planes de carrera). La consolidación de este logro depende del mantenimiento de la movilización colectiva y del fortalecimiento institucional de las entidades representativas, reposicionando la Enfermería como sujeto político estratégico para la calidad y la equidad en el SUS.

Descritores: Enfermería; Salario mínimo; Política de recursos humanos en salud; Valorización profesional; Judicialización; Movimiento social.

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Introduction

Nursing, as a social and professional practice, emerges from a long historical path in which care was initially conceived as an expression of religious charity, aimed at the remission of sins and the salvation of the soul, especially in contexts in which illness was interpreted as divine punishment.¹ In the Christian West, this care was mostly under the responsibility of women linked to religious orders — the so-called "sisters of charity" —, which conditioned the activity to an inferior social status, associated with domestic, manual and servile work, with low pay and almost non-existent public recognition.² This cultural and gender matrix permeated the social perception of Nursing in a lasting way, reinforcing stigmas that accompanied it even after processes of educational and professional institutionalization.^{1 2}

The nineteenth century, however, marks a turning point with Florence Nightingale. Born in 1820, coming from a wealthy family, Nightingale broke class and gender conventions by dedicating herself to the care of the sick, projecting herself internationally from her performance in the Crimean War (1854), when she applied principles of hygiene, ventilation, environmental ordering, and the collection/use of statistical data to guide clinical decisions, drastically reducing hospital mortality.³ Her contribution is not limited to technique: Nightingale inaugurates a scientific paradigm for care, systematizes processes, founds the School of Nursing at Saint Thomas Hospital (1860) and establishes the epistemological bases for modern nursing, articulating care, management and epidemiological dimensions.^{3 2}

In Brazil, the institutionalization movement began at the end of the nineteenth century, with Decree No. 791/1890, which authorized the creation of the School of Nurses at the National Hospital for the Insane, in Rio de Janeiro, in a strongly medical-centered and selective training model, restricted to white women and linked to the hospital's operational needs and social control policies.⁴ The presence of Anna Justina Ferreira Nery in the professional imaginary — Bahian nurse who volunteered in the Paraguayan War — consolidated a national symbol of courage and care in a conflict scenario, challenging preponderant gender roles and becoming a symbolic reference for the identity of Brazilian Nursing.⁵

The beginning of the twentieth century witnessed the modernization of teaching with the arrival of American nurses Ethel Parsons and Clara Louise Kienninger, who, from 1921 onwards, introduced didactic-pedagogical and organizational methodologies in tune with the Nightingalean model, culminating in the creation, in 1922, of the School of Nurses of the National Department of Public Health (DNSP).⁶ In 1926, the Brazilian Nursing Association (ABEn) was founded — originally the National Association of Nurses Graduates — adds political, scientific and cultural capacity to the category, assuming a leading role in the defense of qualified training, professional valorization and the consolidation of the Unified Health System (SUS) decades later.⁷

The normative framework evolves gradually. Decree No. 20,109/1931 formalized teaching parameters, although without detailing professional attributions.⁸ It was only in 1955 that Law No. 2,604/1955 structured categories and competencies, a movement deepened by Decree No. 50,387/1961, which transferred supervision responsibilities to nurses.⁴ In 1973, Law No. 5,905/1973 created COFEN and CORENs, giving the profession a system of self-regulation essential to the quality and ethics of the practice.⁹ In 1986, Law No. 7,498/1986, regulated by Decree No. 94,406/1987, delimits the competencies of nurses, technicians and auxiliaries, consolidating the professional field, but without contemplating a national salary floor or maximum weekly working hours, gaps that reproduce historical vulnerabilities.¹⁰

The social relevance and capillarity of Nursing in the structure of Brazilian care are unquestionable. In May 2023, Brazil had 2,818,167 nursing professionals — 695,789 nurses (24.70%), 1,669,793 technicians (59.25%), 452,224 assistants (16.04%) and 361 midwives (0.01%) — distributed across all federative units and levels of care.¹¹ Despite representing about 70% of the health workforce, low pay, multiple jobs, overload and exposure to psychosocial risks persist.¹²⁻⁹ DIEESE estimates show that a significant portion received below the proposed floor: 54% of nurses (R\$ 4,750.00), 82% of technicians (R\$ 3,325.00) and 49% of assistants (R\$ 2,375.00), evidencing the insufficiency of historical salary protection.¹³

This situation has a direct impact on quality of care and patient safety, since chronic overload and exhaustion are associated with an increase in adverse events, errors, and incidents.¹⁴ The literature records the expansion of work in multiple contracts, prolonged working hours, and increased burnout, absenteeism, and presenteeism, with impacts on workers' health and clinical outcomes.¹⁵⁻¹⁶ At the same time, Studies on satisfaction and recognition indicate a positive correlation between appreciation, performance and quality of care.¹⁷

The Federal Constitution of 1988 ensures, in article 7, item V, the salary floor proportional to the extent and complexity of the work, but for decades Nursing did not see such a guarantee materialized.¹⁸ The first known initiative to institute a sectoral floor dates back to Bill No. 1,032/1947, by Azevedo, which denounced negligible remuneration and dependence on tips.¹⁹ The agenda, however, it only gains traction from 2020 onwards, in a pandemic context, with PL No. 2,564/2020,²⁰ approved with changes proposed by Amendment No. 11,²¹ and culminating in Law No. 14,434/2022, which establishes the national wage floor.²² The precautionary suspension in ADI No. 7222, alleging the absence of a source of funding,²³ triggered the approval of EC No. 124/2022 and, then, EC No. 127/2022 to enable complementary financial assistance from the Federal Government, followed by Law No. 14,581/2023 (special credit of BRL 7.3 billion) and Ordinance GM/MS No. 597/2023, which operationalizes transfer criteria.²²⁻⁴¹⁻⁴⁵ In May 2023, a decision by Justice Luís Roberto Barroso partially revokes the injunction, authorizing the application of the floor in the public sector and, for the private sector, with the possibility of collective bargaining, which generates internal debate in the STF and asymmetries in implementation.²⁴⁻²⁵

At the same time, the collective mobilization was decisive: from May 12, 2021 (1st National March) to the large demonstrations of 2022–2023, including the 4th March, with more than 10 thousand professionals in Brasília, articulating entities, students, and workers in defense of the effectiveness of the floor.²⁶⁻²⁷⁻²⁸ The contrast between the estimated fiscal impacts of the floor — approximately 2.02% of the sector's wage bill and 3.65% of the health budget in 2020²⁹⁻³³ — and decisions for other State careers, such as the 18% readjustment for STF ministers, approved at the end of 2022,³⁰ reveals distributive tensions and hierarchies of value within the Brazilian State.

In this context, analyzing historical, normative and social mobilization milestones around the nursing salary floor also means understanding the place of care in the political economy of health and the institutional mediations that modulate the valorization of work in a sector that is mostly female.¹²⁻¹⁻² This research, of a narrative and qualitative nature, seeks to critically recompose this trajectory, offering a dense record for the purposes of memory, education and political advocacy.³¹⁻³⁴

The social relevance of Brazilian nursing is widely documented: it is the largest health category, present at all levels of care and in all regions of the country, with 2.8 million registered professionals.¹¹ Even so, the profession lives with structural precariousness — evidenced by low wages, multiple contracts, long working hours and

labor protection deficits, which directly impacts workers' health and patient safety.^{15 16}

¹⁴ In light of article 7, V, of the Federal Constitution, the long absence of a national wage floor for the category configures normative dissonance and a deficit of distributive justice.¹⁸

On the informational and symbolic level, the floor agenda suffers from low qualified public coverage, noise, and narratives of fiscal unfeasibility that do not dialogue with technical estimates — such as those of DIEESE and the Chamber WG — that point to modest impacts on the aggregate of health spending.^{13 29} Such asymmetries of visibility and power reinforce a culture of historical devaluation of care activities, in general, feminized, often relegated to lower hierarchical positions in the social division of labor in health.^{1 2}

Thus, a historical, critical and documented reconstruction of the normative frameworks (Decrees, Laws, ECs, Ordinances), legislative projects (PL No. 1,032/1947; PL No. 2,564/2020), the judicial decisions (ADI No. 7222) and the collective mobilizations (marches 2021–2023) that configured the battle for the floor, culminating in Law No. 14,434/2022, EC No. 124/2022, Law No. 14,581/2023 and Ordinance GM/MS No. 597/2023.^{19 20 21 22 26 28 41 45 23 24} In addition to filling gaps in the institutional memory of the profession, this study offers inputs for training, advocacy, and policy management — both within the SUS and the private sector — favoring an informed and empirically anchored debate.^{7 31 33}

Finally, by integrating evidence on workforce, remuneration, working conditions and care outcomes, the research explains that valuing work in Nursing is not an isolated corporate agenda, but a component of quality of care and equity in health, with measurable repercussions on systemic efficiency and the protection of users and workers.^{14 12 16}

Objectives

General objective

To critically analyze the historical, political and legislative milestones of the struggle of Brazilian Nursing for the creation of a national wage floor, highlighting the collective mobilization of the category, the obstacles faced and the normative achievements achieved over more than 70 years.

Specific objectives

1. Identify the main legal and political milestones in the trajectory of the nursing salary floor, such as Laws No. 2,604/1955, No. 7,498/1986, No. 14,434/2022, among others.
2. Analyze the political, judicial and economic obstacles that hindered the approval and implementation of the floor.
3. Highlight the role of social movements, unions and students in national mobilizations, especially between 2021 and 2023.
4. Map the budgetary impacts of the implementation of the floor, countering arguments of unfeasibility.
5. Understand the floor as historical reparation and advance in the valorization of health work.
6. To produce a systematized scientific record that contributes to critical training and public policies aimed at professional valorization.

Results

The trajectory of Brazilian Nursing until the enactment of Law No. 14,434/2022, which establishes the minimum wage for the category, is marked by a long and complex social, political, and institutional struggle. It is a historical construction that involves from the origins of modern nursing and its arrival in Brazil, through professional regulation and the awakening of political and union awareness of the category, to the recent legal conquest, involved in legal clashes and implementation challenges. To understand this process, it is essential to analyze the structuring milestones that gave meaning and legitimacy to the demand for the wage floor, culminating in one of the largest mobilizations ever carried out by health workers in Brazil.

The origins of modern nursing and its consolidation in Brazil

Modern nursing had its initial milestone with Florence Nightingale, who during the Crimean War (1854–1856) introduced scientific methods in the care of the wounded, drastically reducing mortality.³ By founding the Saint Thomas School of Nursing in 1860, Nightingale transformed empirical care into a disciplined professional practice.^{3 35} In Brazil, the first institutionalization efforts took place at the end of the nineteenth century, with the creation of the School of Nurses of the National Hospital for the Insane.⁴

The figure of Anna Nery, a volunteer in the Paraguayan War, has become a symbol of the profession in the country. Her work inspired the creation of the Anna Nery School of Nursing, in 1923.⁵

Modern professional training was consolidated with the work of North American nurses from the Rockefeller Foundation, who introduced a technical-scientific curriculum along the lines of Nightingale.³⁶

Legal regulation and the search for professional autonomy

Brazilian Nursing obtained its first regulatory milestones with Decree No. 20,109/1931, which established the Standard School of Nursing.⁸ In 1955, Law No. 2,604 formalized professional practice, recognizing the categories of nurse, technician and auxiliary.⁴ However, it was with Law No. 5,905/1973, which created COFEN and CORENs, and especially with Law No. 7,498/1986 and Decree No. 94,406/1987, that the profession has acquired greater legal support.^{10 37}

These legislations, however, did not ensure rights such as a 30-hour workday and a minimum wage, perpetuating the precariousness of work in nursing.¹³ The absence of specific remuneration policies kept the category subordinated to medical decisions and away from management spaces.⁹

The awakening of political and union consciousness in nursing in the twenty-first century

The twenty-first century marks the politicization of Brazilian Nursing, driven by the precariousness of working conditions and the exclusion from legislative debates. Organized movements, such as the National Federation of Nurses (FNE) and the Brazilian Nursing Association (ABEn), began to articulate national mobilizations, public hearings, and marches in defense of the wage floor.^{38 7}

The COVID19 pandemic highlighted the leading role of Nursing on the front line, contributing to the strengthening of collective awareness and political engagement of the category.³⁹ The articulation in social networks and the presence in legislative spaces demonstrated an organizational and demanding maturity.⁴⁰

Bill No. 2,564/2020, the approval of Law No. 14,434/2022 and institutional impasses

Bill No. 2,564/2020, authored by Senator Fabiano Contarato, established the salary floor for nurses and other nursing categories.²⁰ Approved by the Senate and the Chamber of Deputies, it was sanctioned in August 2022 as Law No. 14,434.²² However, the STF's injunction, in ADI No. 7222, suspended its application alleging lack of a source of funding.²³

The response was immediate: Congress approved Constitutional Amendments No. 124 and 127, making it possible to finance the measure, and Law No. 14,581/2023 allocated R\$ 7.3 billion to the payment of the floor.^{22 41}

The judicialization of the nursing salary floor and the response of representative entities

The judicialization of the floor has exposed the institutional fragility of social achievements in Brazil. COFEN, FNE, and ABEn led protests and legal actions in response to the STF's injunction.^{42 43 7} With the sanction of EC No. 127 and the transfer of funds, Minister Barroso partially released the application of the law, conditioning the private sector to collective bargaining.²⁵

THE NURSING MARCHES AND THE PROTAGONISM OF THE CATEGORY IN THE STRUGGLE FOR LABOR RIGHTS

Between 2021 and 2023, four National Nursing Marches were held in Brasília, bringing together thousands of professionals in defense of the floor.^{26 – 28} The 4th March, in 2023, had more than 10 thousand participants in front of the STF.²⁷ These demonstrations symbolize the emergence of a new health unionism, which combines corporate agendas with the defense of the SUS and social rights.^{14 40} The use of social networks was decisive for national mobilization and identity construction collective.⁴⁴

The impact of the wage floor on the valorization of work and the quality of health care

The institution of the minimum wage promotes greater professional appreciation, reduction of turnover, improvement in the quality of care and dignity at work.^{12 16} The establishment of minimum values corrected historical distortions and

allowed greater stability to nursing workers.¹³ On the symbolic level, the measure also broke with the logic of invisibility of care, conferring institutional legitimacy to the profession.¹

The judicialization of wage policy and the clashes in the federal supreme court

The injunction that suspended Law No. 14,434/2022 evidenced the selectivity of the Judiciary in the face of social agendas.⁵³ Despite the allegations of unfeasibility, Congress demonstrated that the measure was financeable with federal resources and constitutional compensations.²² Justice Edson Fachin's dissenting vote reiterated the constitutional right to a living wage, reinforcing the understanding that social rights must prevail over economic arguments of occasion.⁵⁴

The regulation and challenges of the effective implementation of the wage floor in states and municipalities

The application of the floor faces obstacles such as budget disparity between municipalities and the absence of uniform criteria for the transfer of resources.^{46 47} In many places, complementary laws need to be approved to adapt career plans to the new values.⁴⁸

In the private sector, collective bargaining generated regional inequalities, diluting part of the expected gains.⁴⁹ the absence of effective supervision and the limitation of professional councils also compromised the universalization of the measure.⁵⁰

The repercussion of the achievement of the minimum wage on the identity and future of Brazilian nursing

The approval of the minimum wage strengthened the collective identity of Nursing, raising its self-esteem, social projection and insertion in decision-making spaces.^{28 14} the visibility achieved stimulated the entry of new professionals and repositioned the profession in the debate on public health policies.⁴⁵

Despite this, the consolidation of this achievement requires political vigilance, regulation of the 30-hour workday, better working conditions and continuous appreciation.⁴⁷ Nursing becomes a protagonist not only in care, but in social transformation.

Results

The present research, based on a narrative and qualitative literature review, allowed us to systematize the historical milestones of the Brazilian Nursing struggle for the national wage floor, from the first legislative records to the recent approval of Law No. 14,434/2022. The analysis was carried out through thematic and chronological categorization, grouping the data into four major axes: (1) political-professional mobilization, (2) legislative evolution, (3) socio-professional impacts, and (4) advances and challenges after the sanction of the law. The data obtained demonstrate an extensive struggle, which began in 1947, marked by historical exclusions, institutional resistance and the growing strengthening of the political identity of the category.

Political-professional mobilization of nursing

Historically, Brazilian nursing has been on the margins of political decisions and labor negotiation tables, largely due to the profession's symbolic association with feminine, religious, and charitable care.¹ This contributed to the category's delay in organizing itself politically. However, from the 1980s onwards, with the redemocratization of Brazil, there was a growing articulation of representative entities, such as the Brazilian Nursing Association (ABEn), the Nursing Councils (COFEN and CORENs) and local unions, which began to compete for space in public policy decision-making forums.^{10 7}

The mobilization around the wage floor gained strength during and after the COVID19 pandemic, when the exposure of professionals to risk and job insecurity was widely publicized by the media and recognized by public opinion.³⁹ The leading role assumed by leaders of the category in street demonstrations, public hearings, and social networks elevated the debate to the national public sphere, as evidenced by the National Nursing Marches in Brasília, with emphasis on the 4th March in 2022, which brought together more than 10 thousand professionals in front of the Federal Supreme Court.^{28 27}

Legislative evolution: from silence to legal recognition

The legislative trajectory of the wage floor is marked by multiple frustrated attempts and long institutional slowness. The first project for this purpose, PL No. 1,032/1947, authored by Deputy Azevedo, was shelved without a vote, revealing the lack of interest of the legislature at the time in valuing Nursing.¹⁹ The legislation that followed, such as Law No. 2,604/1955 and Law No. 7,498/1986, despite establishing parameters for professional practice, did not provide for minimum remuneration amounts, perpetuating the absence of a decent floor.^{4 10}

The legislative shift occurred with Bill No. 2,564/2020, presented by Senator Fabiano Contarato, in response to the health crisis of the pandemic.²⁰ The original proposal provided for a floor of R\$ 7,315.00 for nurses, proportional to technicians and assistants. However, after pressure from private entities and public administrations, Amendment No. 11 by Senator Eliziane Gama was approved, reducing the amounts to R\$ 4,750.00, R\$ 3,325.00 and R\$ 2,375.00, respectively.²¹

The process was marked by strong institutional tension. The sanction of Law No. 14,434/2022 was immediately challenged by employers, who claimed the absence of a source of funding, culminating in the suspension by an injunction by Justice Luís Roberto Barroso in Direct Action of Unconstitutionality (ADI) No. 7222.³ The partial reversal of the injunction only occurred with the approval of Constitutional Amendment No. 127/2022 and Law No. 14,581/2023, which allocated R\$ 7.3 billion for its implementation.^{22 41}

4.3 SOCIO-PROFESSIONAL IMPACTS OF THE HISTORICAL ABSENCE OF THE FLOOR

For decades, the absence of a legal salary floor allowed nursing professionals to be subjected to degrading working conditions, with salaries incompatible with the complexity and responsibility of the function. According to data from the Inter-Union Department of Statistics and Socioeconomic Studies (DIEESE, 2022), by 2021: 54% of nurses received less than R\$ 4,750.00; 82% of the nursing

technicians earned less than R\$ 3,325.00; 49% of the assistants were below R\$ 2,375.00.¹³ These conditions forced multiple shifts, early illness, evasion of the profession, and high rates of Burnout Syndrome and presenteeism.^{15 14} In 2023, Brazilian Nursing had more than 2.8 million registered professionals, being the largest workforce in the health system — and, paradoxically, one of the least financially valued.¹¹

Advances and challenges after the approval of Law No. 14,434/2022

The enactment of Law No. 14,434/2022 represented a historic achievement, but its implementation still faces obstacles. The STF's preliminary decision was only partially revoked, authorizing the implementation of the floor only in the public sector and conditioning its application in the private sector to collective bargaining.^{24 25} Such determination generated divergent interpretations, as evidenced in the vote of Justice Edson Fachin, who argued for the full constitutionality of the law and the need for its immediate execution, without distinction of employment regime.⁵⁴

In addition, the 30-hour workweek, a historical demand of the category, was removed from the final wording of PL No. 2,564/2020, remaining pending since the filing of PL No. 2,295/2000.⁵⁵ The maintenance of long working hours, even with the approved floor, compromises the quality of life of professionals and puts them at constant risk. The entities representing Nursing continue to monitor the implementation of the law and mobilize the category for its full implementation. COFEN has even launched information campaigns and reporting channels to verify compliance with the rule, reinforcing the need for active inspection and permanent social surveillance.⁵⁰

Discussion

The analysis of the data obtained through the literature review allowed us to show that the struggle of Nursing for the minimum wage in Brazil is not only a recent claim, but the result of a historical process of political, social and professional construction. The approval of Law No. 14,434/2022 represented a watershed, but its content and context of implementation reveal deep contradictions in the system of valuing health professions. This discussion is organized into five main axes: (1) historical inequality and gender relations, (2) emergence of the political protagonism of Nursing, (3) tensions between economic discourse and social rights, (4) normative advances and their practical challenges, and (5) the new role of Nursing as an agent of social transformation.

Historical inequality and gender relations

Nursing is a profession historically crossed by unequal power relations, built under the logic of gender. Since its origins, the activity of care has been associated with the female role in society, linked to domestic, religious and philanthropic practices, which has contributed to its symbolic and economic devaluation.¹ The image of the nurse as an extension of the maternal figure and voluntary care has reinforced stigmas that have delayed her professionalization and institutional recognition.²

Even after the advances promoted by Florence Nightingale, who established scientific and ethical bases for the profession in the nineteenth century,³ Nursing continued to face barriers to its full autonomy, especially in spaces occupied mostly by men, such as the spheres of management and formulation of public health policies.⁵¹ This scenario reinforces the thesis that the low value attributed to nursing work is not only due to economic factors, but also of a historical structure that subordinates feminized activities to social marginality and job insecurity.

Emergence of nursing's political protagonism

The struggle for the minimum wage revealed a new political role for Nursing in Brazil. The COVID19 pandemic worked as a catalyst for this process, by making visible the centrality of the work of frontline professionals and, simultaneously, exposing the precarious conditions to which they were subjected.³⁹ The mobilization around Bill No. 2,564/2020 and the holding of large national marches — such as the one on May 12, 2022, which brought together more than 10 thousand professionals in front of the STF — show the maturation of a collective and politicized consciousness, especially among the younger segments of the category.²⁸

This new political-professional behavior can be understood in the light of the concept of awareness proposed by Paulo Freire, in which the subject, by perceiving himself as a historical agent of his own reality, breaks with passivity and assumes an active role in the transformation of social structures.⁵² Nursing, in this context, ceases to be only an object of public policies and becomes a political subject, articulating strategies of resistance, institutional dialogue and social pressure.

Tensions between economic discourse and social rights

One of the main obstacles to the implementation of the wage floor was the narrative that its implementation would compromise the financial sustainability of the health system. This argument, presented by employers and government sectors, was based on the estimated budget impact of R\$ 16.3 billion per year,²⁹ which would represent approximately 2.7% of the Gross Domestic Product (GDP) of health. Although expressive, this amount contrasts with salary increases granted to other categories, such as the ministers of the Federal Supreme Court, whose adjustments were approved in 2022.³⁰

This disparity shows selectivity in the application of constitutional principles. While article 7, item V, of the Federal Constitution ensures the right to a minimum wage proportional to the extent and complexity of the work,¹⁸ the Judiciary and the Executive used budgetary legality to postpone its execution, even after the approval of Law No. 14,581/2023, which allocated R\$ 7.3 billion to implementation.⁴¹ This reveals a logic of public management that prioritizes economic interests to the detriment of fundamental rights, reinforcing structural inequalities.

Regulatory advances and implementation challenges

The achievement of the minimum wage represents a milestone in the legal appreciation of Nursing, but its full implementation still faces relevant obstacles. The preliminary decision of the Supreme Court that temporarily suspended the application of Law No. 14,434/2022, on the grounds of lack of a source of funding, was later only partially revised, conditioning its application in the private sector to collective

bargaining.^{25 24} Such a measure opens the door to regional and institutional asymmetries, which may perpetuate inequalities between professionals linked to different types of employers.

Another critical point refers to the 30-hour workweek, historically claimed by the category, but removed from the final text of PL No. 2,564/2020.⁵⁵ Such suppression weakens the effectiveness of the wage floor, as it keeps professionals subjected to long hours, without due financial compensation and with a high risk of occupational illness.¹⁵

¹⁶ The absence of regulation of the workload compromises the coherence of the policy of valuing Nursing and limits the positive effects of the new legislation.

Nursing as an agent of social transformation

The struggle for the wage floor transcends the financial dimension and is configured as a struggle for social recognition and historical justice. Nursing began to occupy a new place in the Brazilian political scenario, demonstrating the capacity for mobilization, institutional articulation and construction of collective agendas. As stated by Boeck et al., valuing Nursing impacts not only professionals in the area, but also the health indicators of the population, since better working conditions directly reflect on the quality of care and patient safety.¹⁴

The achievement of the minimum wage should, therefore, be understood as a turning point in the historical trajectory of the category: from invisibility to centrality; from passivity to collective action; from silence to the political word. Brazilian Nursing, by claiming its rights, reaffirms its strategic importance in strengthening the SUS and building a fairer, more equitable and humanized health model.

Final considerations

The historical trajectory of Brazilian Nursing is marked by resistance, subordination and, above all, the struggle for professional recognition. This study, by rescuing the historical milestones of the construction of the category's wage floor, shows that such achievement is not the result of isolated institutional concessions, but rather of decades of mobilizations, confrontations and collective organization in the face of a system that, historically, has made Nursing invisible as an essential category to the country's health structure.

The critical analysis of the literature demonstrated that the absence of a specific salary policy for Nursing for more than seven decades was not accidental, but a consequence of a social project that relegated care work to a secondary position, especially due to its link with the female gender, with religious practices and with the morality of abnegation.^{1 2} Even after the institutionalization of the profession, with milestones such as Laws No. 2,604/1955, No. 5,905/1973 and No. 7,498/1986, the economic and political valorization of the category remained neglected, revealing the limitations of the legislation in the face of hegemonic interests in the organization of health work.^{10 9}

The COVID19 pandemic, by placing Nursing at the center of health actions, laid bare not only the irreplaceable importance of these professionals, but also the contradiction between the discourse of heroism and the precarious working conditions to which they were subjected.³⁹ In this context, the approval of Law No. 14,434/2022 represented a historic milestone not only for establishing minimum remuneration values, but because it symbolizes the rupture with a historical pattern of naturalized exploitation of nursing work. However, the political and economic resistance to its

implementation, including on the part of the Federal Supreme Court,²³ shows that the struggle does not end with the enactment of the law, requiring permanent vigilance of the category, its representative entities and civil society.

The considerations of this study also indicate that the debate around the minimum wage should be understood within a broader scope of professional valorization, which includes the regulation of the 30-hour workweek, mental health policies for health workers, career plans and dignified structural conditions for the exercise of care. As Larré, Abud and Inagaki warn, the overload of work without proper compensation leads to physical and mental illness of the workforce, compromising the quality of care and generating costs that are invisible to the health system.^{15 16}

The achievement of the minimum wage is not, therefore, an end point. It inaugurates a new historical moment for Brazilian Nursing, marked by the affirmation of the category as a collective political subject, endowed with voice, strength and legitimacy. The active participation in legislative instances, the organization of marches, protests and legal actions, in addition to the articulation with other civil society entities, demonstrate that Nursing broke with the historical passivity that characterized it and assumed a leading role in the construction of public health policies.^{28 14}

The future of Nursing will depend, to a large extent, on its ability to keep alive the mobilization that guaranteed the minimum wage. The training of new leaders, the politicization of academic curricula, the strengthening of unions and the appreciation of the historical memory of the profession are fundamental strategies to ensure the continuity of the achievements obtained. In this sense, this study also presents itself as a pedagogical and political instrument, intended to subsidize debates, form critical consciences and inspire new generations of professionals committed to the struggle for justice, equity and dignity at work.

It is concluded that Brazilian Nursing, by conquering the minimum wage, has definitively inscribed itself as a central pillar in the defense of the right to health and the dignity of work in Brazil. May this achievement serve as a basis for many others that are yet to come — because those who care also need to be cared for, valued and respected.

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