Referência
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RESEARCH ARTICLE (ORIGINAL)

From subjacency to the lack of involvement of the nursing process in the construction of nurses' professional identity

Da subjacência à não implicação do processo de enfermagem na construção da identidade profissional dos enfermeiros

De lo subyacente a la no implicación del proceso de enfermería en la construcción de la identidad profesional de los enfermeros

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Abstract

Background: The nursing process (NP) is a care planning tool based on scientific knowledge, which also constitutes an opportunity for nurses to build their professional identity.

Objective: To identify the reasons why the NP is not used to build nurses' professional identity.

Methodology: This is a qualitative study conducted with ten nurses working in a neonatal intensive care unit of a public hospital from the interior of Bahia, Brazil. Semi-structured interviews were used for data collection. The data analysis was performed using the hermeneutic-dialectic approach, based on Claude Dubar's theoretical-philosophical framework, and with the support of Nvivo 11 software.

Results: Three categories emerged: a technicist instrumental understanding, between subjacency and lack of understanding, and the search for identity and its lack of understanding.

Conclusion: The lack of involvement of the NP in the construction of these nurses' professional identity results from the routine, automatic, and non-reflective use of this tool in the work environment due to the lack of understanding the profession's identity process.

Keywords: nursing process; social identification; nurses

Resumo

Enquadramento: O processo de enfermagem é um instrumento de trabalho fundamentado em conhecimentos científicos para planeamento dos cuidados e oportunidade de construção da identidade profissional dos enfermeiros.

Objetivo: Identificar os motivos da não implicação do processo de enfermagem na construção da identidade profissional dos enfermeiros.

Metodologia: Trata-se de um estudo de natureza qualitativa, realizado com 10 enfermeiros que trabalham numa unidade de terapia intensiva neonatal de um hospital público do interior da Bahia, Brasil. A entrevista semiestruturada foi utilizada como técnica de colheita de dados. Para a análise de dados foi utilizada a hermenêutica-dialética, alicerçada no referencial teórico-filosófico de Claude Dubar, com apoio do *software* Nvivo 11.

Resultados: Emergiram três categorias: Uma compreensão instrumental tecnicista; Entre a subjacência e a incompreensão; e A procura da identidade e a sua incompreensão.

Conclusão: A não implicação do processo de enfermagem na construção da identidade profissional desses enfermeiros acontece devido à incorporação mecanizada, rotinizada e não reflexiva do processo de enfermagem no ambiente de trabalho, traduzidas pela incompreensão do processo identitário da profissão.

Palavras-chave: processo de enfermagem; identificação social; enfermeiros e enfermeiras

Resumen

Marco contextual: El proceso de enfermería es una herramienta de trabajo basada en el conocimiento científico para planificar los cuidados y una oportunidad para construir la identidad profesional de los enfermeros.

Objetivo: Identificar los motivos de la no implicación del proceso de enfermería en la construcción de la identidad profesional de los enfermeros.

Metodología: Se trata de un estudio cualitativo, realizado con 10 enfermeros que trabajan en una unidad de cuidados intensivos neonatales de un hospital público del interior de Bahía, Brasil. Se utilizó la entrevista semiestructurada como técnica de recogida de datos. Para el análisis de los datos se utilizó la hermenéutica-dialéctica, basada en el marco teórico-filosófico de Claude Dubar, con el apoyo del *software* Nvivo 11.

Resultados: Surgieron tres categorías. Una comprensión instrumental tecnicista; Entre lo subyacente y la incomprensión, y La búsqueda de la identidad y su incomprensión.

Conclusión: La no implicación del proceso de enfermería en la construcción de la identidad profesional de estos enfermeros se produce por la incorporación mecanizada, rutinaria y no reflexiva del proceso de enfermería en el ámbito laboral, traducido por la falta de comprensión del proceso de identidad de la profesión.

Palabras clave: proceso de enfermería; identificación social; enfermeros y enfermeras
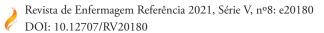
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Introduction

Nurses' professional identity has been built during the profession's historical transformations and based on the socio-economic, political, and cultural contexts that characterize nursing as a science. It is a process of ongoing social construction involving the nurses' self-recognition of skills, incorporation into the work environment, expectations, and individual and collective experiences.

Progress and setbacks have characterized the trajectory structuring nurses' professional identity. The nursing process (NP) constitutes an example of progress. By implementing this care planning tool and supported by its theoretical frameworks, nurses have strengthened and contributed to their professional practice.

The NP is defined as a methodological tool that guides professional nursing care and records (Resolution 358/2009 of the Federal Nursing Council - *Conselho Federal de Enfermagem*, COFEN). However, in the day--to-day operations of nursing services, nursing teams frequently understand the NP as a bureaucratic activity and work overload, which is only implemented to follow the services' procedures. This perception results in the nursing teams' lack of valorization of the NP.

Studies that foster the discussion of nurses' professional identity in different work environments encourage reflection, support the understanding of professional practice, and show that professionals who perceive their identity are more confident in transforming their practices (Nocerino et al., 2020).

Thus, to fill the existing gaps in knowledge and produce new knowledge capable of bringing about changes in professional activities, the present study aimed to identify the reasons for the lack of involvement of the NP in the construction of nurses' professional identity.

Background

According to Claude Dubar's sociological perspective (2005), the construction of professional identity is influenced by biographical and relational processes. The first refers to the gradual construction of social and professional identities based on the categories provided by institutions such as family, school, labor market, and company. The relational identity process refers to the identification within a legitimated environment of the identities associated with the knowledge, skills, and self-portraits individuals show and declare in the institutions.

It is the interaction between these processes that, within a mutable perspective, builds professional identities. Thus, to reflect on the construction of nurses' professional identity is to recognize these professionals' entire historical context and socio-economic, political, and cultural aspects since the professionalization of nursing. Furthermore, Figueiredo and Peres (2019) state that to understand the nuances of nursing evolution, it is necessary to rescue its history. Thus, how a specific professional group presents itself and collectively recognizes

itself is not conditioned by possible definitions. On the contrary, it consists of a complex process involving past and present, intrinsic and extrinsic points of view, and the group's desires and dissatisfaction regarding social relationships (Queirós, 2015).

Therefore, the social relationships established at work support Dubar's thesis (2012), in which the author states that work can provide a structural axis for skill development, experience sharing, and future knowledge production through the performance of one's job. Similarly, Motta and Freitas (2016) describe the NP as a structuring axis of nurses' work because it directly interferes with the quality of care and professional practice, delivers and organizes care systematically, which enables social recognition, delimits the intervention area, which assists in maintaining the profession's legal accomplishments, and strengthens nurses' professional identity by solidifying it.

Therefore, the NP consists of a management tool with a key role in the decision-making processes of the nursing team's work organization (Pimenta & Souza, 2017).

Each nursing team member should understand every step of the NP and effectively participate in its construction, providing it with scientific rationale and demonstrating the specificity of the profession's knowledge and know-how (Gutiérrez & Morais, 2017). Thus, the NP contributes to the valorization of nurses' work and, consequently, the construction of their identity.

Research Question

Why is the NP not involved in constructing nurses' professional identity?

Methodology

This is a qualitative research study aimed at deepening and understanding the latent contents regarding the lack of involvement of the NP in constructing nurses' professional identity. The Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines were followed to ensure the quality and rigor of the qualitative research.

The study was conducted in a neonatal intensive care unit (NICU) of a public hospital from the city of Vitória da Conquista, in the interior of Bahia, Brazil. This unit was chosen because it is dedicated to critical patients who demand complex and specialized neonatal intensive nursing care and because it implements the NP.

The study participants were NICU nurses who showed interest in voluntarily participating in the study. The inclusion criteria included not being on vacation, leave of absence, or medical leave, working as a care provider, and working in the unit for at least three months. Semi-structured interviews were used for data collection, which was conducted between June and August 2019. The interviews were recorded using a smartphone application and had a mean duration of 19 minutes. Response saturation was

used as the parameter to discontinue data collection, and it was achieved after 10 nurses were interviewed. Study participants were identified with the letter "I" followed by a sequence number to ensure confidentiality. The interviews were validated after study participants evaluated and confirmed their transcriptions.

Data analysis was carried out in three steps: data sorting, data classification, and final data analysis. Following the dialectical-hermeneutic approach, the NVivo 11 software was used to sort and classify the data, which helped identify the units of analysis and stratify the participants' statements quickly and efficiently. The hermeneutic analysis explored the convergences, divergences, complementarities, and differences in the participants' statements. The results were found in the convergences and complementarities.

All ethical aspects in Resolutions 466/2012 and 510/2016 of the National Health Council (CNS) were respected. The Ethics Committee approved the Research Project under Opinion No. 3187006 and CAEE 06501319900008089.

Results

Regarding the study participants' sociodemographic characterization, there were nine women and one man, with their ages ranging from 32 to 60 years and their training time varying between 6 and 28 years. Most nurses had postgraduate degrees, five in NICU, and nine were from private institutions.

Concerning the study participants' employment relationships, eight of the ten nurses had more than one job. They had exhausting work schedules, and eight of them worked more than 60 hours a week. The work time at the NICU ranged from 7 months to 16 years.

Analyzing the participants' interviews, it was clear that, for several reasons, the implementation of the NP in their professional practice had no impact on the construction of these nurses' professional identity. An analysis table (Table 1) was drawn based on Dubar's theoretical-philosophical framework, and the possibilities identified by the *NVivo 11* software.

Table 1

Analysis categories

Analysis categories:	I1	... I10	Horizontal Synthesis
A technicist instrumental understanding			
Between subjacency and lack of understanding			
The search for identity and its lack of understanding			
Vertical Synthesis			

*Adapted from (Almeida, 2017).

The first category (Table 2) presents how nurses individually understand the NP in their professional practices, with the predominance of a strictly technicist view, as observed in the convergence of the interview excerpts. The activities that nurses carry out in the unit are also described as complementary elements.

Table 2

A technicist instrumental understanding

Corpus	Dialectical hermeneutics synthesis
"Are you talking about SNC? . . . It's an instrument that helps us, right? . however, we often fail to put it into practice the way it actually needs to be, right? (I01).	Instrument
"for you to understand the clinical condition, to know which is the appropriate treatment for that patient" (I05).	
"It guides us in the assistance that we should provide." (I07).	Method
"it is a method/tool . . . physical examination, data collecting, the patient's history, the care prescribed and delivered" (I09).	
"these are the steps we use to assist the patient" (E10).	
"by caring, observing, dealing with babies, with parents" (I02).	
"you start the shift, review the pending issues . . . you assess all patients" (I03).	
"you continue the work, always assessing and prioritizing patients that need the most" (I05).	Performance of activities
"you arrive at the unit and assess . . . as the shift progresses, things come up and we do them." (I06).	
"you have to keep communicating with your team, you know? . . . so many things that end up being done all together" (I08).	

Different and ambiguous conceptions and subjective manifestations regarding the NP were observed in the second category (Table 3). The concepts emerged based on nurses' individual and professional experiences associated with the social relationships established within the work environment.

Table 3

Between subjacency and lack of understanding

Corpus	Dialectical hermeneutics synthesis
"so the nursing process is like a little plant that you care for and it opens up and grows...so it is a construction" (I02).	Subjectivity
"The healthcare process is the one that is most closely involved with the patient, isn't it. So it is one of the most important roles that there are" (I08).	
"it is complicated to know how it will interfere, or form the nurse's personality . . . maybe I need to think a bit more . . . and I can't tell you (I01).	
"This would improve the quality of nursing care, based on the specific care that patients need" (I03).	Lack of understanding
"I think that the NP is related to nurses' performance . . . how nurses plan their work and put it into practice . . . I remember that when we installed prescriptions here, a doctor told me: nursing prescription and what do you prescribe?" (I04).	
"I think the process is just one . . . for those who learned it right" (I05).	
"It depends on affinities. Affinity for the sector, affinity towards the people you work with" (I06).	

Considering the participants' interviews, it was clear how the lack of understanding about the NP and professional identity interfered with establishing the connection between both and compromised the nurses' professional identification process.

The third category (Table 4) presents different statements, which converge in how they relate professional identity with job performance and following the routines.

Table 4

The search for identity and its lack of understanding

Corpus	Dialectical hermeneutics synthesis
"Caring, assessing, organizing the sector, the team, the team's work, guiding the team, overseeing if routine activities are being carried out" (I02).	**Following the routines**
"My identity? Some delegations are made, some situations that I have to face, some tasks . . . to have a broader look right" (I03).	
"I think that we should be more respected, stand up for ourselves more... show what our work really is. . people see nurses too much as housewives" (I01).	**Submission**
"I think they don't recognize themselves as professionals, they are always submitted to others ... a link between all the professions . . . And although we depend on doctors . . . we don't take a stand . . . most of the time we bow our heads . . . I think this is something that will take a long time to be achieved" (I04).	**Invisibility**
"For me, the nurse's professional identity is mine, my performance of my work . . . there is also the 'me' side, which I want to be respected . . . because nursing is about love and not money." (I02).	
"This part of the identity wasn't really clear to me" (I03).	**Lack of understanding**
"The nurse's professional identity? In what sense?" (I08).	
"This is a little discussed theme, but one that demands a lot of knowledge . . . we must first discover our professional identity" (I09).	**Search for professional identity**
"I don't understand the question. Identity? . . . everyone has their own way of acting, everyone in the team does it in their own way" (I10).	

Despite the evolution of nursing as a science, statements that support romanticized views of the profession still appear in the participants' statements. The way nurses perceive their profession can generate divergences in ideas and perceptions about themselves and their peers. These conflicts mark nurses' search for identity and highlight the need for an extended discussion about the permanent construction of professional identification.

Discussion

The first category refers to the technicist instrumental understanding observed in multiple statements. Some participants understand the NP as a means of organizing and directing care and confuse it with the systematization of nursing care (SNC). This is a common occurrence in everyday work life and happens because the terms have been used synonymously for many years in the nursing profession's legal regulations (Resolution 358/2009 of the COFEN, 2009).

One of the study participants states that implementing the NP as recommended is difficult. In this statement, it is implicit that, although the NP is considered a valuable tool, there are obstacles such as work overload, insufficient staffing levels, and the nursing teams' lack of valorization of the NP that prevents it from being properly implemented. The interviewees' understanding of the NP is mostly technical, circumscribing it to the role of guiding the nursing team's activities. This valorization of the more technical side of nursing activities makes practices mechanic and tedious, compromising the NP and the nurses' professional identity. The latter should be based on the social interactions established as part of their healthcare, educational, scientific, social, and political interventions (Padilha et al., 2011).

Thus, limiting the NP to its technical and care-related applications leads to its lack of involvement in constructing nurses' professional identity. The NP needs to be considered in its technical, scientific, political, and cultural dimensions, expanding nurses' view of its possibilities within professional practice.

The second category, between subjacency and lack of understanding, gathers the hidden and insipient opinions on the theme. The study participants revealed different and abstract ways of understanding the NP. Their statements demonstrated the subjectivity of the concept of NP for nurses and showed what they considered relevant

and what they expected from this process in their professional activities.

On the other hand, the participants described the qualified delivery of care to patients as a guiding axis of nursing. In this sense, Merhy and Feuerwerker (2016) also highlighted comprehensive patient-centered care delivery as a huge challenge for health managers and professionals committed to care delivery within health organizations and services.

An important statement expressed doubts about the NP and demonstrated the participant's interpretation of the process. It also revealed how the participant understood the profession, mentioning the submission of nurses to physicians. Lage and Alves (2016) observed that the lack of recognition of nurses' work occurs in general society and within the healthcare team, which comprehensively impacts nurses' construction of their professional identity and compromises their social relationships.

The NP should be guided by a theory aligned with the institution's principles and then incorporated into the entire nursing team's practices. Once consolidated, the NP should be integrated into the healthcare process so that the other members of the multiprofessional healthcare team understand it as a more comprehensive scientific method of nursing knowledge/know-how. Moreover, Figueiredo and Peres (2019) describe that individuals need to have their professional knowledge recognized by the other members in their practice. Thus, even if their peers recognize it, other health professionals' valorization of nursing practice is vital for nurses.

The second category allowed identifying the weaknesses in nurses' understanding of the NP and professional identity based on the different contexts that bring together the elements of their identity processes, such as biography, education, social and professional relationships, work environments, among others.

Therefore, despite working in the same sector, each nurse presents a unique understanding of the NP and professional identity, implementing and considering them differently. Corroborating Dubar's (2005) concept, identity is an ongoing construction, deconstruction, and reconstruction process.

The third category, the search for identity and its lack of understanding, reveals the hidden ideas about the ongoing process of constructing nurses' professional identity.

In their statements, the study participants transmitted the idea that professional identity focuses on nurses' interventions in their work environment. Campos and Oguisso (2008) consider that this lack of clarity regarding professional identity originates from the fact that much of what nurses do is estranged from what they are. Thus, it is essential to establish the profession's specificities and present nurses for what they are and not for what they do. Although they are daily identified by the activities they perform and not by what they represent, nurses need to understand that their professional identity is a social construction that transcends the technical aspects of care delivery.

The statement in which the term "housewives" appears is related to the gender stereotype that has been present since the institutionalization of the nursing profession. Another key point to be highlighted is the distinction between nurses' professional identity and the profession's identity (nursing).

These terms are usually mistaken as synonyms. According to Porto (2004), professional identity is always a construction of a person or group. It is embedded in and connected with the profession's identity, as nursing includes elements that go beyond the domain of professional identity. Thus, there is a dialogical relationship between nursing identity and nurses' professional identity in such a way that both influence each other mutually (Teodosio et al., 2020).

The statement "I think they don't recognize themselves as professionals, they are always submitted to others" addresses the relationships of submission established between professionals in the work environment. Nurses' relationships of submission result from the profession's genesis and are linked with physicians' ascendancy.

Melo et al. (2016) state that the biomedical care model reduces nurses' technical autonomy due to its influence on the organization of the healthcare process. In this sense, Almeida (2017) also states that professionals who do not understand their practice or work object are more likely to become submissive professionals.

Therefore, it is necessary to break these submission practices within the services by empowering nurses in their social construction as professionals, respecting their singularities, and providing visibility to their work.

The study participants' lack of understanding about professional identity, expressed in their statements, suggests the need to expand the discussion on the theme.

The statement "we must first discover our professional identity" triggers the reflection on discovery and temporality. Furthermore, Dubar (2005) observes that professional particularities are not transmitted from one generation to the next unless the workers involved materialize them. Professional identity is defined as self-recognition and a process of professional affirmation. Collière (1999) describes nurses' search for identity as influenced by the different socio-economic currents on nursing practice, which modify their role and expectations. Thus, nurses' representation is transformed and diversified, becoming more complex while the stability of their role is weakened.

The present study has limitations because it depicts a reality perceived and experienced in the specific context of a single professional category. Nevertheless, this research demonstrates its relevance considering the scarce scientific literature establishing the connection between the NP and the construction of nurses' professional identity. Furthermore, the present study points to the need to expand the research on this theme and promote the NP as a tool to consolidate nurses' identity processes and empowerment in different areas of work.

Conclusion

This study has achieved its objective of identifying the reasons for the lack of involvement of the NP in the

construction of nurses' professional identity. Moreover, it has expanded the significance attributed to the NP, bringing about the discussion and reflection on the bonds established between it and nurses' professional identity. This study found that the lack of involvement of the NP in the construction of nurses' professional identity results from nurses' routine, automatic and non-reflective use of the NP at the NICU, which expresses the need to expand the discussion on the NP, SNC, and professional identity for nurses and other nursing professionals. The NP will only be effectively implemented in the services when the institutions' management regard it as a priority, and all nursing professionals consider it as an important tool.

The study pointed out two important determinants that influence this context: the centrality of the biomedical model, which negatively impacts nurses' process of identity construction and the social relationships of the healthcare process; and nurses' need to understand their professional identity as a social construction that transcends the technical aspects of care delivery.

Implementing the NP in professional practice is still a challenge for Brazilian nursing. The nurses who participated in the study revealed a lower critical understanding of the NP as a care method for work routines at the NICU. Moreover, they failed to realize its political, social, cultural, and economic dimensions regarding the profession's visibility.

This study demonstrates that all nursing team members should reflect on and implement the NP. An intervention project was developed as a result of this research to restructure the NP at the NICU. This project aimed to construct nurses' professional identity through educational interventions and the nursing team's involvement so that everyone can identify and feel co-responsible for promoting the NP as a tool for professional empowerment and recognition.

Author Contributions

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Writing – review & editing: Alves, L. M.
Redação - análise e edição: Servo, M. L., Almeida, D. B.

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