

Training and professional identity: encouragement to investigate the history of nursing

Understanding the historical building process of a professional activity, such as nursing, is an essential element in the affirmation of its identity. The specific purpose of this text is to draw attention to this fact and offer some conceptual incentives to broaden the work in the history of nursing. So, what categories should we use and develop to study the process of building the professional identity of nursing? Let's start with the principle that the concept of professional identity is a plural concept that includes individuals, educational institutions, work contexts, sociopolitical dynamics, gender issues, religious and state influences, internal and external pressures, and conflicts that require choosing and defining identity strategies that enable the group's affirmation, with advances and setbacks, and the building of a professional jurisdiction.

Studying professional groups, such as nursing, requires resources for building an analysis model that is able to systematically illustrate some of the aspects that contribute to its construction and, in so doing, find in the profession's past an anchor to highlight the identity of the individuals who are part of the nursing profession and develop it in the present. We consider that "the understanding of an identity-building process can only be interpreted, broadly, if attention is paid to dialogue, negotiation, and conflict with the various participants in this process."⁽¹⁾ To this end, we propose a set of categories that may serve as supporting elements for studying identity-building processes in nursing.

A socio-historic analysis of the process and dynamics for building a professional group are rooted in at least three dimensions, two fields of action and four lines of analysis that must be taken into account in the process to investigate group dynamics and professional identities. With regard to the three conceptual dimensions, we are referring to the need to examine the role of the **state**, according to the political projects of a specific era, in influencing the paths and dynamics of the nursing group. We are also referring to the **scientific dimension**, often influenced by the state, where knowledge is produced and analyzed – through training schools – and is potentially related to the nursing group; and also to the **social dimension** where the paths of individuals who choose to become nurses need to be explored, i.e., socioeconomic and family aspects and especially those related to issues of social mobility that can influence the definition of the paths taken by nursing.

These dimensions of analysis are integrated within two fields of action that are essential for understanding identity-building processes: the **training and professional fields**. The state, science and the social dimension should be studied as a pendulum in the context of training and the profession. Our focus, however, is on the training field since socialization processes, incorporation of values and appropriation of technical and scientific knowledge take place in nursing schools.

Training “is a core element in the organization, structuring and affirmation of groups and professional identities”.⁽¹⁾ There is a close relationship between training processes and building professional identities. We agree with David Tavares who argues that “specific socialization processes” are built within the training sphere⁽²⁾ that expands the legitimacy, respectability and accreditation of those who have chosen a specific kind of training and, consequently, a professional path. Therefore, initial training represents a structuring period for exercising a professional activity, during which time ways of being, acting and doing things are learned.

“The role of educational institutions in the emergence and consolidation process of a group is crucial. Besides embracing a credentialist logic, they enable the building of professional knowledge and the promotion of group awareness, as well as the jurisdictional development process through the establishment of interdependent relationships”.⁽³⁾

Based on the statement above, four lines of analysis emerge that enable us to objectify what we have been affirming: **professional jurisdiction, credentialism, knowledge, and standards and values**. These are most visible operative axes, among other possible ones, for any socio-historic analysis applied to a group such as nursing.

Professional jurisdiction corresponds to that which can be designated as a theoretical and practical field, with concrete tasks, acts and exclusive knowledge, where training is controlled and assumed by peers and where there are state and social acceptance in relation to what they represent, despite the existence of many situations of tension and confrontation among the various parties.⁽⁴⁾

Credentialism can be defined as the act of accreditation of individuals intending to become nurses. In simple terms, it corresponds to the process of ascertaining their physical, psychological or moral conditions in order to determine whether or not they can join the training institution and, consequently, the nursing group. Training schools are responsible for the accreditation of these individuals, through licenses or diplomas, so they can exercise that activity in a social context.

Knowledge is part of the process above in that scientific knowledge enables training institutions to measure or verify the capabilities of individuals. At the same time, knowledge, according to Keith Macdonald, “provides the foundation for professional practice”.⁽⁵⁾ Furthermore, it is through the construction or appropriation of knowledge that different groups are able to solve social problems and achieve greater respectability and a more stable professional jurisdiction.

Last, **standards and values**, as subjective constructions, are another operative line of analysis for understanding how nurses and the nursing group have been built. What points of reference did they assume? What beliefs did they defend? How did they appropriate them within the training context? How did they externalize them in the workplace? What was the state's role in defining the axiological codes? Among many other possible questions.

In sum, this text sought to present an analysis structure able to clarify the importance of knowledge in relation to the past of professions such as nursing, and the need to use this knowledge as an identity anchor that can enhance and achieve greater social and state respectability for nursing within the Brazilian context. We hope that this short text, within the context of the 30th anniversary of *Acta Paulista de Enfermagem*, may encourage nurses to get to know more about their profession's past.

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