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RESEARCH IN NURSING: BRAZIL AND PORTUGAL IN THE CONSTRUCTION OF PROFESSIONAL IDENTITY

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ABSTRACT

Objective: to investigate the construction of professional identity in Brazilian and Portuguese nursing research, according to the perception of their researchers, adopting Gaston Bachelard as a theoretical framework.

Method: descriptive and exploratory research, with a qualitative approach, undertaken in Brazil and Portugal. Semistructured interviews were held with 17 nurse researchers from both countries, with experience in scientific research and doctorates and/or post-doctorates. Analysis of the data was undertaken in the following order: exploratory phase, selection of the units of meaning and process of codification of the units of analysis, with the respective construction of aprioristic categories.

Results: two categories emerged for discussion: object and lines of research in nursing; and the political attitude of the researchers.

Conclusion: the weak points in the construction of the professional identity need to be broken with, based on the undertaking of experimental investigations, with immediate responses for the health services and which meet the social requirements. Professional satisfaction is the best advertisement for the profession. Through professional qualification in nursing it will be possible to occupy better positions and undertake the role of leadership and the political attitude with greater appropriateness.

DESCRIPTORS: Nursing. Knowledge. Nursing research. Nursing care. Professional practice.

PESQUISA EM ENFERMAGEM: BRASIL E PORTUGAL NA CONSTRUÇÃO DA IDENTIDADE PROFISSIONAL

RESUMO

Objetivo: compreender a construção da identidade profissional na pesquisa em enfermagem de Brasil e de Portugal segundo a percepção de seus pesquisadores, adotando-se Gaston Bachelard como referencial teórico.

Método: pesquisa descritiva, exploratória, de abordagem qualitativa, realizada no Brasil e Portugal. Adotou-se entrevista semiestruturada com 17 enfermeiros pesquisadores de ambos os países, com experiência em pesquisa científica e título de doutorado e/ou pós-doutorado. A análise dos dados obedeceu a seguinte ordem: fase exploratória, seleção das unidades de significado e processo de codificação das unidades de análise com a respectiva construção de categorias não-apriorísticas.

Resultados: emergiram duas categorias para discussão: Objeto e linhas de pesquisa em enfermagem; e, Atitude política dos pesquisadores.

Conclusão: as fragilidades na construção da identidade profissional precisam ser rompidas a partir do desenvolvimento de investigações experimentais, com respostas imediatas aos serviços de saúde e que atendam às demandas sociais. Profissional satisfeito é o maior *marketing* da profissão. Por meio da qualificação profissional na enfermagem será possível ocupar melhores cargos e desenvolver com maior propriedade o papel de liderança e a atitude política.

DESCRIPTORIOS: Enfermagem. Conhecimento. Pesquisa em enfermagem. Cuidados de enfermagem. Prática profissional.

INVESTIGACION EN ENFERMERIA: BRASIL Y PORTUGAL EN LA CONSTRUCCION DE LA IDENTIDAD PROFESIONAL

RESUMEN

Objetivo: comprender la construcción de la identidad profesional en la investigación en enfermería de Brasil y de Portugal según la percepción de sus investigadores, adoptándose Gaston Bachelard como referencial teórico.

Método: investigación descriptiva, exploratoria, de abordaje cualitativo, realizado en Brasil y Portugal. Se adoptó entrevista semiestructurada con 17 enfermeros investigadores de ambos países, con experiencia en investigación científica y título de doctorado y/o post-doctorado. El análisis de los datos obedeció el siguiente orden: fase exploratoria, selección de las unidades de significado y proceso de codificación de las unidades de análisis con la respectiva construcción de categorías no apriorísticas.

Resultados: emergieron dos categorías para discusión: Objeto y líneas de investigación en enfermería y; actitud política de los investigadores.

Conclusión: las fragilidades en la construcción de la identidad profesional precisan ser rotas a partir del desarrollar de investigaciones experimentales, con respuestas inmediatas a los servicios de salud y que atiendan a las demandas sociales. Profesional satisfecho es el mayor marketing de la profesión Por medio de la calificación profesional en enfermería será posible ocupar mejores cargos y desarrollar con mayor propiedad el papel de liderazgo y la actitud política.

DESCRIPTORES: Enfermería. Conocimiento. Investigación en enfermería. Atención de enfermería. Práctica profesional.

INTRODUCTION

This study is part of a study which aimed to investigate the epistemological obstacles to research in Nursing in Brazil and in Portugal, from the perspective of nurse researchers. The study indicated three obstacles: the issue of professional identity, the question of capitalist influence in the production of knowledge in Nursing, and the need for a new research in Nursing: collaborative, transdisciplinary and translational. In this text, analysis is undertaken in greater depth regarding one of the obstacles identified: the issue of professional identity. As a result, the present study's objective is to investigate the construction of professional identity in research in Nursing in Brazil and in Portugal according to the perception of the researchers themselves. As a theoretical framework, it adopts Gaston Bachelard's notion of the epistemological obstacle.¹

This is based on the premise that the writings of Gaston Bachelard, in this theoretical-epistemological field, are important for thinking in Nursing, considering that they contribute to reflection regarding the practices in research based on the positivist vision of science. The obstacle inhibits the standard of thinking and action, and its reflexive and constructive dimension, which determines the horizon of the practices in research.¹ The weakness in the construction of a professional identity is indicated, in this study, as an obstacle to be overcome, according to the contemporary nurse researchers.

The professional identity of nursing is constructed daily, based on the confluence of some aspects, such as the role of the professionals in the healthcare practices, the way in which training is structured in the area, and its historical, social, political and philosophi-

cal ramifications.² The work in research recognizes this view and aims for it in the view of the researcher, this being one of the first obstacles: the subject herself, and the desubjectivation of the object.¹

It is believed that the worker in nursing develops her identity even prior to entering nursing, being transformed through years of study and clinical experience, evolving over the course of her career. Education and scientific research are portraits of this identity, manifested in, and simultaneously influencing, this construction. The constitution of a set of concepts, developed by each professional, regarding the role of nursing in society, can be worked upon in order to stop students and nurses leaving the health services.³

Bachelardian thinking presupposes that the act of knowing (research) is a knowing of oneself, a reformulation of the strategies in the production of knowledge.¹ In this sense, the professional identity of the researcher (individual) and of the area (collective) are intimately related with the production of knowledge. The primary experience of the researcher causes her to depict determined phenomena which are the objective investigation, according to how the same interprets her identity with the world and in the profession, that is to say, her disposition toward what is held as true.

The construction of professional identity in nursing has been the focus of discussion in various parts of the world. Studies have indicated that the public image of Nursing is various and incongruous. It is believed that strengthening professional identity is an important strategy for increasing the numbers of, and maintaining, professionals in this class, as well as for obtaining better positions for these profession-

als within the health systems. The weak points in the construction of this identity need to be broken with based on continuous education in the workplace environment, and the undertaking of scientific studies focused on healthcare, and on strengthening defense of research findings and the discourse in public.⁴

The investment in education and in the construction of advanced knowledges promote changes in the professional identity in the long-term. Postgraduate studies, in the area of nursing, have driven the strengthening of a professional identity which enjoys rights and has an impact on health practices. Adherence to best clinical practices is increasingly the case, along with adherence to the implementation of guidelines in regulating the professional body and to the involvement of society in an incremental manner, for influencing the current and future professional identity.⁵

Based on the general knowledge regarding nursing and on its object, the researcher reproduces ideas and values close to the definition of her individuality and of the social environment, in which truths can be assumed and shared without being questioned. The criticism, in this aspect, consists of the disconnection between experience and reason, in the danger of immediatism in the formation of

the scientific spirit.

It being the case that the act of knowing occurs against previous knowledge, the professional identity which exists in the ambit of nursing research is an obstacle to be overcome.¹ As a result, this study's aim is to investigate the construction of the professional identity in nursing research in Brazil and Portugal, according to the perception of the researchers themselves, adopting Gaston Bachelard as a theoretical framework.

METHOD

This is descriptive exploratory research, with a qualitative approach, undertaken in Brazil and in Portugal. The semistructured interview was adopted as a data collection strategy, semistructured interviews being held with nurse researchers from both countries, with experience in scientific research and with doctorate and/or post-doctorate qualifications. The selection of the participants took place through the snowball technique, which consists of the initial participants indicating further participants, forming a network of indications. The criteria of data saturation through repetition of information limited the study to 17 participants (Table 1).

Table 1 - Distribution of the participants in the study by title. Florianópolis, State of Santa Catarina (SC), 2013. (n=17)

Title	Brazil*	Portugal†
Ph.D	06	06
Post-doctorate	03	02
Total	09	08

* States of Rio Grande do Sul, Santa Catarina, Minas Gerais, São Paulo, Rio de Janeiro, Ceará and Pará; † Cities of Lisbon, Porto and Coimbra.

In the Brazilian scenario, the researchers interviewed were and/or are leaders of research groups, occupy or have occupied positions in the management of Postgraduate Programs in Nursing, as well as the management positions in trade unions, research-funding institutions, and national assessment institutions. The Portuguese researchers interviewed, in their turn, are well known in that country, standing out in the ambit of training in nursing based on the management of courses, and are mostly directly involved with research centers and supervising postgraduate students in Nursing.

The script of the semistructured interview related to eight questions exhaustively considered and intentionally geared toward the objective of the current study. Among these, the following was considered as the main guiding question: what should one do to overcome the obstacles/limitations, which hinder the work of researchers in nursing? In your opinion, what type of measures or steps would need to be adopted to overcome these problems?

The data collection period lasted 14 months (October 2011 - November 2012) and the data analysis lasted 20 months (October 2011 to May 2013).

The interviews were recorded digitally, were transcribed, and later validated by all the interviewees.

We proceeded to the analysis of the content of the interviews, producing inferences based on the premises of Gaston Bachelard and the notion of the epistemological obstacle. In this stage of research, we include the exploratory phase, the selection of units of meaning, the process of codification of the units of analysis with the respective construction of aprioristic categories.⁶

The study received a favorable decision from the Committee for Ethics in Research with Human Beings, in Brazil (CEP/UFSC 2227/11) and was validated in Portugal. All the participants accepted to participate in the study and signed the terms of free and informed consent. The participants are identified using the letters BR (Brazilian Researcher) and PR (Portuguese Researcher), followed by a number.

RESULTS AND DISCUSSION

Two categories of analysis emerge from the data collected, common both to the context of Brazil and Portugal: Object and lines of research in nursing, which relates to the need indicated by the researchers interviewed regarding defining nursing's study object for the consequent choice of the lines of research which respond to the social needs; and, the Political attitude of the investigators, which relates to the stance considered necessary for the nurse researcher so that this may be more engaged with the profession and seek, in their research, results which have an impact on the professional context.

Object and lines of research in nursing

It is necessary to dedicate oneself to epistemological curiosity and to the development of research related to the specific area of knowledge of nursing – its object. This practice strengthens professional identity. It is an issue, then, of appropriating the phenomena and meanings of the profession, which – by their nature – require a complex perspective interwoven with relationships. There is a need to break with the Cartesian Epistemology of the studies which have a strictly rationalist-positivist focus, as the ambit of the work of nursing, according to the interviewees, is based on critical and reflexive practice.

We identified the researchers' dissatisfaction regarding the undertaking of investigations focus-

ing on Nursing's object. After all, what is the object of nursing? For one of the interviewees, *there is no consensus regarding the knowledge which confers specificity to nursing. This aspect is easily identifiable in the European context and complexifies the entire debate on the focuses of investigation, the frontiers of knowledge and the research activities which are transversal to the health sciences (PR2).*

Science, by its nature, is keen for unity. However, it is possible to find, in homogenous systems, more obstacles than encouragement. The scientific spirit wishes to know in order to question better.¹ To question the object of the profession becomes a dialectical exercise, allowing one to institute new knowledges based on breaking with common knowledge. Thus, putting to one side their dissatisfactions with this definition, most of the researchers indicate care as the object of the profession, which would characterize the professional identity of nursing.

As a consequence, the researchers observe that investigations need to be undertaken with a focus on the object of nursing. *There is a lack of clarity and of identity with the profession (BR6).*

Research, in other areas of knowledge, in the view of the study participants, is a weak point. *Often, the projects which are referred don't have nursing as a focus. I think that it is fundamental that the focus should be on nursing (BR6).*

In epistemology, the misunderstood or badly interpreted constitutes an obstacle, in counterthought. Reflection on the professional exercising of nursing becomes fundamental – after all, who do we serve? Why? What for? The professional identity is in constant transformation, being redesigned in time, history and circumstances.⁷ It is necessary to reflect on aspects which weaken the profession: the profession's autonomy, its social recognition, and the mastery of its own field of knowledge.⁸

The investigations undertaken by nurses in their specific area strengthen the professional identity, in spite of the absence of consensus regarding human care and the work of nursing.⁸ For the researchers, regardless of the discussion on the real object of nursing *we are part of the health area, for sure, but our primary area of identity is nursing. As a result, we have to be committed to the development of the science of nursing, and of production in nursing (BR5).*

Discussions on nursing care have been taking place for over 20 years. One study on investigation

in nursing in Latin America indicates there to be weak points in nursing, as a science and source of scientific production, it being necessary to adopt conducts which strengthen the use of scientific studies for consequent transformation of public policies, as well as the strengthening of the nursing care as a class object. As the main reasons for this vulnerability in scientific production in Nursing, it emphasizes lack of preparation in areas such as research methodology, lack of institutional support and lack of clarity regarding issues which are considered important for investigation in nursing.⁹

Nursing care is the object of the profession, and as such needs to be defended and supported theoretically, aimed for in theory and practice. The same author highlights that “the term ‘care’ exploded in a tremendous terminological disorder, a type of epistemological chaos, so many are the variations of the use of the word ‘care’ in the ambit of the various professions which now identify as being of care”.^{10:409} The profession of physician, for instance, in the 18th century, was identified as that which provided diagnosis and treatment of diseases; but recently “invokes and defends the care as a term of its diagnostic remit and as a space for clinical perspective in the health area”. This being the case, “there is no concept of a specific discipline which may be supported in the light of such an idea and of polysemic possibility”.^{10:409}

As a result, it falls to the nurse to promote nursing care in her daily practice and in her records, keeping herself up-to-date in terms of scientific production. For the researcher, it becomes fundamental to focus on the object of the profession or on the issues which surround the subject, for the sake of the subject of the care (citizen). The act of studying must permeate the nurses’ daily practice, while concern and doubt must be the researcher’s standard peers.

The eternal dissatisfaction of the researcher is reported by all the interviewees. *The production of knowledge is an exercise in concern. A person who is satisfied is not producing knowledge* (BR9). What is fundamental is to question oneself. Real science lies in rectifying past errors – incessantly. All knowledge is overcome. As a result, there are no truths, but only provisional errors. The questioning on the actions of nursing themselves promote a breaking with the past and align a body of knowledge in a given historical period, legitimizing the inventions. It is, however, necessary to be open to new ideas, as

the scientific spirit is inquisitive. The old must be considered for the sake of the new.¹

Regarding the lines of research, there is a need for clearer and better defined guidance, regarding the choice of the topics of the studies in nursing, and the consolidation of lines of investigation, which have social relevance and impact from the practical point of view. Such a warning occurs in both the Brazilian and Portuguese context: *It is the problem of there being a certain lack of definition, a path where the lines of investigation should go. Where is it that it is most necessary to investigate, for nursing to be confirmed as a discipline of knowledge? It is affirmed as such to the extent that it gives practical results and this is not planned in any way* (PR7).

Bodies promoting research, as well as those of assessment, have strengthened with the researchers the practice of adopting one or two lines of investigation in nursing. Currently, there are global agendas of needs in research which result in tenders for financing which are specific for previously-determined topics. This being so, is it the case that the training of researchers occurs in such a way as to extend the possibilities for intervention, or direct them toward a particular focus of research? Does society need researchers with lines of investigation which are defined or prepared in order to meet any topic related to nursing based on the mastery of different theoretical-methodological frameworks? To broaden or to narrow?

In the field of defending a line of research *it seems that everybody wants their own little ‘farm’, their space, and this immaturity still exists. Do you remember how a little while ago, I said about a line of investigation that came along, and I asked, what do we need another line for? Because, at bottom, each PhD graduate thinks that she has to have her own line of research. We are still somewhat wedded to this fantasy* (PR3).

Should the investigator explore a single line of investigation in depth, improving it, or should she be trained to work on different fronts, in accordance with the social needs? *A person researches the same theme for years on end, researches the same line of investigation, regarding the same method. And she broadens it or goes into it in depth. If I am inserted in a society, and if there are topics which worry me, my ideal of research is to respond to these concerns, which are in the society. I think that researchers should leave their niches and be at the front of what happens in society, in order to seek*

responses as fast as possible (BR8).

The difficulty that the research groups/investigation units have in transferring knowledge from academia to practical life and vice versa is real. This responsibility must be shared between researchers and professionals. In spite of the movement currently existing for researchers to leave their centers for practice, research continues to be undertaken in a cloistered manner. It is necessary to believe in a future for nursing with effective work networks, with lines of investigation and similar topics based on a social commitment among health and education institutions.¹¹⁻¹²

Furthermore, in the content of the researchers' dialog, there emerges the importance of undertaking experimental investigations with immediate responses for the health services and which meet social needs. *One weakness, often, is that investigating a person can be embarrassing. We have very little experience in experimental studies, it is not even in our ambit – it is more investigation applied to the experimental studies – and as a result, often, we are unable to publish in those journals with high impact factors (PR4).* As nursing care is a complex and multifaceted phenomenon, it is necessary to undertake experimental studies, but this is considered to be a difficult task.

The researchers' political stance

Scientific research requires a political stance on the part of the researchers. For Bachelard¹, in the ambit of scientific research, mathematism itself is no longer descriptive, but rather, formative. Science is no longer content with the "how", and is in search of the "whys". After all, the training of the researcher is *political training in all senses of the word. The researcher has to act politically: with the students, where he is, in order to achieve more resources, in order to represent research and in order to influence the changes in the practices of the lecturers and in the care practices (BR7).*

The interviewees questioned themselves regarding the political stance of the nurse researchers at the present time. For them, it is not enough merely to research and to be inserted in the social context in health, it is also necessary to involve oneself with the professional class and with defending ideas. As a result, *one obstacle is the political training of nurse researchers in order to influence public policies. The researcher has to be, before anything else, a great defender of her findings. And she has to put these*

findings to be applied. As a result, there is no point carrying out some beautiful research on education in nursing and have no influence whatsoever on changes in the curriculums and on nursing education policy; this training is indissociable (BR9).

The political stance is something inherent to the researcher, who as well as being a producer of innovation, has a critical-reflexive stance. The act of researching itself requires a political stance, given that the scientific experience contradicts common knowledge.¹ For one interviewee, *research is not something isolated from life, research is life. You can imagine the weakness that I perceive, being one of our representatives of the CNPq, of a profession that is in this duality. Research is something which is born in the person. He is the researcher. It is he who has to transform himself into a researcher, and then he has to influence the training of others. This is research, and for this, there has to be politics. The practice, the professional organization and the knowledge are the three pillars which support the profession (BR8).*

A gap in the ambit of professional nursing competence and its ethical-political dimension has been identified by a scientific study.¹² This discourse is grounded in the need for creative researchers and nurses, who are epistemologically curious and potential transformers of the context. It also proposes greater problematization of the reality experienced, based in the theory of critical reflection in the action and regarding the action proposed by Donald Schön.

The researcher's political stance must also relate to her own actions and organization, as a group, and in the dialogue she has with her peers. Bachelard highlights that the scientific spirit has the power of self-criticism.¹ In this regard, one interviewee observes that *it is necessary to think about our organization as researchers. It is total weakness. We have an organization to discuss everything apart from discussing our questions as researchers, and apart from influencing financing, the increase in financing, and also the appropriate use of resources, as there is waste. Regulation is an important issue, but it is part of the researcher's organization and of the influence that he has on the organs (BR1).*

Researchers' political stance requires leadership. The literature¹³⁻¹⁴ indicates that the exercising of leadership in nursing is nonlinear and involves the resolution of problems and decision-making.

Hence, one of the qualities of the nurse researcher is leadership. The researcher must have at least three competences: “to integrate scientific knowledge with other sources to advance nursing practice; to develop theoretical explanations for clinical nursing phenomena through empirical research; and to develop and apply scientific methods to test, refine and broaden the area’s body of knowledge”.^{13:143}

One Portuguese researcher warns that wakening people’s political stance is related to the historical issue of gender in nursing. *We have had great need of political knowledge, in the sense of knowing what to do to achieve specified objectives. The fact that we are women has had advantages and disadvantages, because we know how to resolve problems, but we don’t know how to advertize the profession. But women also progress, we have ceased to be obedient and – therefore – the evolution of the profession and the evolution of women’s society have always walked together – therefore, I believe that this will happen in nursing too* (PR8).

The question of gender influences the professional identity of nursing. There continues to be a social imaginary of the profession which is highly feminine, which apparently weakens the professional valorization. The social insertion of nursing requires a political stance and responsible involvement. It is necessary to strengthen the benchmarks of society, the critical stance, and the defence of quality research in consonance with the social needs so as to extend health care with freedom and the autonomy of the class.⁷

The history of nursing, as a field of knowledge, is in a process of consolidation and broadening. The record of professional identity has been evidenced in the scientific production and also with people who made and make a difference in the professional models.¹⁵ The production of knowledge reproduces the practice experienced from day-to-day. In this aspect, one interviewee warns that *the obstacle is the academic requirement for texts written in substitution for the values of practical texts on the profession’s knowledges and what it does as an organization in its practice (who knows, people with professional Masters or professional Ph.Ds might fill this space). I have perceived this through my experience and observations as responsible for a delay in the profession’s professional advances nowadays* (BR3).

For the scientific spirit, all knowledge is a response to a question. It is therefore necessary to

know how to formulate problems.¹ It is necessary for research in nursing to support the professional practice and provide benefits for the health of the population. This is one of the ways that scientific research can contribute to forming nursing’s professional identity. This strengthens a class of people with technical-scientific skills to innovate, to defend ideas, to construct a corpus of knowledge and qualify the care for people. The Brazilian and Portuguese researchers consider that nurses need to be more involved with their unions, and that scientific research must be guided in accordance with the health needs of the people and to serve for the development of greater professional autonomy. The representative entities must be alert to research work, providing financial support for researchers and workers, investing in the training of nurses and keeping forms of financial support to defend and strengthen the professional class.

The basis of the professional identity of nursing is formed in school and is consolidated after profound and prolonged contact with the context of work and with scientific research.¹⁶ Nursing, in its different axes, is influenced by and regulated by professional bodies. As a result, some researchers have criticized the way in which representative entities carry out their actions: *The category which has COREN (the Regional Council of Nursing) and COFEN (the Federal Council of Nursing) may be strong in research. How can we change things if the maximum representation of our council is the way it is? How can I sit at a negotiating table if there is a political issue as serious as this? How can I discuss nursing education if I myself was unable to overcome and politicize my professional representation?* (BR2).

In Portugal, the same topic is discussed. One interviewee sums up the discourse offered by the interviewees: *it is necessary for there to be more investigation for society’s sensitive problems and, afterwards, publicizing these results, not only in the community, but also more broadly. This is a part that each one of us can play. After, there is a part which falls more to people who are in management positions; the Order of Nurses, the nursing schools and their management, the nursing investigation units, the people who are in the scientific bodies, and this is a work of intervention, but which is also political. It is necessary to show the importance and the need of this type of recognition in relation to investigation and to nursing in general* (PR1).

Scientific research, the unions, and the role of educator in nursing are in a process of continuous transformation, after all, there are no truths, but only rectified errors.¹ The political stance of researchers requires strengthening in order for them to intervene more effectively in society where it is considered necessary in the perspective of contemporary science and, in its turn, to strengthen nursing's professional identity. The defense of the scientific knowledge of nursing has the incorporation of the findings as a natural consequence and is reflected in the profession's organizational culture.

CONCLUSION

It is necessary to reflect regarding the professional identity of nursing, the production of knowledge in the area, and the researchers' stance, as these are obstacles to research in nursing which need to be overcome if the profession is to grow.

Nursing, as a science under construction, has the capacity to develop advanced knowledge regarding nursing care. However, the daily activity of the research and of the teaching institutions, in particular those with Postgraduate Programs in Nursing, has been influenced by capitalist modes of producing knowledge.

Transforming the reality of the demands for production, which do not accord with the working conditions, of the valorization and of the encouragement for research is an arduous but necessary task. It is understood that it is necessary for researchers to leave their niches in order to better understand practical life in the health area and to propose new possibilities, strengthening nursing care as a unique object.

The lines of investigation, in this regard, need to be ascertained with the social needs and derived from the profession's object. If nursing is care, the same should not be titled "line of research" as has occurred, but rather, all the lines of research should adhere to the context of nursing care.

As a point for reflection, we present the need for strengthening nursing's professional identity within the services, in the teaching institutions, in the spaces of society – and why not in the television and journalistic media? It is necessary for the professionals themselves to be engaged in appropriate working conditions, for the sake of satisfaction and improvement of self-image. A satisfied professional is the best advertisement for the profession. Allied

with the context of the satisfaction, through professional qualification, it will be possible to occupy better positions and to carry out the role of leadership and political stance better.

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