

PROFESSIONAL IDENTITIES IN CONSTRUCTION: CONJECTURES ABOUT NURSING IN THE POST-PANDEMIC OF COVID-19

IDENTIDADES PROFISSIONAIS EM CONSTRUÇÃO: CONJECTURAS SOBRE A ENFERMAGEM NO PÓS-PANDEMIA DE COVID-19

IDENTIDADES PROFESIONALES EN CONSTRUCCIÓN: CONJETURAS SOBRE ENFERMERÍA EN LA POST-PANDEMIA DE COVID-19

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Objective: to understand the perceptions of nursing professionals in relation to possible outcomes resulting from the COVID-19 pandemic for the profession. **Method:** qualitative study, based on Oral History, through interviews and application of a socioeconomic/professional questionnaire, conducted in the hospitalization unit of a large health institution, located in the city of São Paulo, capital of the state of São Paulo. **Results:** two relevant categories were extracted from the interviews: Belief in the strengthening of nursing in the post-pandemic and Disbelief in the improvement of nursing image in the post-pandemic. **Final Considerations:** professional identities are constructed through social interactions between the me (subject) and the other (social and institutional groups). This interaction is marked by conflicts that result in the reconstruction of this identity and with possible reflexes in professional practice.

Descriptors: History of Nursing. Nursing. Social Construction of Identity. Self-Identity. Identity Crisis.

Objetivo: compreender as percepções dos profissionais de enfermagem em relação aos possíveis desfechos decorrentes da pandemia da COVID-19 para a profissão. *Método:* estudo de abordagem qualitativa, fundamentada na História Oral, mediante entrevista e aplicação de um questionário socioeconômico/profissional, realizado na unidade de

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internação de uma instituição de saúde de grande porte, localizada no município de São Paulo, capital do estado de São Paulo. Resultados: foram extraídas das entrevistas duas categorias relevantes: Crença no fortalecimento da enfermagem no pós-pandemia e Descrença na melhora da imagem da enfermagem no pós-pandemia. Considerações Finais: as identidades profissionais são construídas mediante as interações sociais entre o eu (indivíduo) e o outro (grupos sociais e institucionais). Esta interação é marcada por conflitos que resultam na reconstrução desta identidade e com possíveis reflexos na prática profissional.

Descritores: História da Enfermagem. Enfermagem. Construção Social da Identidade. Identidade Própria. Crise de Identidade.

Objetivo: comprender las percepciones de los profesionales de enfermería sobre los posibles resultados derivados de la pandemia de COVID-19 para la profesión. Método: estudio cualitativo, basado en la Historia Oral, a través de entrevistas y aplicación de un cuestionario socioeconómico/profesional, realizado en la unidad de hospitalización de una gran institución de salud, ubicada en la ciudad de São Paulo, capital del estado de São Paulo. Resultados: de las entrevistas se extrajeron dos categorías relevantes: Creencia en el fortalecimiento de la enfermería en el post-pandemia e Incredulidad en el mejoramiento de la imagen de enfermería en el post-pandemia. Consideraciones finales: las identidades profesionales se construyen a través de interacciones sociales entre la yo (individuo) y el otro (grupos sociales e institucionales). Esta interacción está marcada por conflictos que resultan en la reconstrucción de esta identidad y con posibles reflejos en la práctica profesional.

Descriptorios: Historia de la Enfermería. Enfermería. Construcción Social de la Identidad. Identidad Propia. Crisis de Identidad.

Introduction

The World Health Organization (WHO) declared on January 30, 2020, that the outbreak of the disease caused by the new coronavirus, SARS-CoV-2, constitutes a Public Health Emergency of International Importance – the highest level of alert of the Organization, as provided for in the International Health Regulations. On March 11, 2020, COVID-19 was classified by the WHO as a pandemic and, in a short time, May 29, 2020, the world already counted 5,701,337 cases of COVID-19 infected and 357,688 deaths⁽¹⁾.

The severity of the pandemic caused the world to go on alert, as the disease was rapidly spreading, impacting various sectors of the world economy. The new coronavirus is from the family of viruses that causes respiratory infections and causes COVID-19 disease. Its transmission occurs from person to person through respiratory droplets and direct or indirect contact between individuals, causing pulmonary infection. In the mildest cases, it can be compared to a common cold⁽²⁾.

It is considered the largest pandemic of the 21st century. As a way of containing the rise of the pandemic, social isolation measures were instituted, especially in the risk group - the

elderly and individuals with comorbidities⁽³⁾. The complexity of the context imposed by the pandemic unfolds in challenges to health professionals, especially nursing professionals, since it is the category of the health area that includes the highest number of professionals and remains full-time in the care of hospitalized patients. Thus, it is expected that the impact of the pandemic will result in important repercussions⁽⁴⁾.

Health institutions, in the general context, were the most challenged in view of the needs of various situational adaptations proposed by the controlling bodies, such as WHO, Pan American Health Organization (PAHO), National Health Surveillance Agency (ANVISA, in Portuguese), municipal, state and federal agencies and council bodies, as studies on COVID-19 were released.

In the midst of these moments of instability, changes, uncertainties, complexities and inaccuracies, health professionals played an important role in the front, especially nursing professionals, revealing their importance in health organizations. Its visibility has become more evident to the population and to social media.

Historically, the relationship between nursing and society has been, and still is, marked by

concepts, prejudices and stereotypes⁽⁵⁾ that have forged, throughout history, several images associated with the figure of the nurse: “nurse-mother”, “religious nurse” and “nurse-servant”⁽⁶⁾. All of them, in the authors’ view, influenced, and still influence, the process of identity construction, as well as the understanding of its meaning as a health profession composed of people who care of people.

Undoubtedly, the identity construction of a profession involves social interactions between individuals and the social relationships established between them and institutions⁽⁶⁾. In this process, social representations acquire very important meaning, as they help to cement this professional identity, strengthening it in the collective imaginary.

The context of the COVID-19 pandemic arouse a new social look for these nursing professionals, and gave a resignification of their professional image, given the countless collective manifestations of support and recognition for the efforts made in the care of infected patients.

However, a question arose with a lot of latency, raising the need for further investigation regarding the processes of identity construction that these nursing professionals were going through: How to understand the effects of the pandemic on the construction of the professional identity of these social actors? This questioning is supported by researchers who defend the premise that professional identity is a process in constant transformation, therefore, never finished, it is dynamic, it is based on multiple social interactions, marked by ruptures that promote its deconstruction and reconstruction in its historical path^(5,7-10).

In this context, the present study aimed to understand the perceptions of nursing professionals in relation to the possible outcomes for the profession resulting from the COVID-19 pandemic.

Method

The qualitative methodology was designed for this research, because it is the appropriate

approach to capture the perceptions of health professionals regarding the object of study.

The target audience consists of nursing professionals. The inclusion criterion was based on the obligation to be working in direct care to patients affected by COVID-19 in hospitalization units. Thus, 30 nursing professionals contributed to this study, 28 nurses and two nursing technicians.

The research was carried out in the hospitalization unit of a large health institution, located in the city of São Paulo, State of São Paulo. For data collection, we opted for the interview recorded in audio, individual and confidential. The interview was based on a central question with the following note: “For you, what will become of post-pandemic nursing?” An instrument was also applied to collect sociodemographic and professional information about the participants.

Data were collected in the month of July 2020. At first, the individual interview was conducted after the signing of the Informed Consent Form (*TCLE* in Portuguese), followed by the transcription and subsequent submission to the participants for ratification of the content of the interviews. The second stage was the completion of a form to characterize sociodemographic and professional data regarding the research participants. The anonymity of the participants was maintained by replacing the names with the letter E of interviewee (*Entrevistado* in Portuguese) and numbers that corresponded to the sequence of the interviews (E1, E2, E3...).

The results analysis was performed according to the content analysis⁽¹¹⁾, following the steps: pre-analysis, organization phase that aims to systematize the initial ideas, in order to lead to an accurate scheme of the development of successive operations, in an analysis plan; exploitation of the material, which consists essentially of a classification operation aimed at achieving the core of understanding of the interviews; and treatment of the results obtained and interpreted.

The research was approved by the Research Ethics Committee of the School of Nursing of

the Universidade de São Paulo (CEP EE/USP), under Opinion nº 4,087,392, Certificate of Presentation of Ethical Appreciation (CAAE) 32699220.7.0000.0070, meeting all the specificities recommended by Resolution nº 466/2012 of the National Health Council.

Results

Regarding the sociodemographic and professional questionnaire, it was surveyed that, in relation to the time of education, 60% of the professionals interviewed had between 14 and 20 years of education, 25% 6 to 13 years and 15% from one to five years. The time of care of patients diagnosed with COVID-19, for the majority of the interviewees, was five months of work at the time of data collection. All participants work only in one job.

Concerning the future perspectives of the professional category in the post-pandemic, the interviewees' discourses presented different opinions about the question raised, and the polarization between two categories was detected.

Category 1 - Belief in strengthening nursing in the post-pandemic

The statements included in this category indicate how much the interviewees believe and aim that nursing will have greater visibility post-pandemic.

I think the nursing team will come out very strengthened, greatly strengthened by the fact of the recognition of the population in general. But even so, there is a lot to do for nursing.... I think it will be more valued. (E10).

What's it going to be [laughs]? Well, yes, I think so, that in post-pandemic nursing is going to get opportunities. I think we will have opportunities in society, perhaps opportunities on the part of our rulers, but even more opportunities by the health institutions, because they have seen all our needs. (E15).

I still don't have a fixed answer. But I thought it was a good thing at first it would be much more valued, because I thought everyone was valuing all professionals, but I thought it would be a way for us to be more valued. But I don't think there's much yet in this line of appreciation. I think we managed to have more visibility, not as assistants of doctors, as many people say, I think they were able to see a little bit of our performance as nurses and technicians, the nursing team itself, but I think there is still a lot of lack. (E16).

It's definitely going to change. Change the way you look, care of each other, think about protecting yourself, the protection will be higher from now on, is already actually being the use of IPEs (Individual Protection Equipment), we will fix better on the head. It's definitely going to be another look that we're going to have, with more awareness. (E17).

Look, I think it's [...] it's going to be a [...] it's already being a transformation, a transformation for professionals, many people are seeing things in a different way. I think it's a transformation. A visibility of nursing for society? (E19).

I don't want to have a pessimistic thought because it's being really cool, we feel good to know that we... we are professionals who bring what... comfort for people, safety, this is very nice to have this feeling in front of the people we care of and society. But I believe that by ending the pandemic, I don't think it will support itself, it will not support itself... I believe there will be a great demand for people to look for the area of health to become professional, this is going to have a boom even, I believe in the next one or two years, but then this will a little [...] stay a little further back because when you talk about illness it brings sadness and heroism at the same time. Heroism is present today, but I don't know if this will go forward. (E20).

I think we're seeing life in a different way. We have always been exposed to risks, but in the face of such a challenging thing, we are asked about the value of life, of our family, and everything else. (E23).

I think it's going to change nursing a lot after the pandemic. The hospital issue, no, but the issue of college, teaching, these things, I think is going to change a lot. I think I was already having enough distance learning. I think it's going to increase distance learning a lot. (E24).

So I hope this sharpens the professionals a little more in research. And now, within the hospital part in relation to employment, at first, we have not seen so many changes. We've even seen too many hires, but I've also seen some layoffs, so I don't know, I think it's still a little uncertain. (E25).

Well, it will undoubtedly continue to be an essential service. Maybe I think we have to think of a different way of working, a different way of capturing the patient and taking care as well. Maybe on account, the economy itself may not generate as much jobs as we had before [...] but I think we're going to have to reinvent ourselves in some things, in the work processes mainly. (E26).

I think there is a great opportunity for nursing itself to position itself to have its visibility in a more consolidated way in science, in ethics. To demand more respect, but if I do not start from nursing, I find it difficult for this momentary heroism to sustain this momentary heroism. We need to look from the inside [nursing] out [society] and not the other way around. I hope we make it. (E29).

Category 2 – Disbelief in improving the image of nursing in the post-pandemic

In contrast to the previous category, for the interviewees included in the second category, the image of nursing will still need improvements even after the pandemic.

[...] I think this will remain the same because today we are recognized "wow, nursing work is very important". Yes, but it's always been very important. I think further ahead these people will forget again. Like it or not, the medical class is always highly valued. You've always been highly valued. Nursing already operates in many women's conditions together with the medical team and everything is normal again. (E11).

It won't change anything. (E12).

In question of appreciation, unfortunately I do not believe much on the government. The government doesn't see nursing differently, because of everything that's happened. I think even some families, the children who see it, will have that thing: "oh, I'll want to be a nurse", but in relation to the professionals today, I think it will take a while yet to be recognized, unfortunately. (E13).

I would like it to be more valued and autonomous in relation to institutions and also to disseminate her work [of nursing] and not to be submissive only to medical prescriptions and not to be seen only as heroes, although in nursing we have heroes since nursing existed in the beginning. But I think there is still a long way to go, our culture is not yet prepared and neither is our educational institutions to accept what it is to be a nurse. (E14).

Really, I don't think it's going to change much[...] I think just right now people need heroes, so they "deified" who is a doctor and nurse, but you see that it's already slowing down again and the staff is no longer calling much because, if they called, they would take care of themselves and it's not happening. (E18).

I don't have much hope that after the pandemic we will be able to change a lot in relation to the gain for nursing. I think that at first people were able to see the role of nursing, but today 4 months after the pandemic began here in Brazil, much has been lost in the beginning of the nurse's valorization, of the importance of nurses in health care. (E27).

I don't think anything's going to change, we're going to keep fighting for wages, for workload, just like it was before. As many things are very fast, we had a recognition, a fuse, we were called heroes there in the beginning, but when all this comes to an end, I believe that we will fall again into the trivial routine that is the fight for salary, work day and proper conditions to work, I think it will not change anything. (E30).

Discussion

The Oral History method was chosen because it was recognized to establish relationships of higher quality and depth between the researcher and the study participants. This research aimed to reveal the narratives as tools, which are configured in the biographical type⁽¹²⁾. From the theoretical point of view, Oral History is a possibility of empirical approximation with historical meanings, allowing critical analysis of the application of macrosociological theories

about the past⁽¹³⁾, from a past not so distant, but based on the experiences of historical subjects in the context of the present time.

On the other hand, it was considered that the political dimension of the subjects is an inseparable part of the individuals and, although impaired by traditional and hierarchical education, produces resistance and triggers the power play. This dimension is understood as the daily life that categorizes the individual, marking in his own individuality, linking in his own identity, imposing on him a law of truth, which must be recognized⁽¹⁴⁾.

Thus, the theoretical approximation between Claude Dubar's theory on professional identities and Oral History made it possible to articulate the horizon of analysis of empirical data of the research, while at the same time that the life history of the participants and the construction of their social and identity history were valued. Thereby, the understanding about the identity of the nurse being was broadened, in the context of their practices, anchored in the knowledge and in daily practice.

The interviewees' discourses revealed a polarization among those who believe in a positive change for nursing after the advent of the COVID-19 pandemic, whose performance gained visibility through the media reaching society in general, and those who, despite the notorious visibility, do not believe that positive transformations will occur for nursing in the post-pandemic.

This polarization is justified by the way each individual perceives and interacts with social groups, whose relationships are determinant for identity constructions. Even if these interactions occur among professionals from the same social group, nothing guarantees that there will be a homogeneity of thoughts and perceptions. The construction of professional identities is a process in constant construction, never finished, permeated by social interactions, a construction forged by socialization⁽⁸⁾. The reason for dealing mainly with understanding the constitutive processes of professional identities is because they defend the thesis of the centrality of

work in personal life and the eminent place of professional identifications in social life^(8,16).

In fact, work constitutes an essential pillar within the constructive process of an identity, so that its deprivation, its recognition, the feeling of belonging, are important components within the process of construction of this identity, because it is through the established social relationships that these elements gain notoriety and significance within the identity construction. It is in the individual/institution, individual/social groups and individual/patients interactions that these constructions are configured, based on how each person appropriates the spaces in which he/she interacts and perceives himself as subjects⁽¹⁵⁾.

Thus, the divergences found in the discourses of the participants of this study are justified based on these characteristics that the identity construction has, which is to be relational and be marked by difference. However, it is worth clarifying that the difference here is not synonymous of inequality or exclusion, it should be understood as the element that favors identification, which allows the individual to locate himself in the groups that share the same representations.

The first category identified in the discourses of some of the nursing professionals concerns those who share a common perception: that there will be positive changes in nursing in the post-COVID-19 pandemic. In the statements of the interviewees E10, E16, E19, there is evidence of a recognition linked to the social image of nursing and everything that it can represent for the collectivity, demonstrating an inseparable relationship between professional identity and professional image. This duality, which can be correlated with the terms "Identity for oneself" (as I see myself within the social media to which I belong) and "Identity for the other" (as the other sees me and the representations that makes about me and that define me)⁽⁸⁾.

This duality composes the identity of an individual and is inseparable - the me exist and build my identity based on the other's perspective. However, these two identifications – Identity

for oneself and Identity for the other – are not always convergent - my professional identity and the representations I build about my being do not always coincide with the way the other sees me. This divergence installs in the individual a conflict that raises a resolution and can be solved in two ways: either I accept the identification that is attributed to me and the following for my identity, or I refuse this identification and enter into a negotiation process to modify it before the other⁽⁸⁾.

Clearly, it is perceived in the interviewees' discourse the concern with the professional image constructed in relation to nursing, which, in their eyes, does not agree with their identities for themselves under construction. In this case, there is a refusal to "identity for the other" and envision, in the pandemic, the possibility of reconstructing the professional image of nursing. For these interviewees, the pandemic will have as a positive effect the improvement of this image, due to the visibility of the efforts made in the care actions for patients affected by Covid-19 and the recognition of the general population. For them, the pandemic will shorten the gulf between "identity for oneself" and "identity for the other."

The excerpts corresponding to the interviewees E15, E25 and E26 reveal another perception about the same phenomenon. The interviewees bet on positive changes in the context of the relations between professionals and employers. For them, institutions should value their professionals more, providing support for a better practice of the profession.

The struggle for recognition of the importance of nursing for health care is already a long-standing movement. It is a struggle between the "identity for oneself", which represents the professional identity in construction of professionals who work in the institution, and the "identity for the other", corresponding to the social image that the institution builds through representations of what it is to be a nurse. This working relationship is a constant source of conflict and struggle.

Since, in the construction of professional identities, work plays an extremely important

role, the employer has an equally important role in the construction of these identities, since the individual, immersed in this work context, starts to have greater social interactions and these will have a strong influence on the construction of “identity for oneself”⁽⁸⁾.

The conflict between these two poles – professionals and institutions – is related to systems of representation with close connection with power relations⁽¹⁶⁾, and it is only in the exercise of the profession that it is consolidated, because the results from these interactions directly impact on the construction of the professional identity of the group active in that institution⁽⁸⁾. Thus, the interviewees’ appointment acquires relevance, because a profession is built on and through a practice⁽¹⁶⁾, which lacks recognition. Thus, it is pertinent to affirm that the construction of professional identity depends on the return of information from others⁽¹⁴⁾.

It is noteworthy the same trend of the group analyzed above, which is the refusal to an identity attributed by the other, diverging from the identity attributed to oneself, and the search for recognition by the institution. They see, in the pandemic, the possibility of alignment of these identifications.

In the following excerpts, referring to the discourses of the interviewees E17, E23 and E29, a reflection is observed on their professional practices provided by the non-acceptance of the identifications attributed by the other. “The external look makes me see and reflect on who I am and how I see myself in this constructive process of my professional identity, and my representations of myself are put in check, raising in me a need to review them and possibly rebuild them, based on these external looks”.

The “me” within the process of construction of professional identity tends to stabilize and fix, however, the “other” tends to destabilize and subvert this process⁽⁸⁾. Thus, fixation is a trend and, at the same time, an impossibility, because external agents are always producing moments of crises, which find in the institutional space of work a fruitful field for its installation.

For these interviewees, the advent of the pandemic arouse the urgent need for reflection on their own care practices. This is due to the fact that the virus that causes COVID-19 disease is an unknown infectious agent, because there was no management protocol in the literature to deal with the virus, nor with infected patients. Knowledge was constructed as the virus was studied. The uncertainties generated by the lack of knowledge affected all those who worked in the care of patients with COVID-19, and especially those who are on the front line.

This situation experienced by this group of interviewees is based on a study that states that the individual, previously regarded as possessing a unified and stable professional identity, is becoming a fragmented individual⁽¹⁸⁾. This fragmentation, with regard to the construction of professional identities, is notorious in this group. The knowledge, considered as solid and stable, destabilizes these identities in the face of the new pandemic situation and imprints on them the need to rescue some sector of this identity under construction, until then stable, and rebuild it. After all, identity construction is a living and pulsating process that does not allow its permanent stabilization.

The excerpts referring to the statements of the interviewees E20 and E24 corroborate the positive perspective of the other interviewees discussed previously, when they envision a future for nursing in the post-pandemic, in which other individuals will be interested in professional nursing education due to the positive visibility that the profession has been obtaining in the action of coping with the COVID-19 pandemic. These interviewees believe that the professional image of nursing reconstructed by society will contribute to other social actors being interested in the area. After all, just as professional identity is constructed through the interaction between the me and society^(8,15-17,19), the construction of the professional image follows this same logic.

Identifications with reference groups (those social groups that are not part of the individual’s belonging group) are determinant for individuals to articulate themselves to be part of these

groups, object of desire⁽⁸⁾. This rupture of the individual with the models and standards established by the belonging groups and that guarantee the continuity of the profession for generations in a family is an important movement within the constitutive processes of professional identities. In this, respondents E20 and E24 bet, when they affirm that there will be greater demand for professionalization of the nursing area and, due to these social interactions, identities are (re)constructed in a heterogeneous way and according to the various appropriations of the experiences lived by the subject throughout his /her journey⁽¹⁵⁾.

At the other end of this polarization, in the second category found in the discourses of some interviewees, “disbelief in the improvement of nursing image in the post-pandemic”, are located those individuals who do not believe in a positive change for nursing.

The interviewees who, in their discourses, presented disbelief about the future of nursing also experience a crisis process, characterized by the existence of an installed conflict between “identity for oneself” and “identity for the other”, in which the social representations that define “identity for oneself” do not coincide with the representations that “identity for the other” builds on him/her⁽⁸⁾.

Since professional identity is a construction that comprises the individual’s ability to recognize oneself and the possibility of being recognized by the other⁽¹⁷⁾, this conflict clearly marks a polarization between the way the person sees himself/herself and the way others see him/her. On this, one study cites:

Critical situations are, par excellence, the moment when our identity and its weaknesses are revealed: when we are subjected to contradictory expectations, when we lose our traditional identifications, when we enter a new system of norms. These conflicts are difficult proofs for our identity and can compromise it(14:46).^(14:46)

Conflicts, once installed, give rise to a solution, as they cannot last permanently. Such non-coincident identification processes, described as identities at odds, require identity strategies from the individual that aim to reduce

the gulf between the two contrasting identities and can take two forms: external (or objective) transactions or internal transactions to the individual. The strategy of external transactions, between the individual and other social agents, aims to accommodate the “identity for oneself” to “identity for the other”.

The internal transactions to the individual seek to safeguard a little of the constructed identity and the desire to build new identities for themselves; this process aims to assimilate the “identity for the other” to the “identity for itself”. Therefore, inverse to the first process⁽⁸⁾. The disbelief reported by the interviewees clearly reflects the adjustments made in their professional identities in the face of the conflict installed and evidence their choice for external transaction, aiming to reduce the distance between identifications and accepting the identification made by the other:

It won't change anything (E12).

In terms of valuation, unfortunately, I don't believe much because of the government [...]. (E13).

The prevalence of the “other” perspective about him/her identity impressed the interviewees with the adjustment of their identities to the external look. This fact clearly reinforces that it is impossible to separate the individual aspects from the relational and social aspects of identity and that our professional identity is constructed and reconstructed, in one way or another, by denial or acceptance, based on the other’s gaze. These social interactions between the me and the other are an indispensable element for the construction of professional identities.

Thus, the reflexes arising from the conflicts between the “me” and “the other” before these groups of interviewees and the adjustments made by them have great potential to determine their professional practices in patient care, to the extent that their professional identities are deconstructed and reconstructed through these social interactions. Thereby, whenever, in moments of conflict, the individual finds the solidarity of others and identifies himself/herself as part of a group, his/her identity is reinforced and guaranteed⁽¹⁷⁾, as well as a contrary situation

can configure in loss of identity for himself/herself.

The limitation of this study is not constituting an instrument that can measure (considering this possibility) how much these interactions, presenting convergences or divergences between “identity for oneself” and “identity for the other”, reflect in the professional practice of these individuals. However, it is pertinent to infer that, in the event of an alignment between “professional identity for me” and “professional identity for others”, there is the possibility of reflecting on good professional practices.

Final Considerations

Professional identity is characterized as continuous, unfinished and nonlinear construction, involving the relationship of the individual and the social groups with which he/she interacts. The findings of this study prove that this relational process is inseparable and permeated by moments of conflicts in which this identity is put to the test, is questioned, causing the “me” to enter into a process of identity reconstruction.

There is a polarization installed among the interviewees, even if belonging to the same institution, and this clearly reflects the relational interactions established between each individual or groups of individuals and the institution, i.e., between the “me” and the “others”, the latter being able to influence the identities under construction. This shows that each individual perceives the other - the institution’s gaze, differently.

Similarly, it occurs when referring to the interaction between the interviewees and social groups, because it is through this established social relationship that professional identities are reconstructed in a movement to try to approximate the boundaries between identity for me and identity for others. If there is an approximation between these conflicting identities, it becomes possible to think about identification and belonging to social groups,

and also, a possibility of strengthening this identity.

Collaborations:

1 – conception, design, analysis and interpretation of data: Ellen Maria Hagopian, Fábio Soares Melo, Genival Fernandes de Freitas, Viviane Barrère Martin Taffner, Margarete Maria Rodrigues and Marcus Vinícius de Lima Oliveira;

2 – writing of the article and relevant critical review of the intellectual content: Ellen Maria Hagopian, Fábio Soares de Melo and Genival Fernandes de Freitas;

3 – final approval of the version to be published: Ellen Maria Hagopian, Fábio Soares de Melo and Genival Fernandes de Freitas.

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