

For a dialectical and communication-related identity in Nursing

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The construction of the identity of a professional group is the subjective dimension of its professionalization process, understood as a process of affirmation, autonomy construction and social recognition⁽¹⁻²⁾. Because it is founded on relationships, of recognition or non-recognition, identity is a concept that is related to communication, but it is translated into objective dimensions of the professionalization process (objective statute, autonomy and social image). Thus, identity is internal and external, that is, it refers both to a professionalism that comes from the inside (which, being diverse, must be clarified), and to a professionalism that comes from the outside – concerning the social recognition that is usually achieved through the strength of the professionalism that comes from the inside⁽³⁾. Although the study of identity can focus on the professionalism that comes from the outside, it is especially relevant to explain the professionalism that comes from the inside and to inform self-regulation processes – clear definition of the knowledge, ethics, practices and relations that are typical of it –, for although the statute, the social image and the autonomy recognized from the outside can derive from external prescriptions, they depend mainly on what the professional group is capable of doing internally.

Professional identity is simultaneously collective and individual⁽¹⁻²⁾. The individual identity refers to symbolic contents that inform expectations and the playing of roles, and also to feelings of worth and worthlessness that are associated with them. The collective identity refers to discourses and practices that shape and are shaped by social representations and organizational structures. The individual and collective identities are mutually constructed and the strength of each one of them depends on the way in which one amplifies and sustains the other. In both cases – individual and collective identities – the symbolic contents that define knowledge and ethics occupy the identity professional nucleus that influences and feeds on the professionals' practices and relationships (their diverse entities and partners) within a given context.

In addition, identity – of one professional, of a professional group or of a profession – is an ecological concept⁽¹⁻²⁾. Assuming that the construction of the professional identity has an ecological character means to recognize, on the one hand, its contextual character (historical, geographic and cultural) – which varies from country to country, from culture to culture –, and, on the other hand, its systemic character – admitting that the individual, interpersonal, organizational and societal levels interfere in identity construction in a specific, but also conjugate, way.

This conceptual framework has become the necessary basis for a propositional argumentation. If the postmodern lines and the experienced and discursive forms that they enable have definitively opened an original space for the affirmation of Nursing and its professionals, it becomes necessary to take advantage of the framework's potentialities in order to translate it clearly into performance indicators, education curricula and into a strong professional discourse.

Although the affirmation of professional identity, as it is clear in the conceptual exposition presented above, always needs diversity (there is no identity breathing without diversity), it also needs a minimum of clearness and coherence in its principles, and a minimum of harmony among the diverse subsystems on which it depends⁽⁴⁾. Without this, what is gained at one level can always be neutralized by what is lost at another level.

The persistent ambiguities and polarizations of the adventures of professionalization and professionalism in nursing indicate that a large part of the recognition criteria in nursing continue to be borrowed from medical power, which reveals the need to develop an attachment to forms of recognition that are centered on the specificity of knowledge in nursing. Due to this, we propose nursing identities that are openly dialectical, concerning their symbolic content (combining scientific-technical and ethical-expressive knowledge), and related to communication, concerning their action schemes (informed by communication-related rationality).

This communication perspective is translated into specific emphases on each one of the levels of the ecological system that is inhabited by the identities, which can inform professional references, education decisions and investigation foci. I present below only the central trends of such levels.

At the individual level, appeals to the creativity of the self and to the reflection from self to self become pertinent⁽⁵⁻⁶⁾. At the interpersonal or team level, the place of the close other is emphasized (supervisor, tutor, coworkers), as a cognitive challenge and affective support, in the concrete and face-to-face interaction with the other⁽⁶⁻⁷⁾. At the organizational level, the complementariness among different groups (due to ideology, task or position) takes the place of intergroup competition, which, having originated in the search for a threatened personal recognition tends to maintain the hegemonic groups as such. At the societal or macro level, the explicitness and dissemination of an intentional, assertive and clarified discourse that is capable of feeding new social representations of the profession become important⁽⁸⁾, together with new representations of health, disease, workplaces and professionals, structuring new dispositions and habitus, identifications and attributions.

These dialectical and communication-related identities of (neo)professional nursing have been pointing for some time to the special development of professional attitudes of reflection and investigation. However, they also point to the development of a critical professional attitude, not only as an indispensable counterpoint to the profession's history of subordination, but also as a means of unavoidable resistance to the current mercantilization trends in the field of health⁽⁹⁾.

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