

EDITORIAL

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¹ Universidade de São Paulo, Escola de Enfermagem, Departamento de Orientação, São Paulo, São Paulo, Brazil.
E-mail: genivalf@usp.br

Care – The Essence of the Nursing Professional Identity

Taka Oguisso¹, Genival Fernandes de Freitas¹

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The creation of the first nursing journal in Brazil is linked to the figures of nursing pioneers, such as Edith de Magalhães Fraenkel, first dean of the School of Nursing, University of São Paulo, and Rachel Haddock Lobo, at the time dean of the Anna Nery School, in Rio de Janeiro. History shows that in 1929, the Brazilian Nursing Association, represented by Ms Fraenkel, was officially accepted as a member of the International Council of Nurses (ICN)⁽¹⁾. At this event, Edith met with her former professor, Lillian Clayton, then president of the American Nurses Association, who told her that “a profession needs an association and a journal to progress”⁽¹⁾. The two pioneers worked for three years before bringing the suggestion to concretion and in 1932, they launched the first Brazilian nursing journal. The USP School of Nursing Journal, *Revista da Escola de Enfermagem da USP*, emerged in September 1967 through the hands of another remarkable pioneer, Maria Rosa Sousa Pinheiro, the school’s second dean, thus consolidating Lillian Clayton’s idea about the development of the profession. In that first edition of the new journal, currently celebrating its 50th anniversary, Maria Rosa registered the true historic saga of the foundation of the School of Nursing.

In the journal’s second volume, in 1968, Wanda de Aguiar Horta, another of the school’s legendary figures and professor, eager to produce her nursing theory, attempted to conceptualize nursing. To this end, she analyzed Florence Nightingale’s definition and those of other notable nurses, such as Sister Maria Olivia, from the Catholic University of America, and Virginia Henderson, presenting her own concept based on the idea of “assisting human beings by caring for their basic needs”⁽²⁾. Since that time, this conceptual issue has permeated discussions and studies in attempts to define the essence of nursing and a form of characterizing its professional identity.

At the dawn of the profession, when nursing was practiced almost exclusively by women, nurses were easily identified from a distance inside hospitals amid all the other professionals due to their traditional cap, the universal symbol of nursing. Originally, the nurse’s cap was derived from the habits of nuns, who covered their hair with veils to show primness and modesty. The veil was shortened and adapted for nursing candidates and later turned into the cap, which was incorporated into the nurse’s uniform and its use stimulated by Florence Nightingale as a form of maintaining professional appearance. With the growing number of men entering the profession, who never wore caps, the need for a common uniform for both genders, and the issue of the caps possibly transporting microorganisms, the well-known identifying symbol for nurses fell into disuse and disappeared in the 1970s.

What then would become the professional identity of nursing? Theoretically it seems clear that this professional’s identity consists of the effective activity

of providing care, which was converted into a technical and unique activity among all those performed by health professions, differentiating nurses from other professionals. Thus, care became the essential and fundamental function, or the ultimate reason that justifies all of the nursing professional's activities and competencies. However, if nurses unanimously agree with this statement, it must also be considered the signs that we are willing to produce to demonstrate such identity. In practice, we accept that the essential function of the profession is to PROVIDE CARE, but at the same time, there is strong resistance to actually ACTING like a caregiver⁽³⁾. What is the reason for this contradiction? One explanation may lie in the fact that the activity of caring occurs during a concealed phase, i.e., during a period of dependency, when patients receive hygiene care, even the most intimate, are fed, and have their physiological needs met through the hands of the caregiver. Another plausible historic reason refers to the historiography of care, as this was considered a domestic activity, associated with women, consisting of invisible and socially depreciated work.

Thus, technique has become a working tool for care, and administrative knowledge a working tool for organizing the environment. The practical dimension of technique and the practical dimension of administrative knowledge have resulted in the technical division of nursing work: some agents administrate while others execute⁽⁴⁾. However, some believe that "the functions carried out by nurses characterize, therefore, the overvaluing of aspects related to administration and personnel supervision, in detriment to the technical-care aspects, despite these being the aspects that demonstrate skill and excellence"⁽⁵⁾.

Few patients remember who bathed, cared for, cleaned, or assisted them. It is always more glamorous to remember and tell friends about the sophisticated test and procedure or the specialized surgery or treatment received. How can we recover the value of human care without belittling the value of technology, which can contribute as a driving force of quality and safety of care, so advocated for nowadays? Those who provide care cannot neglect the value of technique/technology, given that nursing consists of "people who care for people", as stated by professor Wanda de Aguiar Horta in her teachings⁽²⁾.

More recently, other authors⁽⁶⁾ have also corroborated this need to build up a professional identity. Although the characteristics of such identity can change over time, the nurse identification remains a powerful force, granting her recognition within a broader social group. In sum, history suggests that the search for a professional identity adds meaning to life and work⁽⁷⁾.

REFERENCES

1. Carvalho AC. Associação Brasileira de Enfermagem, 1926-1976: documentary. Brasília: ABEn; 1976.
2. Horta WA. Conceito de enfermagem. *Rev Esc Enferm USP*. 1968;2(2):1-5.
3. Castell RMA. La identidad profesional de la enfermera. *Rev Rol Enferm*. 1992;15(170):39-44.
4. Almeida MCP, Rocha SMM. O trabalho de enfermagem. São Paulo: Cortez; 1997.
5. Carvalho V, Castro IB. Reflexões sobre a prática da enfermagem. In: Anais do 31º Congresso Brasileiro de Enfermagem; 1979 ago. 5-11, Fortaleza, CE. Fortaleza: ABEn; 1979. p. 51-9.
6. Johnson M, Cowin LS, Wilson I, Young H. Professional identity and nursing: contemporary theoretical developments and future research challenges. *Int Nurs Rev*. 2012;(59):562-9.
7. Lynaugh JE. Identity: the meaning of nursing. In: Baer ED, D'Antonio P, Rinker S, Lynaugh JE. *Enduring issues in American Nursing*. New York: Springer; 2002.