Cogitare Enfermagem

PROFESSIONAL IDENTITY OF NURSES IN THE MENTAL HEALTH FIELD: AN INTEGRATIVE REVIEW

HIGHLIGHTS

1. Nurses have a fragile understanding of their scope of work.
2. Nurses present a fragmented perception between physical and psychic care.
3. We found fragile identity demarcations among mental health nurses.
4. Work processes anchored in nursing theories were discussed.

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ABSTRACT

Objective: to analyze the production of knowledge in the scientific literature on the constitution of professional identity in nurses working in the field of mental health. **Method:** integrative literature review through the Virtual Health Library portal in four databases: Lilacs, Scielo, PubMed and BDENF. The eligibility criteria were full original articles published from 2017-2022 in English, Portuguese, or Spanish. **Results:** the sample was composed of 18 studies grouped into two thematic categories. The results are about the (in)definitions of the work process of nurses working in the mental health field, and about the fragmentation of care and its implications for the constitution of this professional identity. **Conclusion:** nurses play diversified roles in their daily work, which contributes to an insufficient understanding of their scope of attributions and directly impacts the perception of their professional identity.

DESCRIPTORS: Psychiatric Nursing; Nurse's Role; Mental Health Assistance.

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INTRODUCTION

Identity brings in its concept a polysemic and complex meaning, being an object of investigation in different areas of knowledge, often used to understand the insertion of the subject in the world and its relationship with itself and with the other[1]. It is subjectively constituted as a locus of constructs organized by individuals that conform to a concept of self, mediated by socialization processes throughout their lives. Therefore, it is produced dynamically, following the historical-social transformations of the reference groups to which the subjects are linked[2].

The discussion of the concept of professional identity is based on this psycho-sociological conception of the construction of the self, with special emphasis on the professional-social context. It can be understood, in the range of multiple conceptualizations and theoretical references about professional identity, as a complex phenomenon, a product of socialization mechanisms, in which the biographical characteristics of the individual, the organizational context, and their formative paths play a key role in its constitution[3].

Blin[4] highlights the social context, the environment in which a certain profession is performed, as one of the fundamental elements for the constitution of the worker's professional identity. This context includes organizational characteristics, practices, and specific knowledge agreed upon by a group, which constitute common references in the professional field and guide the subject to acquire and share his/her own attributes in this field.

Particularly regarding the identity constitution of the nursing profession, one must consider that their work, as a social practice, is inserted in each structured historical context, which influences their professional trajectory and the organization of their work processes, in a continuous movement of (re)conformation of their identity[5]. In this sense, the professional identity of nurses can be understood as a historical, complex, and collective process, which involves elements from their biographical trajectory and educational process, as well as from their professional and social relationships, transmuting throughout the daily experience of their work practice[6].

Studies on the professional identity of nurses point to the historical influence of religious and military elements, gender inequality, and marks of submission and obedience, especially to the medical figure. Additionally, the lack of clarity about their work processes for managers, users, health teams and the nurses themselves contributes to weakening the professional identity of these workers[7].

Considering the relationship between identity and historical-social aspects, it is important to highlight the transformations that have occurred throughout the trajectory of Nursing in the field of Mental Health. Facing the context of paradigmatic transition inaugurated by the Psychiatric Reform process, in which the mental health model was redirected to assumptions anchored in care in the territory and with a focus on integrality and singularities of the users, weakening the asylum isolation, nurses, as essential professionals to the structuring of the health system, have been challenged to revisit their object of work, to expand the instruments and technologies of action and to re-signify the purpose of assistance[8].

In addition to the historical-political aspects mentioned above, a more profound understanding of the professional identity of these nurses working in the mental health field is relevant because it indicates possibilities and paths for improving the quality of care, the satisfaction of users, and the degree of job satisfaction of the professionals[9]. Although the literature expresses the understanding about the role of these professionals in the mental health field (organization of functions), it is considered necessary to characterize the elements of identity (re)configuration (organization of meanings) of the professionals in this field[10].

Considering the above, this study aimed to analyze the main findings in the scientific literature about the constitution of the professional identity of nurses working in the mental health field.

METHOD

This is an integrative literature review. The acronym P.I.Co (P = Population, I = Phenomenon of Interest, Co = Context of Study)[12] was used to develop the guiding question, with the population represented by nurses; the phenomenon of interest, by their professional identity; and the context referred to work in the mental health field. In attention to the objective of this research, the following research question was defined: "How does the scientific literature present the constitution of professional identity of nurses working in the mental health field?"

The search was conducted in January 2022, through the Virtual Health Library (VHL) portal, in the following databases: Latin American and Caribbean Literature on Health Sciences (LILACS), Scientific Electronic Library Online (SciELO); Medical Literature Analysis and Retrieval System Online (MEDLINE); and the Nursing Database (BDENF). For the selection of descriptors, we considered the classification of Descriptors in Health Sciences (DECS) and Medical Subject Headings (MeSH). Thus, the following associated descriptors and their equivalents were used in English and Spanish: "Psychiatric Nursing" AND "Nurse's Role" AND "Mental Health Assistance"; "Psychiatric Nursing" AND "Nurse's Role" AND "Mental Health Assistance"; *"Enfermería Psiquiátrica" AND "Rol de la Enfermera" AND "Atención a la Salud Mental"*.

As eligibility criteria, we adopted articles from original research, available online, in full and published in Portuguese, English or Spanish, during the period 2011-2021. The choice of this time frame is favorable to the expansion of the results found and is justified by the implementation of the Psychosocial Care Network through Ordinance No. 3088 of 2011. Duplicate studies were counted only once, and those that did not answer the research question were excluded.

A total of 4,460 publications were found in the databases. After applying the inclusion criteria and eliminating six duplicate studies, the titles, and abstracts of 272 studies were read. Subsequently, 39 studies selected after applying the exclusion criteria were read in their entirety, resulting in a final sample of 18 publications. We adopted an adaptation of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)[12] developed through the flowchart in Figure 1.
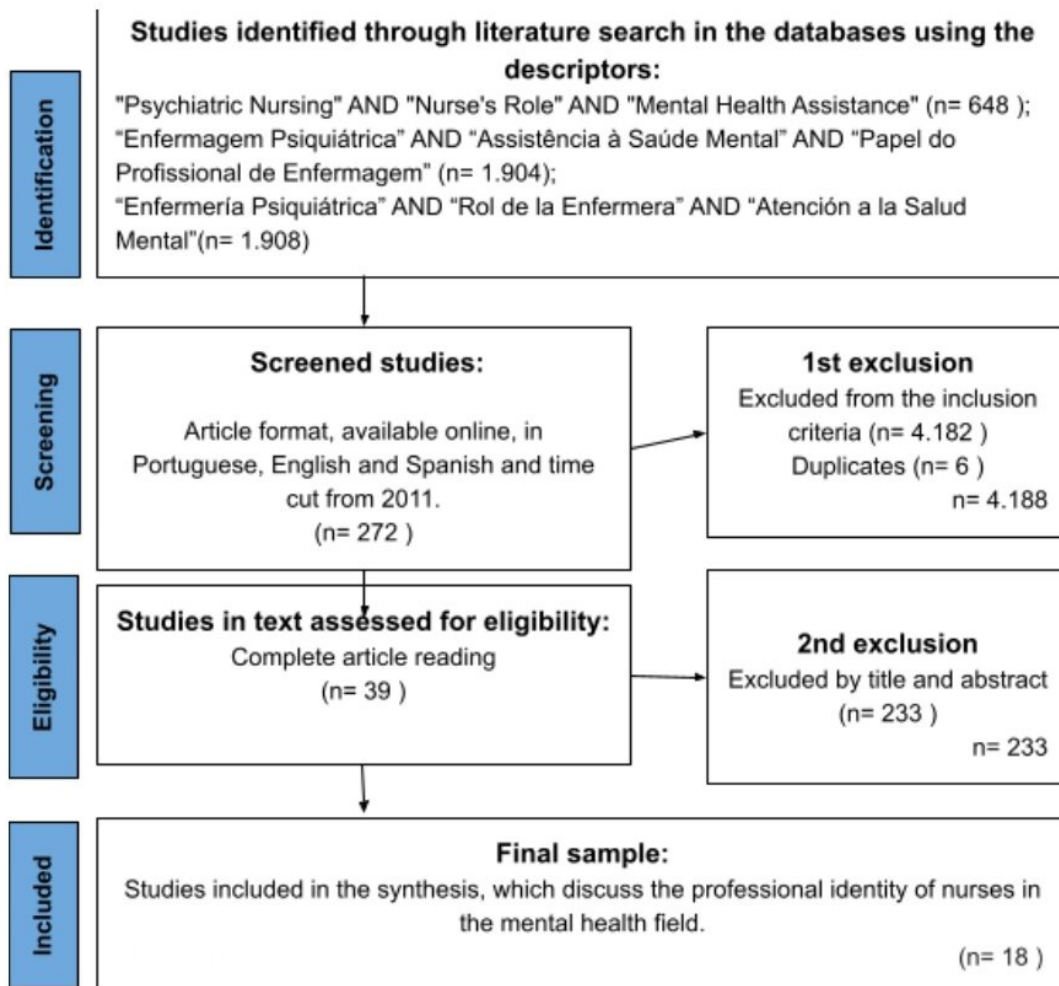
Figure 1 - Flowchart with representation of eligibility and inclusion of studies. Salvador, BA, Brazil, 2022.

Source: The Authors (2022).

For the first evaluation, the titles and abstracts were read to assess their suitability to the guiding question and objective. Regarding the risk of bias among the studies, to ensure greater reliability of the information, the selection was carried out independently by two authors of this article, and disagreements were resolved by consensus with a third reviewer. At this stage, there was disagreement between two reviewers in three articles, requiring the collaboration of a third author for the final decision, totaling a final sample of 18 articles included in the review[13].

The articles selected for the final review were read in full and their contents were submitted to a thematic analysis[14] for ordering, classification, and categorization of the results. Based on the analysis and synthesis of the articles selected for this review and the reflections that emerged during the exploration of the texts, aligned with the objective of this study, the results could be grouped into two (02) thematic units, containing elements of characterization of the professional identity of nurses working in the mental health field: Professional identity and (in)definitions of attributions, and Professional identity and fragmentation of care.

RESULTS

Chart 1 shows the characterization of the 18 articles selected. Of these, Brazil stood

out as concentrating most of the productions (nine, 50%), followed by studies from the United Kingdom (four, 22.2%), Australia (two, 11.1%); Canada (one, 5.5%) and Turkey (one, 5.5%). Little variation was observed regarding the number of publications per year, with the highest number of articles published in 2020 (five, 27.7%), followed by 2011 (one, 5.5%); 2012 (two, 11.1%); 2014 (one, 5.5%); 2016 (two, 11.1%); 2017 (two, 11.1%); 2019 (three, 16.6%); and 2021 (one, 5.5%). There was no difference in the number of studies published in Portuguese (nine, 50%) and English (nine, 50%), with no articles published in Spanish.

Regarding the methodological approach, qualitative studies were found mostly (n=15), followed by mixed methods (n=3). Regarding the practice setting where the studies were developed, eight chose the hospital setting, four were carried out in community-based mental health devices, two chose to research in both settings and 04 did not specify the study settings.

Chart 1 - Characterization of the studies according to title, year, country, objective, type of study and main findings. Salvador, BA, Brazil, 2022

Title/Year/Country	Major Findings	Thematic Categories
15. Mental Health Nursing: waiting room intervention in integral health care (2020, Brazil)[13]	Meetings in the waiting room favored the articulation between the theoretical and practical knowledge of nursing care, constituting a valuable space for the development of group educational actions to be undertaken by mental health nurses.	Professional identity and (in) definitions of the work process
16. Implementation of the nursing process in mental health: convergent-assistance research (2020, Brazil)[14].	Insufficient training to perform the Systematization of Nursing Care (SAE) and operationalization of the Nursing Process (NP) in mental health. The implementation was perceived, however, as a possible way to articulate with the National Mental Health Policy.	Professional identity and (in) definitions of the work process
17. Nurses of Psychiatric Urgent Care and Emergency Services: Analysis of Professional and Educational Profile (2017, Brazil)[15]	Professionals lack specialized training and clinical practice in the care of psychiatric urgencies and emergencies. Male professionals continue in the front line of clinical practice, which denotes the persistence of elements of the asylum model.	Professional identity and (in) definitions of the work process
18. Care in the psychiatric hospital from the perspective of the nursing team (2014, Brazil)[16]	Nurses point to sensitive listening, personal availability, and attention to the singularity of care as necessary attributes. The care is operated in a scenario of tensions experienced by the duality of the asylum and psychosocial paradigms	Professional identity and (in) definitions of the work process
19. Changes occurred in professional practice around mental health facing the Brazilian Psychiatric Reform in the view of the nursing team (2017, Brazil)[17]	The nurse plays a comprehensive role in care practices, exercising greater professional autonomy, and it is necessary to develop new competencies and skills to provide qualified mental health care.	Professional identity and (in) definitions of the work process

20. Mental health actions and the nurse's work (2020, Brazil)[18]	Participants of the study point out difficulties regarding the delimitation of their scope of action in the logic of interdisciplinary work. They identified themselves as facilitators of professional teamwork, with a focus on physical health care.	Professional identity and (in) definitions of the work process
21. Working conditions of the nursing team in mental health devices (2020, Brazil)[19]	The insertion in the mental health field is not the first choice for nurses. The lack of training and difficulties in establishing interdisciplinary partnerships contribute to dissatisfaction in the daily work.	Professional identity and (in) definitions of the work process
22. Roles, conflicts and gratifications of specialist nurses in psychiatric nursing and mental health (2021, Brazil)[20]	Specialist nurses identify themselves by acting more focused on direct care to the service users and less bureaucratic. They observe personal gratification through professional recognition by the team and users.	Professional identity and (in) definitions of the work process
23. Nursing Process in the daily life of nurses in Psychosocial Care Centers (2014, Brazil)[21]	The Nursing Process is executed in a bureaucratic way. There is a lack of clarity of the scope of action of the nursing team together with the multi-professional team, hindering the performance based on integrality and the proper use of the NP as a contribution of the nurse.	Professional identity and (in) definitions of the work process
24. 'In the middle': A qualitative study of talk about mental health nursing roles and work (2019, Australia)[22]	Diversification, lack of definition and ambiguity of attributions, with a focus on managerial/administrative functions are pointed out by nurses, which contributes to the invisibility of their work and feelings of professional frustration.	Professional identity and (in) definitions of the work process
25.Person-centered psychiatric nursing interventions in acute care settings (2019, Canada)[23]	Data analysis revealed the theme of Person-Centered Care. The following were highlighted: horizontalization in the professional-client relationship; agreement on individualized care plans based on resources and goals and jointly agreed upon; empathetic posture; active listening skills; and, educational actions.	Professional identity and fragmentation of care
26. Physical health monitoring in mental health settings: a study exploring mental health nurses' views of their role (2016, United Kingdom)[24]	The study participants demonstrated clarity about the attribution of monitoring the physical health of service users. They emphasized the importance of integration between physical and psychological care, a responsibility that should be shared among the health team.	Professional identity and fragmentation of care

	The study revealed incongruities between the nurses' perception and their practice: despite recognizing physical health care as attributions of the profession, the actual practices related to these users' needs were not evident.	
27. Physical Healthcare of People with Serious Mental Illness: A Cross-Sectional Study of Nurses' Involvement, Views, and Current Practices (2019, Turkey)[25]	The study revealed incongruities between the nurses' perception and their practice: despite recognizing physical health care as attributions of the profession, the actual practices related to these users' needs were not evident.	Professional identity and fragmentation of care
28. Should we, or shouldn't we? Mental health nurses' views on physical health care for mental health consumers (2012, Australia)[26]	The study pointed out varied perceptions among the nurses, showing ambivalence regarding the understanding of the limits of their role in relation to the users' physical health care.	Professional identity and fragmentation of care
29. Supporting mental health nurses in meeting the physical health needs of people with severe mental illness in acute inpatient settings (2011, United Kingdom)[27]	The findings of the study showed inconsistencies between the responsibility perceived by nurses and the actual practice of the attributions based on the objectives, which highlights the need for clarification regarding the scope of action and training of skills for such.	Professional identity and fragmentation of care
30. The chasm of care: Where does mental health nursing's responsibility for the physical health care of people with severe mental illness lie? (2016, Australia)[28]	The findings revealed that the institutional culture exerts influence on the nurses' conduct regarding the users' physical health care. However, on an individual level, these professionals remain uncertain about the limits of their professional responsibility in this matter.	Professional identity and fragmentation of care
31. How does mental health nursing contribute to improving the physical health of service users with severe mental illness? A thematic review (2016, United Kingdom)[29]	The study indicated that physical health was not presented as a priority, and there is fragmentation between physical and mental health in the practice of the professionals. Nurses pointed out the need to strengthen their skills for physical health care.	Professional identity and fragmentation of care
32. Role of the mental health nurse in relation to physical health care in severe mental illness: An integrative review of 10 years of UK Literature (2012, United Kingdom)[30]	Nurses do not go through routine training processes to act facing the clinical issues of mental health users, with an important expression of role ambiguity among the professionals themselves. Poor communication between services of different levels of complexity were also pointed out as a challenge for the integrality of care.	Professional identity and fragmentation of care

Source: The Authors (2022).

DISCUSSION

The studies in the sample bring elements of identity conformation perceived by nurses, users and other professionals in mental health services, represented by the perception of beliefs, values, motivations and attitudes before the daily work experiences of these professionals in this context. Considering that the sample was composed of studies from multiple nationalities, it is worth pointing out the differences found in the characterization

of national studies in relation to those developed in other countries.

Part of the studies developed in Brazil revealed the privilege for the development of professional practices based on the premises of the Brazilian Psychiatric Reform and skills for work performance linked to the establishment of the therapeutic relationship, such as availability for qualified listening; integrality of care with respect for the uniqueness of the experiences of the subjects; posture of empathy; relational skills to offer continuity to psychic crises, conflict mediation and equal insertion in interdisciplinary work teams[18,19,22]. On the other hand, some Brazilian studies mentioned ambiguities and conflicts regarding professional attributions, as well as lack of training to act in the field[17,20,21,23].

The studies from other countries, however, had as their predominant theme the nurses' responsibility towards the clinical needs of mental health service users. For the most part, nurses were identified as a professional group with responsibilities focused on collecting and monitoring clinical data, performing administrative and coordination activities, with conflicting identity delineation marked by the perception of fragmented care practices in the body/mind duality.

Such differences found between the Brazilian reality and the international context may be related to the different historical-political processes and models of assistance to Mental Health, which guide assistance guidelines, organization of the services network and curricular matrices for professional formation. Additionally, the diversity of the scenarios of the nurse who works in the mental health field, involving hospitals and extra-hospital services, demands adaptation to different organizational characteristics, institutional policies, and contexts, which, consequently, influence the perceptions about his/her professional identity in the different spaces of work.

The organization of work processes based on the logic of interdisciplinarity is essential to work in mental health and provides an opportunity to expand the repertoire of skills and competencies of nurses in the multidisciplinary team. Consequently, there is an opening for the flexibilization of professional roles traditionally based on the medical-centered model[33]. On the other hand, it challenges nurses to recognize new identity demarcations with their peers and the interdisciplinary team. The attenuation of occupational boundaries tends to result in the demand for a field of specificity for these professionals, and the complexification of their work processes emerges accompanied by uncertainties about their contribution in their specific core of knowledge[24].

The fragile understanding about the nurse's own scope of work is an obstacle to the strengthening of her professional identity before her peers and the multi-professional team, which leads to feelings of insecurity, job dissatisfaction, and compromising her autonomy to act in her workspace. Thus, these professionals may feel invisible and underestimated in their professional attributions, which tends to impair the quality of care provided and their insertion among the nursing and interdisciplinary teams, besides compromising their degree of job satisfaction[22].

It is noteworthy that the interdisciplinary, as a work organization strategy, does not correspond to a situation in which all professionals perform the same actions because the distinct and diverse contribution of each professional core is the element that confirms the nature of this logic of work[34]. This highlights the importance of nurses seeking greater clarity about the competencies of their specific core and, especially, questioning the aspects inherent to their private role, as an essential exercise for the operationalization of mental health care processes and for their identity constitution in this scenario.

Considering that two of the studies in the sample were about the Nursing Process[16,23], it is noteworthy that, in the national literature, one of the proposals discussed equating the conflicts of the nurse's performance in the mental health field is based on the use of the Nursing Process (NP), managed by nurses, as a contribution to the development of the Singular Therapeutic Project (STP) planned to be carried out by the multi-professional team in mental health services[35-36].

Studies suggest that this communication between NP and STP has the power to open a path to overcome the asylum model in nursing actions re-signified and operationalized under the aegis of psychosocial care, also meeting the responsibility of nursing in the multidisciplinary team in a scientific, systematized, and humanized way[16,20,23,37]. Alves, Servo and Almeida[38] reinforce the debate between the relation between NP and professional identity, pointing out that the non-implication of this important instrument in the construction of professional identity expresses the lack of understanding of the nurse about his/her identity and the conflicts that demarcate the search for this identity process.

It is also worth mentioning that in three studies of the sample it was identified that mental health is not the first choice of professional field for nurses, besides the lack of specialization of professionals in the area. It is known that the mental health field is historically not recognized as attractive among health professionals because it still holds stigmas associated with people with mental disorders, reinforced by a deficient education during graduation[39-41]. The low qualification for the job, in turn, tends to contribute to the lack of clarification as to its occupational scope and, consequently, to the demarcation of an identity in this field of work.

The relationship between professional identity and the fragmentation of care in mental health emerged as a category in face of the diversity of studies on this theme that pointed out the privilege of care to psychic demands in detriment of care to clinical comorbidities[20,26-32]. Difficulties in differentiating clinical and psychological symptoms and the persistence of a dualistic perspective and care for body and mind were pointed out. It is noteworthy that these differences point to the fragmentation of care practices, which compromises the perspective of a comprehensive approach to the care of individuals who experience mental disorders.

The perspective of these studies about the attributes and attributions of the nurse is related to the functionalist and biologist view of care, and the professional is recognized for performing managerial and care activities such as clinical triages and administration of medications and issues related to prescriptions. These findings suggest an identification of nurses with work focused on psychiatric symptoms, based on the biomedical model. The persistence of the overvaluation of medical knowledge in detriment of other knowledge, besides collaborating with the maintenance of the asylum model, imprisons the nurse in their historical identity demarcation linked to their affiliation with the medical figure, thus compromising the development of autonomous practices and the strengthening of the social value of their work[42]. The nurse's work process is marked by care management, as well as focused on the production of health care itself, being, however, often tangential to the scope of administrative and low complexity actions. In this sense, it lacks the nursing theories that underpin its practice and, consequently, the Nursing Process itself. Even in the field of mental health, it is possible to verify an inconsistent appropriation of theoretical references proper to nursing and, consequently, a not very cohesive association with its practice[43].

I'm still regarding the fragmentation of care, the literature has pointed to the following reasons: nurses' lack of knowledge and preparation to meet the clinical demands of users; poor communication between health systems, especially in primary care; and the complexity of the health needs presented, usually crossed by socioeconomic precariousness and stigmatization[44].

It can also be noted that this fragmentation of care, related to studies in Brazil, also has interfaces with the fact that the Psychiatric Reform is still being consolidated. Although more than a decade has passed since the institution of the Psychosocial Care Network (PCN), which aimed to integrate the Unified Health System and articulate the points of primary care and hospital care, to ensure care for people with mental disorders, in addition to having as a priority the consolidation of the open and territorial care model, mental health devices that go through the asylum logic and psychiatric reform still persist[45].

In this sense, a study that identified management models in mental health alerted

to the existence of traditional and normative models and innovative managerial styles, participatory and people-centered, as well as to the coexistence of different management models in the same mental health service. However, he highlighted the potentiality of the transformations driven by the Psychiatric Reform in Brazil and in the world and of the policies of humanization of care in the transition of these models[46]. The debate about the important communication between services of different levels of complexity, especially primary care, to better guarantee care for people with mental disorders has been stimulated worldwide.

Studies mention the difficulty of multi-professional teams in primary health care to effectively intervene on the health needs of people with mental disorders, as well as the insufficient qualification, insecurity, and stigmatization among professionals still present in the care of this clientele[47-49]. In Brazil, matrixing has proven to be the strategy of choice to overcome these barriers and build shared care among the various health care devices[50].

Thus, strengthening the Psychosocial Care Network, from all the devices that compose it, based on the principles and guidelines of the Unified Health System, in the logic of the National Mental Health Policy and in the assumptions of the Psychiatric Reform, as well as situating the scope of work of the nurse within this network and care, are configured as important strategies for the consolidation of the constitution of the professional identity of nurses working in the mental health field.

CONCLUSION

The analysis of the publications indicated that nurses working in the field of mental health have diversified attributions in their daily work, with a fragile understanding of these professionals about their scope of action, inserted in the multidisciplinary work context of the various care devices. The lack of clarity about their work processes reflects directly on the understanding of the professional role played by them in this scenario and compromises the construction of professional identity demarcations important for the recognition of a distinctive place of action in this scenario of practices.

The studies analyzed also pointed to a fragmented perspective of care in its psychic and clinical dimensions, which suggests the persistence of the historical affiliation of the nursing field to the medical figure as an element still present in its identity constitution, which strengthens the relationship of professional subordination to the medical category and confers social devaluation to nurses, offering obstacles to the professional emancipation of their category.

In summary, a key element for the deepening of the discussion about the constitution of a professional identity for nurses in the field of mental health is the construction and recognition of their own know-how, based on theoretical references and systematized management and care practices. This discussion should also be based on the critical reflection about its performance as an agent of defense and consolidation of the Psychiatric Reform, contributing a method and managing and practicing care based on the therapeutic relationship, in detriment of the standardization of diagnoses, and reproduction of hygienic and biomedical practices.

Thus, the findings of this study can support pedagogical strategies for teaching-learning in the training processes of nurses, to approximate and articulate the theoretical productions of the field of nursing and the psychosocial clinic with the practical reality of these professionals in their daily work in Psychosocial Care Centers (CAPS- in Portuguese). It is also suggested that further research be conducted to investigate the potential contribution of a nurse's scope of action, which includes the fulfillment of their private activities, in

congruence with the modes of interdisciplinary work and the production of care of the psychosocial clinic.

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