Cogitare Enfermagem

ORIGINAL ARTICLE

BIOGRAPHICAL AND RELATIONAL PROFESSIONAL IDENTITY OF THE NURSE MANAGER

HIGHLIGHTS

1. Understanding of being a nurse in the management and educational spheres.
2. Intrinsic and extrinsic aspects that influence professional identity
3. Dynamics between biographical and relational professional identities.

Thaís Araújo da Silva[1] ID
Genival Fernandes de Freitas[2] ID

ABSTRACT

Objective: to know and understand the perceptions and meanings attributed to the biographical and relational identity of being a nurse by the social group that acted as director of the Department and Division of Nursing of the University Hospital of the University of São Paulo. **Method:** social-historical study with a qualitative approach. Data collection occurred between March and November 2017. The theory of Claude Dubar was used as a theoretical reference. Eleven interviews were conducted, which were analyzed by the technique of Discourse Analysis. **Results:** two categories emerged. The first highlighted the articulation process, the practice of care, and the Teaching-Assistance Integration program, and addressed aspects related to power and the model-reference. The second listed the role of the teacher/manager and emphasized issues related to recognition and respect. **Conclusion:** this study may contribute to the recognition and visibility of the Nursing area, especially in the field of assistance, management, and teaching.

DESCRIPTORS: Nurse's Role; Identity Crisis; Nursing; Organization and Administration; Teaching Care Integration Services.

[1]Universidade Federal de Pernambuco, Departamento de Enfermagem, Recife, PE, Brasil.
[2]Universidade de São Paulo, Escola de Enfermagem, São Paulo, SP, Brasil.

INTRODUCTION

Professional identities have been studied in the Sociology of Professions and have been impacted by social, historical, political, and economic variations, which have often contributed to identity crises, given that the individual goes through several biographical shocks during his professional trajectory[1-2].

According to sociologist Claude Dubar, professional identity models are shaped when individuals enter the labor market, a phase characterized as Secondary Socialization [3].

Dubar portrays two possible ways to understand professional identity: the first is known as Identity for oneself (Biographical Process); and the second, Identity for the other (Relational Process)[4]. These structures encompass identification processes built through idealized images, which are marked by social identity, since professional roles are artifacts that contribute to the self-concept related to the other in a dynamic of feedback[5]. In these axes we also find conceptions about who I am, how the other sees me, and who I want to be[4].

In many moments, it is necessary to find a balance between what the individual thinks about himself and the labeling coming from others. To mitigate such asymmetries, two methodologies arise: in the first, known as subjective or internal transaction, one finds the identities that are inherited along the life trajectory of each individual, however, one aims to build a new identity in the future which, at this point, is called Targeted Identities; the second method, known as objective or external transaction, allows aligning the difference between biographical and relational identity by means of a readjustment of the internal structures of the individual in function of the external, thus establishing what Dubar calls Attributed/Proposed Identities, Assumed/Incorporated Identities[3].

For the author, there are two types of social formation: Communitarian and Societal. The former is based on a sense of belonging founded on inherited status and behavioral expectations. In the second, the individual's recognition derives from the role played through interests and goals; it is not anchored in inherited designations, but in personal choice[5].

Thus, there is a social identity marked by social duality because of the possible articulations between the I and the We, anchored in the previously mentioned social formations, which allow extracting four dimensions of identification known as: cultural (professionals who maintain proximity to the organization through a parental genealogical line); reflexive-mirrored (professionals who find themselves in their role and are recognized by the group); statutory (professionals who orient themselves through symbolic codes); and narrative (professionals who define themselves by what they do rather than by intrinsic ideology)[5].

The identity formations within an institution are defined by the movement that goes through the biographical and relational process by means of the performance and behavior that the individual as a professional and inserted in a work organization performs before the power structures, being characterized as: Distancing [5] (combines individual preferences with opposition strategies)[6]; Fusional[5] (combines collective preferences with alliance strategies) [6]; Negotiating [5] (combines polarization in the group with opposition strategies);[6] and Affinition[5] (combines individual preferences with alliance strategies)[6].

In the wake of the transformations and possible identity configurations, according to the sociologist mentioned above, the present study dedicates its gaze to the identity nuances from the perspective of the managers of the Nursing Department of the University Hospital of the University of São Paulo (DE/HU-USP in Portuguese) and the Nursing Division of the aforementioned hospital (DIE/HU-USP in Portuguese) in the context of the Teaching-Assistant Integration (IDA- in Portuguese) program between the aforementioned hospital

and the School of Nursing of the University of São Paulo (EEUSP- in Portuguese).

Studies[7-9] have highlighted the theme of professional identity of the nurse in several contexts and scenarios. In this context, the present study is justified by the fact that the participation of these women, nurses, managers and professors of the main teaching and research hospital in Latin America, the University Hospital of the University of São Paulo (HU-USP - in Portuguese), allows the architecting of identity models, which enable the (re) construction of a professional identity for the nurse. Therefore, it is necessary to be guided by the following question: What are the perceptions and meanings attributed to being a nurse from the perspective(s) of the nursing directors of the HU-USP?

The objective is to know and understand the perceptions and meanings attributed to the biographical and relational identity of being a nurse by the social group that acted as director of the Department and Division of Nursing of the HU-USP.

METHOD

This is a historical-social study of qualitative approach, based on the method of Thematic Oral History, since it contemplates the objective of the study by reproducing the convictions, beliefs, and conceptions of the interviewee about a fact that occurred [10].

The initial milestone (1978) is justified by the fact that at that time the HU-USP began to operate fully, offering services in various specialties such as Emergency Care, Pediatrics, and Obstetrics. The year 2015 was delimited because it was the year in which the hospital was threatened to be detached from the USP.

Inclusion criteria for the study were: being a nurse who served concurrently and/or subsequently in the direction of the DE/HU-USP or the DIE/HU-USP and as a faculty member at EEUSP between the years 1978 to 2015.

In total, 12 nurses were contacted, who had worked as directors of the DE/HU-USP or DIE/HU-USP, concomitantly and/or later as professors at EEUSP. One of them, however, a former director of the HU-USP did not participate in the present study because she could not be located. Thus, 11 interviews were conducted by means of a semi-structured questionnaire with the collaborators, according to their choice, at the place and time chosen by them; it was held in the period between March and November 2017 and lasted an average of 35 minutes. The interviews were recorded with the support of two digital media and then transcribed and validated by the participants.

As a methodological reference, we used the technique of Discourse Analysis, which is considered a linguistic practice that seeks to understand an enunciation; however, this action transcends textual analysis, since it probes ideological and philosophical conceptions in the discourses that allow us to reveal the causes of everyone's world perspectives [11].

Claude Dubar's theory was the theoretical reference[2-5], since it supports the investigative proposal that is based on the unveiling of the professional identity of the nurse from the point of view of the nurse managers inserted in the IDA Program between HU/USP and EEUSP. To ensure anonymity, the interviewees were identified by means of an Arabic numeric sequence after the letter 'P' for participant (for example: P1, P2, P3, etc.).

The study obtained approval from the Research Ethics Committee of the University of São Paulo School of Nursing (opinion no. 1,780,931) and HU-USP (opinion no. 1,870,358), in October and December 2016, respectively.

RESULTS

The analysis resulted in two categories: the first - Biographical Identity with the themes: Articulation; Care; Teaching-Assistance Integration and teaching; Political power, centralizing and authoritarian; Model-reference; and the second - Identity for the other with the themes: Role of the teacher/manager; Recognition and Respect.

In the theme 'Articulation', the speeches were based on the movement that integrates professionals from both institutions (EEUSP/HU-USP), and is identified in the speeches of participants[12]:

I think that the most important point, in the administrative processes and in the hospital care context, is to articulate with colleagues who accept challenges and have a different view of the work processes. (P2)

I oversaw managing five units (...). I tried to do a management that articulated all of them (P9)

I consider myself a nurse who believes very much in the articulation between teaching and care between EEUSP and DE/HU-USP. (P11)

The theme 'Care' alludes to the substantial essence of the process of caring in Nursing. Even though the participants were working in a position that required bureaucratic work, they mentioned the importance and the need to preserve the main activity of the nurse [12]:

The articulation of the different knowledge characterized in the context of health processes was competently incorporated to the set of knowledge required to develop care processes. (P2)

Caring is an attitude of consideration, love, moral obligation, and solidarity by and among professionals. (P3)

This was my emphasis: to create the science of Nursing and bring it to care, which, to me, is the reason for nurses' existence; it is what they do - they care. (P4)

It is essential to train our students inside a reference public hospital, because besides being a center of excellence, all the care of the West Zone population takes place. (P11)

Regarding the 'Teaching-Assistance Integration and teaching', the narratives were based on the articulation of the IDA Program between EEUSP and HU-USP, which denotes the expressive need for an adequate fusion between theory and practice[12]:

I involved several colleagues from the School so that we really did an IDA between the academy and the service, and we were able to apply much of the knowledge around management.(P1)

Between the care nurse and the academic nurse, there was an important distance, which today seems to be overcome. I noticed that this is improving because the teachers are realizing that without assistance, they do nothing. (P2)

It was expected that the historical subject of the responsible manager would guarantee a field for teaching and research for EEUSP; however, there was no teaching-assistance integration. The previous directors did not share their work with their peers in the School. The decisions of the disciplines were made and communicated directly to the areas and people of the Hospital, without going through the Nursing Department. (P3)

Another thing I tried to do was to organize the spaces expanding the issue of teaching. The initiative was based on the organization of Nursing Residencies. (P4)

The great legacy I left was to motivate the insertion of nurses from there [of HU-USP] in the postgraduate [of EEUSP] and develop academic activity. (P5)

While I was at HU-USP, my motto was to fight to increase and maintain the presence of students and professors. (P6)

In the classroom we taught the ideal and then in practice we found another reality. Therefore, I always saw in IDA a possibility to make the field a reality for nurses within the perspective that we, teachers, believed in. (P7)

Assistance and management were and are fundamental to be a teacher. I believe that the experience I had at HU-USP, although it was the only hospital where I worked, and that it was, let's say, the oasis of the public network, was fundamental to apply my knowledge with the students. (P8)

We intended to deepen knowledge, train human resources, so that we could adequately meet the expectations and needs of the users of that service; this is the strong point of the IDA. (P9)

We had the reference of what was innovation, like feedback. We had feedback from faculty and students, and the support from faculty to make the necessary improvements. We also gave feedback on how they should implement the studies in practice. (P10)

IDA is not done alone. We could see this with the implementation of the Nursing Classification from the perspective of the North American Nursing Diagnosis Association (NANDA-I), with the partnership between HU-USP and EEUSP. (P11)

Taking into consideration the theme 'Political power, centralizing and authoritarian', nuances are pointed out within the assertive and/or coercive relationships instituted within both organizations[12]:

When the Superintendency was absent, I replaced her; that also gave me a certain power. (P1)

The power relations in a University are located, mainly, in the context of the University Council, where decisions are made that involve all the members of the academia (professors), administrative process servers (professionals) in their work processes and development, and the students of the units. (P2)

The conflicts of interest, the dispute for power and positions, the ego cult, and even professional inexperience made the environment heavy, conflictive. (P3)

The Director of the DE/HU-USP was always someone from Department X [of EEUSP]. These people were very proactive, but were conflict generators, authoritarian and centralizing. When I was indicated by the Congregation to be Director of the DE/HU-USP, I didn't have this profile, but I decided to face it. In the beginning I even tried to be authoritarian, but later I stopped acting like that. This was not my way of being and working. Things had to be solved through dialogue. (P5)

It was because of the presence of EEUSP professors that Nursing at HU-USP could feel secure to remain as a Department, which is something that, in the organizational chart, makes a difference in terms of political power. (P6)

We started working with something called Progressive Care. This generated a power struggle with the Medical School because the physicians wanted to adopt the same model as the "Hospital das Clínicas"(Clinics Hospital). (P7)

When there were processes going on together, the power was at the same level [between the Division directorate and the Department directorate of HU-USP]. The power was centered on the level of knowledge. (P8)

It is important to emphasize that we were aware of the importance of having the academy and the professors there, because before being professors, they were also nurses. Knowing this power structure, which is strong in universities, we knew it was important to have them in the institution. (P9)

The power relationship was something quite complicated in the beginning, but as the years went by, we understood how they develop, and this became a kind of common thing. (P10)

The Deliberative Council [of HU-USP] is made up of the directors of the health units at USP, therefore, the decision-making power is in it. Thus, the Board of Directors of the DE/HU-USP, being inserted in this context, is strengthened, and can be exemplified as a successful experience. (P11)

In the subcategory 'Model-reference', it is understood the establishment of mirror and indispensable standards for the perpetuation of a philosophy and a reference for Nursing[12]:

I believe that the director must be an example. I kept my schedule, I wore white, I wore a badge, I put my hair up (P6)

HU-USP was a model for various institutions. We were a reference for other health institutions and other universities. (P7)

The HU-USP is the only secondary network hospital in the Western region that is a reference for SUS ["Sistema Único de Saúde"](Brazilian Unified Health System). (P11)

Regarding the 'Role of the teacher/manager', the representations of both attributions are visualized in different formats[12]:

The professionals sought the expansion of learning that a teaching hospital should always offer. As there was nothing established or standardized, the manager was seen as a facilitator of each one's interests. (P3)

While you are a teacher, one of the most enjoyable forms of evaluation is being chosen to be a Paranymph or Patroness. In that choice there is no power relationship between the faculty member and the student and that somehow you have contributed significantly to teaching and that is why you were chosen. Even though I was almost all the time at HU-USP as a manager, I was still chosen with this honor, because some students observed my way of doing management. (P6)

Regarding 'Recognition', the forms of identification and certification of something or someone are evidenced[12]:

When the Superintendency was absent, I replaced her; this fostered recognition by my peers. (P1)

People celebrated my presence in HU-USP. However, EEUSP did not show recognition of the activities performed by the management at the time, because there was an emphasis on academic activities and the administrative ones had less weight in the curriculum. (P5)

As much as we knew that there was a disparity in power relations and in recognition, we tried to train ourselves to also assume the management positions. (P9)

I think I was well regarded. The Superintendent asked me to stay and made all possible arrangements for me to stay. With the employees, I always got along very well, even though they thought I was angry, because of my mannerisms. The recognition of competence is very important for the empowerment of professionals. (P10)

Finally, in 'Respect', it demonstrates an action that legitimizes the real professional qualities[12]:

I was very respected. I believe that my/our work was very cohesive, because all the teams shared it. The DE/HU-USP was extremely respected, an attitude that we don't see in other places. This respect helps because we are professors in a respected school, especially if the professor is a tenured professor. (P1)

There was mutual respect. The management process must be like this. You can know everything, see everything, and take this view to the group, but they may present another view, so, one must consider the different views of the problem, present and discuss them to solve them together. (P2)

At HU-USP people accept the displacement of ideas, have high resilience, respect, and consideration for the School. (P4)

In the relationship with the Congregation there were always clashes and differences. EEUSP taught me that it is possible to have a point of view completely different from the other and have a peaceful coexistence, in the sense of discussing by putting our divergent ideas in the meeting, and then have lunch together without conflict. (P7)

I was respected, even by the medical team. (P10)

There [at HU-USP] is an enormous respect that was built by the multi-professional team. (P11)

DISCUSSION

The 'articulation' was emphasized as the axis of the category Biographical Identity, which denotes the reflective-mirrored identity model, since it is evident the commitment and professional recognition that they held for their peers and institutions. In this sense, it is inferred that the ideology of articulation, fostered in the biographical process, was conditioned in a way that lasted throughout their personal and professional trajectories. It is perceived, then, that their perspectives were focused on the culture of integration, which allowed them to identify the groups of belonging and reference.

The theme 'care' states that this is the essence of the profession, even when nurses work in bureaucratic positions. Again, the reflexive-mirrored identity configuration is characterized, especially in P4's discourse, as she tried to pass on her work philosophy to mobilize individuals from her social field to inherit and perpetuate her ideals.

In the topic 'Teaching-Assistance Integration and teaching', all participants reported that such a program should be aligned between the field of teaching and care. Therefore, the reflexive-mirrored identity model stands out, especially in the narratives of participants P1, P2, P4, P5, P6, P7, P8, P9, P10 and P11.

The speeches of participants P1, P2, P7, P9 and P10 present nuances of the cultural format, which shows the supremacy of 'We' over 'I', especially when they refer to the relationships with the individuals involved in the IDA program in the first-person plural (we could, we taught, we believed, among others), which is a result of the family ties built by them in both institutions.

The speech of participant P3 highlights the helplessness when she needed to share or request support from her peers at EEUSP. She claims that this was essential for good management, and this is reflected in her fusional posture due to her irrefutable dedication to the institutions, and with this, she expected a mutual exchange and appropriate recognition.

The adversities related to the IDA program are highlighted, as pointed out by the

narratives of participants P2 and P3. Participant P2 emphasized that there was a significant distance between the nurse caregivers and the nurse teachers, but she believes that this scenario has changed over the years. Participant P3 states that, in fact, IDA did not exist and did not happen. This is corroborated by a study conducted with 103 professors from nursing, medicine, and dentistry courses at the Federal University of Rio Grande do Norte, Brazil, which pointed out challenges and difficulties in the interaction between universities and health services and among the "actors involved in the education process, whether they are professors, students, preceptors, and/or the community"[13:8].

The discourse of P4 about Nursing Residency is noteworthy, since it implies the process of professional qualification / care, and, in the praxis of the specialty not only for the residents themselves, but also for the multi-professional team as well as for the health institution[14].

Professionalization is linked to schooling. Thus, the low level of schooling contributes to the precariousness of professions, since the diploma legitimizes it, and therefore, this process is known as bureaucratization of careers [4]. Thus, the Nursing Residency would be an extension of the formative and labor process, to expand the cultural capital and obtain a diploma at the end of the course, thus understanding that the individual is able to develop the activities in his area of choice.

In the theme 'political power, centralizing and authoritarian', P1's discourse is highlighted by mentioning that there were times when she needed to replace the HU-USP Superintendent, and this gave her power. It is inferred that such a view comes from the corporate bond that she had with the health institution. The sphere of power in professional performance grants the individual social articulations based on decision-making processes, being a product manifested because of the decentralization of competencies[15].

It is observed that the discourse of P5 was anchored in the dynamics of subjective and objective transactions, since the relational identity of the Director of the DE/HU-USP was fixed in an imperative act with a statutory and cultural form, according to what she had observed, considering the expectation of others, that is, for her to maintain this standard of behavior. She also reports that in the beginning she even tried to incorporate the characteristics expected from a director of that teaching hospital, but she said she realized she would not be able to adhere to such a profile; in this way, she established herself in her biographical process, anchored in the subjective transaction, thus raising the manifestation of a targeted identity, i.e., there was a reconfiguration from her worldview and work, because a rupture inherent to an expectation occurred and, consequently, a new identity for the Director of the DE/HU-USP emerged based on empathic and dialogic actions.

The mentality regarding the techniques of rigor, docility, and discipline in Nursing comes from the early days of the profession [16] and insists on remaining as an ideal meritocratic prototype for the practice, even though nowadays nurses have conquered space and autonomy.

The last theme - 'model-reference' - of the category Biographical Identity highlights the narrative of participant P11, who reports that since 2013, the HU-USP has been threatened to be disconnected from the EEUSP; however, she emphasizes that it is a reference for the SUS, and therefore, this would be an invaluable loss. Moments like these can cause identity crises since these are not specific and can occur at any stage of an individual's life and in any organizations[2].

In the conception that philosophy, mission, and work demands influence the worker's life, organizations construct identity matrices, since the negotiations between employers and employees, and the cultural, social, historical, and economic elements that exist in an employing institution contribute to form identity models[3].

The category Identity for the other brings in its first axis the subcategory 'Role of

the teacher/manager'. We highlight the speech of participant P6 who stated that she felt honored when the students invited her to be Paranymph, which gave her the feeling that the students observed her way of managing, since much of her time was dedicated to the DE/HU-USP's Board of Directors. Her fusional posture is configured as a reflexive-mirrored form since she was a mirror for the students.

In the second axis 'Recognition', the scenario of replacement of the Superintendence, evidenced by P1, is denoted again. The identity configuration refers, in this case, to the fusional format, since this participant envisioned professional progression and had the competence to take on the position.

Participant P5 also evidences recognition by her sociative peers at HU-USP. On the other hand, she mentions that she did not have the due recognition from the EEUSP. It is assumed, therefore, that there was an identity crisis of the Distancing type, possibly due to the impression of professional devaluation as manager of the DE/HU-USP.

In the third and last theme 'Respect', from the category Identity for the other, the statements were praised, which were configured as reflective-mirrored identity with a Societal form by virtue of a unison set that met the aspirations of human values.

In view of the above, it is possible to understand that professional identities depend on various factors that are immersed in social relations that permeate the individual since birth. Thus, it is essential to unveil how to be a nurse based on hermeneutic scenarios from the perspective of interpreters of Nursing who have made history throughout time.

The limitations of the study were based on the understanding that this research was developed based on the perception of a peculiar group located in the city of São Paulo, São Paulo, Brazil. Thus, it is desirable to develop other studies in this same direction to obtain a greater understanding about identity configurations.

FINAL CONSIDERATIONS

The knowledge and understanding of the perceptions inherent to the biographical and relational professional identity of the nurse manager of the Department and Nursing Division of the HU-USP, object of the present study, made it possible to expand the discussion on the political and social spaces of Nursing, which do justice to the study of different dimensions and views on being a nurse. In this way, it becomes possible to investigate realities not yet revealed, which allow the unfolding of new notes for the future of the profession.

Through the speeches produced by the protagonists of this study, it was possible to understand the construction of the professional identity of the nurse from a global and singular perspective, which made it possible to conclude that the biographical and relational professional identity of that professional in the respective scenarios was rooted in a commitment to militancy, and that the institutions of work have an impact on the being and being of the individual as a working agent and transformer of reality. To manifest an ideal identity for the nurse, many processes are involved in terms of reflections and intrinsic and extrinsic experiences, especially when they involve scenarios that potentiate or manifest the identity crises.

The contribution of this study may imply future research regarding the recognition and visibility of the Nursing area, particularly in the field of assistance, management, and teaching, both in the formative and professional aspects, which may contribute to the foundation of an ideal professional identity for the nurse.

ACKNOWLEDGMENTS

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Corresponding author:
Thaís Araújo da Silva
Universidade Federal de Pernambuco
Av da Saúde, S/N, Cidade Universitária, Recife, PE, Brasil - CEP: 50670901
E-mail: thais.araujosilva@ufpe.br

Role of Authors:
Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - **Silva TA da, Freitas GF de**; Drafting the work or revising it critically for important intellectual content - **Silva TA da**; Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **Silva TA da**. All authors approved the final version of the text.