

EMBODIED DISPOSITIONS: IDENTITY PERSPECTIVES OF NURSES IN PRIMARY HEALTH CARE*

DISPOSIÇÕES INCORPORADAS: PERSPECTIVAS IDENTITÁRIAS DAS ENFERMEIRAS NA ATENÇÃO PRIMÁRIA À SAÚDE

DISPOSICIONES INCORPORADAS: PERSPECTIVAS DE IDENTIDAD DE LAS ENFERMERAS EN LA ATENCIÓN PRIMARIA DE SALUD

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ABSTRACT

Objective: to analyze the impact of the embodied dispositions in the professional identity of nurses in Primary Health Care (PHC). **Method:** qualitative study, carried out with nine nurses working in PHC in a small town in Bahia, Brazil, through semi-structured interviews. Data analysis was based on Pierre Bourdieu theory, through content analysis, performed with the help of NVivo 10 software. **Results:** three categories were evidenced: feeling of excessive responsibility, feeling of obligation to do even without structural conditions, and work overload. There was a need to invest in strategies that identify the work of the Nursing professional, for a better delineation of the real responsibilities of the profession. **Conclusion:** the embodied dispositions are an important factor in the construction of the nurse's professional identity. It is expected to contribute to the confrontation, analysis, and intervention in the work process of these professionals in their different fields of activity, with a view to building teamwork and their professional autonomy.

Keywords: Professional Practice; Nursing; Nurse's Role; Primary Health Care.

RESUMO

Objetivo: analisar o impacto das disposições incorporadas na identidade profissional de enfermeiras que atuam na Atenção Primária à Saúde (APS). **Método:** estudo qualitativo realizado por meio de entrevistas semiestruturadas junto a 9 enfermeiras atuantes na APS em um município de pequeno porte localizado na Bahia/Brasil. A análise dos dados foi fundamentada na teoria de Pierre Bourdieu, com análise de conteúdo realizada com auxílio do software NVivo 10. **Resultados:** foram evidenciadas três categorias: i) sentimento de responsabilização excessiva; ii) sentimento de obrigatoriedade de fazer, mesmo sem condições estruturais; e iii) sobrecarga de trabalho. Constatou-se a necessidade de investimento em estratégias que identifiquem o trabalho do profissional de Enfermagem para melhor delinear as reais responsabilidades da profissão. **Conclusão:** as disposições incorporadas são um fator importante para a construção da identidade profissional da enfermeira. Espera-se contribuir para enfrentamento, análise e intervenção no processo de trabalho dessas profissionais em seus distintos campos de atuação, com vistas a edificar o trabalho em equipe e a autonomia profissional.

Palavras-chave: Prática Profissional; Enfermagem; Papel do Profissional de Enfermagem; Atenção Primária à Saúde.

RESUMEN

Objetivo: evaluar el impacto de las incorporaciones a la identidad profesional de las enfermeras que trabajan en Atención Primaria de Salud. **Método:** se llevó a cabo un estudio cualitativo con la participación de nueve enfermeras que ejercen en el ámbito de Atención Primaria de Salud en un municipio pequeño de Bahía, Brasil. Para esto se realizaron entrevistas semiestructuradas para recopilar datos. El análisis de la información se fundamentó en la metodología de análisis de contenido de Pierre Bourdieu y se utilizó el software NVivo 10. **Resultados:** emergieron tres categorías: Sentimiento de responsabilidad excesiva; Sensación de obligación de realizar acciones incluso sin las condiciones estructurales adecuadas; y Carga de trabajo excesiva. Se destacó la necesidad de implementar estrategias que definan el trabajo de las enfermeras para establecer claramente las responsabilidades inherentes a la profesión. **Conclusiones:** las actitudes internalizadas son determinantes en la configuración de la identidad profesional de las enfermeras. Esta investigación aspira a contribuir en la confrontación, el análisis y la intervención en el proceso laboral de estos profesionales en distintos entornos, con miras a fortalecer el trabajo en equipo y su independencia profesional.

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INTRODUCTION

Professional identity has been the subject of investigation in different areas of knowledge. It is frequently approached to understand how the subject inserts himself/herself into the world through the socialization processes that permeate his/her biographical, training and professional trajectory. As an important part of the subjects' identity constitution, this identity is constructed in a dynamic way, following the socio-historical contexts that shape the individuals' experiences, generating representations related to the perceptions of themselves and others about themselves in the professional context⁽¹⁾.

Given the current political and economic situation and the advent of the new National Primary Care Policy, which allows new configurations of Primary Health Care (PHC) in accordance with local realities, it is considered urgent to understand the relevance of the role of Nursing as a professional category structuring element in the healthcare services network for ordering, coordinating care and, consequently, legitimizing the Sistema Único de Saúde [Unified Health System] - SUS. This relevance is closely related to the meaning of the actions that are developed by nurses who work in these fields⁽²⁾.

For this study, the contributions of Pierre Bourdieu's sociology will be used as a theoretical reference, since his theoretical construct presents nuclear concepts that can be articulated within the subfield of Nursing, in addition to being fruitful to produce analyzes regarding the positions that nurses occupy the social dynamics in which they find themselves inserted as agents of this subfield. This understanding becomes especially important, as it expands the conception of habitus for the understanding of these professionals' identities⁽³⁾.

Analyzing identity from Bourdieu's framework implies understanding this concept from the notion of habitus, adopted in this study as a disposition incorporated and structured by the individual and social demands of the subjects. This is a fertile path to understanding identity perspectives, as it refers to the individual and social dimensions of the subject inserted in a world that is continually under construction by themselves and others^(4,5).

The objective and subjective practices associated with incorporated dispositions are part of the habitus construction process, as it arises from social relationships and practices internalized by individuals throughout their personal and professional paths. Individual and social actions are deliberately related to embodied dispositions, socially structuring and acting in social and cohesive interactive multi-actions⁽⁶⁾.

Based on the understanding of the habitus associated with incorporated and socially constituted dispositions, the following research question was defined: How do incorporated dispositions interfere with the professional identity of nurses in Primary Health Care (PHC)? Thus, this study aimed to analyze the impact of the provisions incorporated in the professional identity of nurses in PHC.

METHOD

This is a qualitative study, arising from a master's thesis entitled "Bourdesian analysis of the nurse's professional identity in Primary Health Care"⁽⁷⁾.

Qualitative research is defined⁽⁸⁾ as a way of analyzing the role of representations, beliefs, emotions and relationships in the progress of a program or project. Therefore, knowing how anthropological dynamics occur is fundamental to understanding the deeper reasons that promote or hinder the processes and results of social action.

The study population was made up of nurses who worked in PHC in a small municipality, in a city in the countryside of the state of Bahia, Brazil. The research location was chosen due to the peculiarities of this city in the political, employment and healthcare realms, which influence the precariousness of relationships and working conditions. Furthermore, there is a scarcity of studies focused on small municipalities, proven by the lack of research, which makes it pertinent to research the municipality and analyze how the professional identity of nurses is constituted in this field⁽⁶⁾.

The interviewer researcher's initial approach to the participants occurred through a presentation mediated by the PHC coordinator. There were 11 nurses in the service, of which 9 participated in the research. Regarding the number of participants, the eligibility criteria were considered. The inclusion criteria were being a nurse and working in PHC in that city for at least six months; the exclusion was being a nurse away from work due to health problems or vacation time. Therefore, there was exclusion according to the established criteria.

Data collection was carried out between the months of January and February 2020 through a semi-structured interview script, with an average duration of 1 hour and 30 minutes. The interview was individual and guided by a semi-structured instrument, with questions on the nurses' sociodemographic characterization and subjective questions regarding professional identity in the field of PHC. The sample was made up of nurses aged 20 to 30 years (six) and 30 to 35 years (three). Each of them was given the name "Cactus Flower", followed by an

identification number, to preserve anonymity. The interviews were transcribed and sent to the participants by e-mail to validate their statements.

To analyze the interviews, the thematic content analysis method was used⁽⁹⁾. According to the author of the dissertation that originated this article, this technique proposes to identify the cores of meaning that make up a communication whose presence or frequency point to relevant elements for the objective of an analyzed study, using more interpretative checks rather than statistical inferences.

The data was organized using the NVivo 10 software for Windows, and the statements were grouped by recording units. This software is widely used in research in different areas of knowledge, such as health, anthropology and similar, mainly in qualitative approaches. It assists in the exploration of interviews as it enables in-depth analysis, offering multiple possibilities for stratifying statements, word association, data categorization and consolidated management analysis.

After organizing the data, a floating reading of the transcribed interviews was carried out, respecting representativeness, homogeneity, and relevance, with due adaptation of the documents to the object of the work, categorizing the interviews. The next step consisted of the final analysis, which “comprises the interpretative, argumentative, analytical, critical and propositional inferences, highlighting the generalities and particularities of the analyses”⁽⁸⁾, in conjunction with Bourdieu's sociological framework and the author's own perceptions.

Based on the concepts presented about the incorporated dispositions and from the discursive corpus revealed in the analysis, three thematic categories were highlighted that dialogue with each other regarding individual, collective and social aspects of nurses' identity.

Regarding ethical aspects, the participants received clarifications about the research objectives and, after accepting the invitation, they were asked to sign the Free and Informed Consent Form (ICF) and the Voice Recording Authorization Term. The interviews took place individually, in a reserved space chosen by the participant, to preserve their comfort and privacy. The execution of the research was authorized through an opinion report substantiated by the Ethics and Research Committee with Human Beings (REC) of the Universidade Estadual de Feira de Santana, CAAE: 95311918.4.0000.0053, receiving a favorable opinion report for its development through the Certificate of Presentation for Ethical Appreciation No. 2,998,614.

RESULTS

After the step of transcribing the interviews and organizing them in the N-vivo software, they went through a systematic reading process, in which matrix categories related to the sociological framework were constructed, to allocate the main aspects that emerged in the statements, connected to the dispositions incorporated. After reading the statements in detail, the analytical categories that emerged were: i) feeling of excessive responsibility; ii) feeling of obligation to do it, even without structural conditions; and iii) work overload.

Below, in Figure 1, some excerpts from the interviewees' statements are transcribed, organized according to their respective categories.

DISCUSSION

The first category that emerged from the statements integrated into the subjective disposition was “Feeling of excessive responsibility”, which brings the lack of specificity in the nurse's work as a factor that results in the practice of “doing everything”. It is perceived that in this category, there is a lack of delineation of functions, including even the execution of low-complexity activities, which distances these professionals from scientifically based practice. Such characteristics, strongly present in the nurses' performance, reveal a fragile understanding of their real professional role in this practice scenario. Consequently, it impacts their professional identity, in line with the literature, which considers the Nursing professional as the basis of the unit⁽¹⁰⁾.

This phenomenon is attributed to the conflicting perception of himself/herself and his/her practice⁽¹⁰⁾, the lack of delineation of the scope of action in his/her work processes and the uncertainty of his/her competencies. This set of factors hinders the line of the nurse's specific duties, as well as the definition of their professional identity.

The association of incorporated dispositions comes from a process of knowledge and learning, through which people experience their trajectories based on their individual experiences in a stable and systematic way, but not mechanized or irreversible one⁽¹¹⁾.

In this sense, it was possible to correlate Cactus Flower 8's statement with the origin of the field of Nursing, permeated by religious and military values, encompassing all roles in an attempt to show work that is always servile and extremely dedicated. It is observed that Cactus Flower 8 perceives herself as “mother of all”, unhappy with the practice and in conflict regarding her real role.

Figure 1 – Excerpts from the interviews by analytical category. Salvador, BA, Brazil, 2021.

Corpus	Categories
You must manage the action activity, social education, the bureaucratic part of management, all the paperwork, that's all about the nurse must do. (Cactus Flower 3) We have 40 hours, but we never work just 40 hours, we do much more than that, because sometimes I'm at home during my lunch break and my cell phone rings; at night people call me, so you work much more than your working hours. (Cactus Flower 4) Sometimes I control myself as much as possible because we end up taking charge of things that are for us to do, let's say, that are not your responsibility. (Cactus Flower 7) Being a primary care nurse is not easy, you must be everything from a receptionist to a psychologist. You are the one who indeed coordinate the PHC unity. Everything is your responsibility. If anything is missing, it's your fault; if a patient arrives and is complaining, you are the one who must resolve it. If you are at home, healthcare agents send a message letting you know that the patient has gotten worse. All the time, everything is your responsibility. Being everything is not easy. I think Nursing is a little bit of everything, it's not just that band-aid. You must play all the roles in one, I think that's what Nursing is. So, I feel like everyone's mother, as if everyone were my son. (Cactus Flower 8)	Feeling of excessive responsibility
There are some difficulties imposed by the management itself, sometimes we don't have the necessary structure, we don't have sufficient support to do things. Sometimes, you are in the unit and don't have the necessary support, but you need to carry out the work. (Cactus Flower 2) There are issues that are not up to us nurses, as they are a management issue, such as, for example, lack of supplies and other things. But we end up taking a little bit from here, a little bit from there, and end up closing [the workplace]. Sometimes, you must understand that you need to step back and that is not within your jurisdiction. (Cactus Flower 3) You're going to do a preventive procedure, you don't have a suitable stretcher, you don't have the right supply, you're not going to do it or you're going to do it in the "embromeichon" [e.g., to make a way for something should be done]. (Cactus Flower 7) The other obstacle is the issue of supplies. Sometimes the supply is missing, what do we do? So, it's all this hassle, sometimes we don't have transportation to make a visit, which makes it difficult and ends the interrelationships that we have within the unit itself. We have difficulty in relationships, as many times, the basics are missing. How come there is a lack of supply to make a dressing for a patient? [...] The patient arrives to apply a dressing, there is no serum, there is no gauze, what am I going to do, if there is no supply that I can use to replace it? So, this will interfere with assistance and, automatically, with my work. (Cactus Flower 4) Sometimes some medications are missing. We order medication, they send half of it, it's out of stock there [in the supplier unity], we have to wait for the new order to arrive, this sometimes makes it difficult [...] you're in the family healthcare unit, in a rural area, you have to accept it, the reality is that, I know that the reality here is like many others throughout Brazil, even worse, and that comforts me. (Cactus Flower 6) There are no ideal working conditions for us to do everything we want to do within our unit. We deal a lot with a very small amount of supply; we don't have enough supply. But I'm not just talking about the reality here [in the unity], I'm talking about the reality of the SUS in general. We don't have a tourniquet in our unit, we carry out the entire procedure with a procedure glove. At the unit, we only have collagenase and sunflower oil, we don't have all the supplies. (Cactus Flower 9)	Feeling of obligation to do things even without structural conditions

Continue...

continuation.

Corpus	Categories
I like primary care, but I wanted more, you know? I wish there was a coordinator, it doesn't have to be us, it doesn't, I think it's very demanding [...] This creates an overload, we don't do anything right. Sometimes we are doing prenatal care and they knock on the door because we are missing this or that and we must call the secretariat. Sometimes, the primary care coordinator himself wants to talk to us, it's indeed a lot. And we must coordinate the work of other people who don't want to work [...] I feel happy, despite being very tired (laughs). I never wanted, for example, to be a teacher, precisely so I wouldn't take work home, and sometimes here you must take work home [...] It's overwhelming, sometimes you get stressed, if you keep putting it together, it becomes a burden. (Cactus Flower 8) We have work overload once we are not paid enough, neither in one nor in the other. So, we need to have two jobs, so you can cover your expenses, so to speak. As for TODAY, I wouldn't do Nursing anymore! (Cactus Flower 4) I feel overwhelmed, I must manage the unit, I have to do bureaucratic activities, I have to take care of the teamwork, I have to take care of all the Nursing consultations [...] it is about being a nurse for everything, if there is something to be done the nurse will do it. We do everything and, at the same time, we do nothing. (Cactus Flower 5) You must manage from the activity, action, social education, from the bureaucratic part of management, from all the paperwork. So, the nurse must do it all, the bureaucratic activity, and the care activity. (Cactus Flower 3)	Work overload

Source: Own authorship, 2022.

Based on a Bourdesian analysis⁽¹²⁾, “this practice is not the result of conscious and calculated choice, but rather of a fundamental lack of knowledge of oneself, which forms one’s social being and identity permanence”.

The practice of nurses in PHC is driven by symbols and signs of the profession that perpetuate, in the system of practices, the notion of encompassing everything. These symbolic investments are made through the correlation of incorporated arrangements and objectives, which end up becoming a routine activity, represented by the practice of “doing everything”, as something important and that adds value⁽¹⁰⁾. On the other hand, one of the words with the highest frequency in statements in this category was “everything”, when asked about care practices in the profession. This perception is evident in her speech, for example, when she mentions that “Nursing is everything”. She links her professional identity to this word to mistakenly add greater credibility. However, at the same time, it seeks to gain more knowledge by committing to a variety of roles, which generates negative feelings, such as frustration, discontentment and invisibility⁽¹⁰⁾, as seen in the statements of Cactus Flower 3, Cactus Flower 4 and Cactus Flower 7. According to Bourdieu's logic⁽¹³⁾, nurses, in some way, fall into their own trap by assuming the tendency to carry out different duties — including roles from other categories — in an unconscious but guided way, they end up contributing to

inconsistency of their professional identity. In this way, they take responsibility for practices that do not relate to their work process, which is private to the scenario in which they operate, and increasingly distance themselves from this space.

The second category related to the subjective meaning was “Feeling of obligation to do it, even without structural conditions”. It mainly concerns the type of precarious bond experienced by nurses and primary socialization. It is noteworthy that both factors place them in a position of subjugation, conditioned to do things (despite precarious conditions). The objective conditions that involve instability and flexibilization of rights are related to the precariousness of the work of these professionals, which includes short-term work, fragile contracts, and fragile boundaries. This situation places nurses in a vulnerable position in the face of libertarian practices, as, without asset resources, they need to accept the imposed working conditions, a fact that also compromises the construction of a professional identity, which is related to primary socialization⁽¹³⁾.

It is known that nurses have legal support to only perform roles that are exclusive to the profession, but Primary Health Care has the particularity of being a field that generates accumulation of responsibilities, which is a differentiator of this research locus. The repercussions of precarious working conditions due to insufficient

structural and/or supply conditions — not only related to the objective form of work but also to the worker's subjectivity — can generate suffering and a feeling of incapability in the daily work of these professionals⁽¹⁴⁾. This situation was highlighted in the statements of the interviewees Cactus Flower 2, Cactus Flower 4, Cactus Flower 6, Cactus Flower 7, and Cactus Flower 9.

The third subcategory that emerged is “Work overload”. Through the discursive corpus, it was possible to perceive that nurses feel overwhelmed and attribute this feeling, above all, to the lack of delineation of their roles, as seen in the statements of Cactus Flower 3 and Cactus Flower 5. By committing to this plurality of duties, the nurse takes on excess work and, consequently, reinforces the idea of being a professional who is permanently busy and unavailable for dialogue, which contributes to his/her distancing himself/herself from the teamwork and users/community.

Within the field, the individual gains another role, which is an element capable of identifying him with a group. It is your habitus acting to assume an identity⁽¹²⁾. This habitus reproduces the unequal exchanges of powers, as it assumes the role of generator and unifier, but also responsible for identifying symbolic differences — including in the use of their attributions. In this case, “the assimilation of habitus through the social norm of belonging to this group, with differences not only symbolic, but also gender, contributes to work overload that crosses the nurse's identity constitution”⁽¹⁷⁾.

In Primary Care, the nurse essentially needs to take care of and manage healthcare actions. In the field of care, it must direct theoretical proposals, instruments, and technologies for life care. In the field of management, there are essential tools for the manager to carry out planning, monitoring and evaluation, aimed at the efficiency and resolution of care actions.

In the nurses' statements, economic “disvalue”, that is, low remuneration, also appeared as one of the factors that generate work overload, since professionals need to accumulate employment contracts to supplement their income, as mentioned by Cactus Flower 4. Under the sociological analyzes of the frenchman Bourdieu, it is considered here that the nurse's work suffers the negative influence of domination by the system of social structures, which ends up interfering in the value of the nurse's work, impacting the invisibility of the profession and its economic devaluation.

It is evident, therefore, that nurses use “identity manipulation” when they reaffirm the status of a devalued profession, to revert the underprivileged or stigmatized

identity to an idea of heroism of the profession. As they fight and search for their space, power is directly associated with the name and function of their appointment as a Nursing profession, using cultural symbolic asset to support their identity as a professional. This all characterizes well what Bourdieu calls “symbolic conflicts of everyday life”⁽¹⁸⁾.

In the field, all agents' practices are oriented towards acquiring professional authority (prestige, recognition), something commonly called “interest” in an activity or a specific way of acting, and will always have a double face⁽⁴⁾. In this way, symbolic exchanges were decisive in the nurses' quest to make themselves believed and recognized, for at the same time as they demonstrated respect, cordiality, competence and professionalism — professional asset —, they garnered consent and consideration — social and symbolic asset —, this posture is identified in several statements.

Analyzing Nursing from the perspective of Bourdieuian theory makes it possible to understand it as a field biased by struggles, endowed with strength and internal organization, created from a professional and social categorization forged by a hierarchical practice that directs social and individual work relationships. Thus, the concepts of social and cultural asset allow us to understand the power relations between nurses and other healthcare professional categories, as well as in relation to users of the healthcare system. In this game, agents assume differentiated and vertical spaces according to the possession of diverse assets that provide them with power, strength and positions that ensure autonomy and domination, even if in a dynamic and transitory way⁽³⁾.

Based on this observation, it is necessary to invest in strategies that build teamwork and professional autonomy in Nursing, as well as that favor the incorporation of technologies that contribute to the solvability of care and the reduction of work overload^(19,20). Furthermore, these professionals must be strengthened in their daily activities, so that they can participate politically in the management of healthcare services and social control instances, to enhance the aggregation of asset for the possession of social power.

CONCLUSION

The research results indicated compliance with the sociological framework adopted, as it pointed out that the professional identity of nurses needs to be considered from individual and social perspectives, which interfere in the process of adding value to work and the identity

construct. Based on the discursive corpus, it was possible to perceive that, related to the acceptance of precarious working conditions without critical questions, the variability of the nurse's duties generates work overload and devaluation, which is expressed in economic and social asset, products/producers of a fragility of professional identity.

The PHC nurse performs actions and practices of other professional categories, under the supervision of these categories. The practice of “doing everything” is associated with the fact of assuming roles that are not exclusive to the profession, which contributes to the lack of knowledge of their real responsibilities and to their social invisibility. In other words, by doing everything, the nurse supports the logic of the lack of specificity of the work. Therefore, to ensure the professional identity of nurses, it is necessary to confront, analyze and intervene in the work process of these workers. It is understood that they will not find the desired social recognition and appreciation if they maintain the mistaken understanding that, to achieve them, they must assume multivariate functions and different levels of complexity in various fields of activity, sustaining professional identity conflicts.

Finally, this work has limitations intrinsic to qualitative research and the data collection method. Furthermore, as this is a study carried out in a rural city, where most employment relationships are precarious, omissions may have occurred regarding working conditions and insecurities, due to exposure. However, these limitations also converge with the study proposal, as it is a provision.

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