ISSN: 2230-9926

Available online at http://www.journalijdr.com

IJDR

International Journal of Development Research
Vol. 10, Issue, 06, pp. 36280-36285, June, 2020
https://doi.org/10.37118/ijdr.18802.06.2020

RESEARCH ARTICLE OPEN ACCESS

PROFESSIONAL IDENTITY OF NURSES IN THE PERCEPTION OF USERS OF PRIMARY HEALTH CARE

***[1]Camila Rolim Figueiredo, [1]Alêssa Cristina Meireles de Brito, [1]Jovelina Fernandes dos Santos, [1]Ariane Moreira Coelho, [1]Fernanda Thamy Feitosa Valêncio, [1]Mayara Evangelista de Andrade, and [2]Marcelo Costa Fernandes**

[1]Bachelor of Nursing from Federal University of Campina Grande (UFCG). Cajazeiras, Paraiba (PB), Brazil
[2]Doctor in Clinical Health Care from Ceará State University (UECE). Associate Professor, Nursing Academic Unit, Federal University of Campina Grande (UFCG). Cajazeiras, Paraiba (PB), Brazil

ARTICLE INFO

Article History:
Received 18th March, 2020
Received in revised form
20th April, 2020
Accepted 10th May, 2020
Published online 25th June, 2020

Key Words:

Nurse's Role; Nursing;
Primary health care.

****Corresponding author:*** **Camila Rolim Figueiredo,**

ABSTRACT

Objective: To analyze, in the speeches of patients, the relation that complies the nurse's professional identity in the primary health care area. **Methods:** descriptive study with a qualitative approach. Data were collected through semi-structured interviews with 22 users of Primary Health Care in the city of Cajazeiras, Paraiba, Brazil. The interviews were conducted in the period between June and July 2017. For the data analysis, the Collective Subject Discourse was chosen. **Results:** three categories emerged: the uniform as a limiting element of the nurse's identification; blurring of nurses' practices in Primary Health Care: from shared to specific, and, finally, the limitation of the nurse as an assistant to the doctor. **Final considerations:** in view of the speeches, it was possible to perceive the superficiality of the users' knowledge when not being able to recognize the essence of the profession, and consequently the professional identity of this category.

Citation: ***Camila Rolim Figueiredo, Alêssa Cristina Meireles de Brito, Jovelina Fernandes dos Santos, et al.*** "Response of treated domestic effluent irrigation on microbiological characteristics of bean grown in protected environment*", International Journal of Development Research*, 10, (06), 36280-36285.

INTRODUCTION

Nursing is in constant development and as a profession has been building its own complex body of knowledge and expanding its performance in different health care settings. This conjuncture increases the ability of this profession to interact and promote dialogue between the individuals who seek health services and the members of the team that compose it. Among these scenarios, Primary Health Care (PHC) stands out, which aims to redirect health actions and services, not only with an emphasis on medicalizing and curative practices, but also based on other possibilities of care production, in especially from the interactionist technologies of reception, bonding and active listening. However, for this practice to be effective and to have quality, it is essential to understand the identity of the nurse professional, both by the category itself, as well as by the other members of the health team[1], as well as by the users of their assigned territory. In view of the theme presented, it is necessary to make an initial definition about identity, which is understood as a dynamic process, under construction, deconstruction and permanent reconstruction, influenced by social, cultural, economic issues, which begins in childhood and changes over time of life, through attitudes, opinions, values and beliefs that are part of each individual. In view of this, the composition of identity is conceived in relation to the ways in which human beings are represented and reprimanded in social systems, in other words, based on man's relations with himself, with others and with the society in which he is inserted.[2] With this in mind, professional identity has a contextual character, with historical, geographical and cultural changes and, therefore, it is different from nation to nation and from culture to culture, as well as systemic character, in which it admits that the individual, interpersonal, organizational levels and social interfere in the construction of identities in a specific way, but also interconnected.[3] In addition to the definitions above, it is necessary to learn about the professional identity of the nurse, the focus of this investigation, which is the result of a historical, complex, multidimensional and collective process. It is constructed both from elements of the individual's biographical trajectory and

from his social and professional relationships. It starts in the academic formation process, being reconstructed and deconstructed by the nurses' way of being in their daily professional practice.[4] When understood by the professional category itself, about the structuring elements of his identity, the nurse starts to exercise actions based on the core of his know-how, which will have a positive impact, not only for the expansion of his visibility, but also for the demonstration of his indispensability to health services, providing more credibility and recognition to the profession.

However, there are difficulties for nurses to recognize their skills in a specific way in PHC, mainly due to the excessive demand for activities, which sometimes directs them to do "everything" in the service to the detriment of direct or indirect care for the subject, family and community, and also when adding the attributions of other professional categories in their daily assistance.[5] This situation has a negative impact on the identity construction of this category, since by exercising actions that are distant from the core of know-how and without precise and confusing delimitations, it obscures the recognition of the other, in the case of users of this care scenario, about the exclusive competences of the nurse. In view of the above, the following research question is ready: what is the perception of Primary Care users about the professional identity of nurses?

This study becomes relevant when it demonstrates the weaknesses placed in the daily practice of nurses in PHC and that impact on their identity and, consequently, on the view of users about this professional, which can generate reflections and changes in the positions assumed, thereby fostering movement instituting in the search for the redefinition of the elements that make up the nurse's identity. It is observed the theme about the identity consolidation of nurses as a current and recurring concern, both in national and international studies[1,5-9]. These researches reinforce the need to demonstrate that Nursing is indeed a science and that it exercises care from its own theoretical and philosophical body. When carrying out the actions based on its real fundamentals, the profession ends up with greater credibility, recognition and visibility in relation to other members of the health team, management and users. In this perspective, this study aimed to analyze, in the speeches of patients, the relation that complies the nurse's professional identity in the primary health care area.

METHODS

This is a descriptive study, with a qualitative approach. The participants in this research consisted of 22 users from the Basic Health Unit (Unidades Básicas de Saúde - UBS, in portuguese) who sought care at the PHC in Cajazeiras, Paraiba, Brazil. The city has 23 Family Health Teams (FHS), with 14 UBS in the urban area with 18 FHS, and five in the rural area with five FHS. The city is part of the 4th Health Macro-Region and the 9th Regional Health Management of Paraiba. Access to users took place at the UBS of the registered territory, in which they were inserted. The 14 UBS in the urban area were contemplated and the choice of participants occurred at random. The invitation was made when users sought the UBS for the nursing consultation previously scheduled with the nurse of the health team, and this professional informed, after consulting the users' medical records, the time they were being consulted accompanied by the service nurse. To carry out the study, semi-structured interviews were used as a way to collect information and data for further analysis. The questions were open and were elaborated by the researcher himself, with these guidelines themes: form of recognition of the Basic Attention (BA) nurse; description of their duties in this scenario of practices and what is the meaning of the presence of this professional in the UBS. The interviews were conducted in the period between June and July 2017, with an individual approach, audio recording with prior authorization, in a reserved place in the health unit itself, in order to allow the interviewee to issue his opinions. The interviews lasted an average of eight minutes. 18 years or older was the defined inclusion criteria for interviewers, registered with Family Health in the municipality of Cajazeiras and being followed up by nurses for at least six months. Exclusion criteria were users accompanied by a nurse from the rural team, five, due to the difficulty of access and distance from the municipality's headquarters. The suspension of data collection occurred as soon as the theoretical saturation was identified, when the information started to repeat itself.[10]

To perform the alignment and organization of the empirical data, originating from the semi-structured interviews with the users, it was used in the methodological process of the Collective Subject Discourse (CSD), which corresponds to a tool favoring the representation of the thought of a certain collectivity.[11] The CSD consists mainly of analyzing the material collected to extract Central Ideas (CI) and their corresponding Key Expressions (KE). These testimonies make up the raw material, in the form of one or more discourses-syntheses in the first person singular, or better put, in the first person (collective) singular, since it aims to express the thought of a collectivity as if it were the emitter of a speech.[11] KE are fragments, excerpts or exact transcriptions of the discourse that need to be highlighted by the researcher. CI is a name or linguistic expression that reveals or describes as succinctly and faithfully as possible, the meaning and theme of the KE of each of the analyzed speeches and give rise to the CSD.[11] In this research, the ICs are presented together with their respective CSDs, indicated with a corresponding numbering and then discussed with the help of the scientific literature. The study began after the project was approved by the Research Ethics Committee of the Federal University of Campina Grande, campus Cajazeiras, on April 11, 2017, under the opinion of No. 2.012.375. In all phases of the study, ethical principles were followed, in addition the participants previously signed the Free and Informed Consent Form (ICF) in accordance with the recommendations of Resolution 466/12 of the Brazilian National Health Council.

RESULTS

The analysis of the CSD allowed the understanding of three themes that guided the identity of the nurse by users of BA. The first addresses the uniform as a limiting element of the nurse's identification; the second concerns the blurring of nurses' practices in BA: from shared to specific, and, finally, the limitation of the nurse as an assistant to the doctor. The first CI addressed, in the user's perception, was the list of the uniform worn by the nurse as an identifying element of professional identity in the field of BA. For the construction of the CSD in this category, four users participated.

CI01: The uniform as a limiting element of the nurse's identification.

> "The nurse must be dressed and identified as he is, so he must have a badge, some lab coat that identifies who he is. I recognize him through his robes! That not everyone uses. A lab coat, for example. Where the nurse's name is engraved for better identification, because they don't have a correct identification of their sector there, everything is mixed. In reality, we have difficulty recognizing the issue on the part of the nurse, they are all in white, unless they have written on the badge. I can't distinguish who is a nursing technician and who is a nurse, everyone is in white, if you don't have the name on the lab coat saying a nursing technician and a nurse, there is no way for the patient to know. For me at a health center, if a doctor was also in white, he would also be a nurse." (CSD01)

The second CI addresses blurring, from the users 'perception, about nurses' practices in BA. For the construction of the CSD in this category, 11 users participated.

CI02: Blurring of nurses' practices in Primary Care: from shared to specific.

> "The nurse's role is to give attention to the patient, they are very attentive and caring, in addition to guiding better information, so let's suppose if there is a medication that is prescribed by the doctor and you do not understand, but if it is prescribed and signed by the doctor, [the nurse] clarifies this prescription. Question of doubts about these sexual diseases, these things the person feels more comfortable with her [the nurse]. The nurse also measures the blood pressure, weight, checks blood glucose, makes dressings and removes stitches, prescribes medicines, exam schedules, exam prescriptions, in addition to giving an injection and vaccine. She also monitors childcare, care for pregnant women, preventions, the cytological, home visits for those people, especially the elderly who cannot go to a health post and the puerperal women. She is responsible for all the sectors of the basic unit, coordination of the health team, she leads all types of campaigns within the unit, she has the delegation that is to accompany the health agent." (CSD02)

The third CI emphasizes the restricted view of the nurse's user as an assistant to the doctor. For the construction of the CSD in this category, four users participated.

CI03: Limitation of the nurse as an assistant to the doctor.

> "It is very important, a unit without a nurse would be very bad! The doctor has other occupations! Then the doctor would be overwhelmed, because, he will guide the patient to everything, how he should arrive to be accompanied by the doctor, sometimes he does not even need to be accompanied by the doctor, sometimes the nurse can refer him to not occupy so much the doctor, do not overload the doctor. A health unit without a nurse would be like that, very busy for the doctor because only him to answer everyone and ask all the questions, because when we go to the doctor the nurse has already asked most of the questions, for the doctor only assist you in the part of the disease and because through him we know several things, the nurse can refer you, explain how you should get to the doctor, what you should do first of all! The basic information he can pass, you already enter the doctor's room with some doubts clarified and the consultation is even easier." (CSD03)

DISCUSSION

It is possible to observe from CSD01 that professional clothing is portrayed as an aspect of representativeness of professional identity, acting as a determinant for the recognition of this category, through the view of users who seek assistance in BA. The clothing of nursing professionals in health services, especially in hospitals, has become the center of their professional identification, mainly in the use of white. Such clothing, while evolving and adopting the trends of the social moment, brought the need to go beyond hospitals, that is, to the diverse and multiple health care scenarios, thereby adapting to them. In this interface, clothing is a dominant form under the eye, which promotes repercussions in the understanding with the other professional dimensions that are used in the determination and construction of the nurse's identity. The white robe, in particular the coat, is a recurrent trend, and it is perceived as an imminent need so that it can be considered as a regulatory characteristic of the professional class, as well as Personal Protection Equipment (PPE) of the profession. It is also noted in the CSD01 the difficulty in differentiating the professional nurse from the other members that make up the health team in BA, the identification of which is in accordance with the clothes they use. The respective image, which users perceive of the nurse, had been built by society over time and was associated with the use of the white coat in the period of work.[12]

Similar results were found in a research carried out in Chile, in which users of the primary care system have a limited understanding of the practices performed by nurses, as well as a blurred image of this category, since they reported only the uniform as the identifying element of who the nurse is in the health service and not their specific posture and skills.[6] This inaccuracy of the nurse's real attributions in this care scenario is not only a reality in underdeveloped countries, but it is also pointed out in developed nations like Canada[7], which has health services of international reference, but with weaknesses in the delimitation of nurses' practices. It is found in CSD01 the effervescent need to understand that the identity of the nurse must be related to the clothing, the badge, the name transcribed in the lab coat or the color it has. Although they are considered as constitutive elements that can also contribute to the identification, on the part of the users, of who is the nurse in that health service, it is not the only nor the essential, since the professional identity of the nurse, from the point of view from others, it must be based on their know-how, expressed by their knowledge, attitude and skills developed daily. The aspect of the nurse's identity formation is built on a dynamic, historical, social, economic and, sometimes, politically determined process; associated with cultural, representative, symbolic and social aspects, elements that in association contribute to the development of identity in the professional dimension of a subject.[8] Having an undetermined constitution, due to the different elements of its construction5, identity converges in motion like a compass that points out a concise direction, being the central axis of the professional, as it does not emerge as a solidified result, but as a process; it is not suitable as a substance, but as a material in formation, in which each atomic element is supposed to unite its nuclei in a continuous fusion that coincides in identity.

Before talking about CI02, it is pertinent to clarify the use of the term blur to understand the meaning of the title. The respective term suggests dissonance and lack of clarity about the users' view of the specific actions to be performed by the nurse. In this path, users sometimes portray activities that are specific to nurses, but at other times they affirm actions that are exclusive to this professional, but that in fact can be delegated and shared with other members of the multiprofessional team. Thus, there is a disorganization regarding what is seen by users, as if the image presented incongruities that promote interpretive distortion, lack of clarity in identifying the real work of nurses, thus reflecting on the identity characteristic of the professional category. Another point to be debated in CSD02 is the impression that users have of the professional nurse who is only altruistic and benevolent. This characteristic is linked to a practice that is rooted in the emergence of the professional category, as it comes from a segment with a religious aspect in association with the places where the exercise of such care activity took place. Even in the current context of nursing, in which professional nurses have undergone empowerment and acquired space, through the accumulation of information, knowledge, techniques and scientific foundations; this vision based on a sense of charity still reverberates in the daily professional act and in the view of the actors involved in caring.[13]

However, despite this charitable practice still echoing in the exercise of the profession because its origin and foundation as a professional category are intertwined, it is worth noting that nurses need to have a practice consistent with their professional know-how, being in relationship with the other elements of practice in the nursing category in which care and attention are closely related to the care technologies themselves, with emphasis on light technology. In the BA users' discourse, the orientation function regarding medical prescriptions also stands out. According to Ministerial Ordinance No. 2.436 in which the National Primary Care Policy *(Política Nacional de Atenção Básica - PNAB, in portuguese)*[14] is approved, nurses are given the task of guiding, but this is not based on the practice surrounding the medical professional; there is a need, sometimes for the imposition of the management itself, for the nurse to decrease the workload/demand for medical care, considering that clarification about the prescription should be an element of the medical activity, being directed to the professional nursing the responsibility to perform other aspects of prescription guidance and not only due to the lack of understanding of the doctor's writing. Essentially technical actions are also highlighted by users, as noted in CSD02. It is learned in this context that most of these actions are of a technical nature, which could be delegated to other professionals who are at BA as the nursing technician himself. This ends up generating confusion in the users' perception regarding the identification of the nurse, causing repercussions in the identity of these professionals. It is understood that these technical actions are also encompassed in the nurse's professional identity, since knowledge, skill and attitude are necessary for their realization, in view of the nursing team's exclusive supervisory role. However, when sharing responsibilities with nursing technicians, the care is thought and executed in a more democratic way, providing more quality and sensitivity of health care to service users. It is also worth mentioning the prescription of medications according to protocols, the performance of procedures and the request for complementary exams as concrete functions of the professional nurse and pointed out by the users of this study. Such activities represent attributions of this category under exception in the PNAB and should be under the regulation of managers at the federal, state and municipal levels.[14]

In this counterpoint, the need for a practice emerges that even though it has ministerial determinations as a guide, holds at its center the magnitude of theoretical, scientific and technical knowledge that can promote clarity through the divergent elements that permeate this dimensionality that is the health/disease process and, consequently, the professional identity of the nurse. According to the speeches, there is a range of functions of the nurse within the BA, therefore, the indispensability of the nurse should not be linked to the practice of various functions, but above all to the fact of performing actions that demonstrate the characteristics of their health work process. Such attributions, pointed out by the users, could be shared with the other professionals in this care scenario, with a view to the collective construction of care and integrality of health actions, which could prevent the nurse from ending up performing too many functions and, consequently, having the feeling of doing everything. These assignments end up taking time, making the nurse even distance himself from the care actions towards the community under his responsibility, as well as from an identity configuration that expresses the specific elements of the profession.[5]

In the CSD03, the limited view is noticeable, which is sometimes linked to the historical process of nursing education, which emerged as a category subordinate to the medical professional and which is still perceived as such by the health service users. Until the mid-70s, nursing as a higher-level profession was one of the most subordinate in the health field, since medical knowledge was established as hegemonic in the health work process and submitted other professionals to its medicalizing and curative practice. Especially nursing, which is configured as a discipline in this area and, consequently, for a long time it was considered inferior to medical practices, until it became a profession.[15] The population, in general, seems to be unaware of the nurse's significance, not obtaining appreciation as a profession in the health area. There is a certain predominance of an image of servility by nurses to other health professionals, especially to the doctor.[16] It is also observed, based on the speeches of the participants in this research, the lack of knowledge about the duties applicable to professional nurses, echoing in the absence of the views of health practices performed by this professional segment; this lack of social recognition and the valorization of their work has a negative impact on their professional identity.

From CSD03 on, stereotypes in the nurse's image are notorious, such as silence and submission to other professionals, with emphasis on the doctor; in which their performance would be related to the decrease in the demand for the activities to be performed by the doctor.[13] The professional identity of the nurse ends up being minimized and, at times, made invisible due to medical hegemony. Nursing professionals who take care and value interfaces as the center of their work and dimensioning process that involve the health-disease process, end up having their practice devalued. The codified theme reveals the negative elements instilled in the nurse's identity that may be associated with the work context, aspects of submission and obedience to other health professionals. Through these characteristics, the need to

awaken empowerment in building an image emerges, in order to intensify the know-how of the nursing professional and consequently the construction of a professional identity that can translate the essence of nursing from the perspective of the other.

FINAL CONSIDERATIONS

The course carried in this study aimed to analyze the discourse of PHC users in relation to the professional identity of nurses. Facing these results, it was possible to perceive the superficiality of knowledge by users, since they do not recognize the essence of the profession, negatively impacting the view of others about it. During the analysis of this investigation, it was noticed that the users of PHC relate the clothing, the badge and the name transcribed in the lab coat as a necessary representation for the professional identity, making their identification limited from the clothes that this professional wears. The uniform is indeed an element that can contribute to the identification by the users of who the nurse is in the health service, but not the only or the essential, since the professional identity of the nurse from the perception of others must be based on of their know-how, expressed by their knowledge, attitude and skill. It was also noticed that users have a distorted view of the work process of this professional, that is, people do not see what these professionals actually do. It is believed that the user's view may be linked to the execution of the professional's own services within the PHC, since sometimes nurses perform several activities at the same time, leaving aside what is their competence. The lack of clarity in the identification of the nurses' real work and the technical view only, thus reflects on the identity characteristic of the professional category. It is also seen, by the users, a limited view of the nurse as a category subordinate to the medical professional, which ends up devaluing the nursing professional, who has care as the object of work. In this sense, the nurse, when presenting himself only as a professional who supports the doctor's work, ends up distorting the essence of his identity and consequently distances himself from the core of his know-how. It is worth conjecturing that the failure of professionals to recognize their own identity has a negative impact on users' views regarding the identification of nurses and the activities developed in the health care service. This paradigm can be reformulated starting with its development starting from the undergraduate course, which aims to instruct students in the work of identity recognition, seeking a decentralization of the biomedical model, prioritizing the activities within their competence.

It is added as possible paths to be taken in the search of nurse's identity configuration, the establishment of partnerships between the Federal Nursing Council *(Conselho Federal de Enfermagem – COFEN, in portuguese)*, the Brazilian Nursing Association *(Associação Brasileira de Enfermagem – ABEn, in portuguese)* and other nursing representative entities is added for the creation, availability and the dissemination of normative, legal, media and educational instruments, in an accessible way, not only for the professional category itself, but for society as a whole, about the representative elements of being a nurse. As a limitation of this study, it is noteworthy that it did not represent the perception of users in the rural area about the professional identity of nurses, thus pointing to the need for future investigation of the theme in this context. It can be seen, from the implications demonstrated in this investigation, that the appropriation of the representative elements of the professional identity of the nurse can contribute to the consolidation of the professional category as a science, thus facilitating, in the eyes of the other, the understanding of the attributions that really represent the core of the profession's know-how and, consequently, more visibility of the specific duties of the nurse, not only for users, but also for management and other members of the health team.

REFERENCES

Assis JT, Santos JF, Pinto LMC, Brito PKH, Ferreira MA, Fernandes MC. Identidade profissional do enfermeiro na percepção da equipe da estratégia saúde da família. Revista Saúde e Ciência online [Internet]. 2018 [acesso em 2019 Ago 10]; 7(2): 43-58. Disponível em: http://www.ufcg.edu.br/revistasaudeeciencia/index.php/RSC-UFCG/article/view/528/398

Avila LI, Silveira RSD, Lunardi VL, Fernandes GFM, Mancia JR, Silveira, JTD. Implications of the visibility of professional nursing practices. Rev gaúch enferm. [Internet]. 2013 [acesso em 2018 Mar 09]; 34 (3): 102-9. Disponível em: http://seer.ufrgs.br/index.php/RevistaGauchadeEnfermagem/article/view/37874/27296

Brasil. Ministério da Saúde. Portaria nº 2.436, de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS). Diário Oficial da União. [internet] 2017 [acesso em 2018 Mar 07]. Disponível em: http://www.foa.unesp.br/home/pos/ppgops/portaria-n-2436.pdf

Fernandes MC, Silva LMS, Silva MRF, Torres RAM, Dias MSA, Moreira TMM. Identity of primary health care nurses: perception of "doing everything". Rev bras enferm. [Internet]. 2018 [acesso em 2018 Mar 04]; 71(1):142-7. Disponível em: http://www.scielo.br/pdf/reben/v71n1/0034-7167-reben-71-01-0142.pdf

Hall S. A identidade cultural na pós- modernidade. 12 ed. Rio de Janeiro: DP&A; 2014.

Johnson, M, Cowin, LS, Wilson I, Young H. Professional identity and nursing: contemporary theoretical developments and future research challenges. Int. Nurs. Rev. [Internet]. 2012 [acessado 2018 Out 10]; 59(4): 562-569. Available from: https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1466-7657.2012.01013.x

Lefèvre F, Lefèvre AMC. O discurso do sujeito coletivo: um novo enfoque em pesquisa qualitativa (desdobramentos). 2.ed. Caxias do Sul: Educs; 2005.

Lopes A. Para uma identidade dialética e comunicacional em Enfermagem. Rev Esc Enferm USP. [Internet]. 2013 [acesso em 2018 Mar 03]; 47(3): 525-6. Disponível em: http://www.revistas.usp.br/reeusp/article/view/77990/81956

Marilaf CM, Alarcón MAM, Illesca PM. Rol del enfermeiro/a rural en la región de la araucanía chile: percepción de usuarios y enfermeiros. Cienc enferm. [Internet]. 2011 [acesso em 2018 Mar 06]; 17(2): 111-8. Disponível em: https://scielo.conicyt.cl/pdf/cienf/v17n2/ art_12.pdf

Nascimento LCN, Souza TV, Oliveira ICS, Moraes JRMM, Aguiar RCB, Silva LF. Theoretical saturation in qualitative research: an experience report in interview with schoolchildren. Rev Bras Enferm. [Internet]. 2018 [acesso em 2018 Mar 09] ; 71(1): 228-33. Disponível

em: http://www.scielo.br/pdf/reben/v71n1/0034-7167-reben-71-01-0228.pdf

Oelke ND, Besner J, Carter R. The evolving role of nurses in primary care medical settings. Int J Nurs Pract. [Internet]. 2014[acesso em 2018 Mar 09];20(6):629-35. Disponível em: http://onlinelibrary.wiley.com/doi/10.1111/ijn.12219/pdf

Peres MAA, Filho AJA, Paim. Historicidade da enfermagem nos espaços de poder no brasil. Hist enferm, Rev eletronica. [Internet]. 2014 [acesso em 2018 Mar 06]; 5(1): 83-94. Disponível em: http://www.here.abennacional.org.br/here/vol5num1artigo7.pdf

Salimena AM, Alves MS, Caçador BS, Lopes FN, Pacheco LC. O enfermeiro na estratégia de saúde da família: percepção dos usuários. HU rev. [Internet]. jul./set. 2012 [acesso em 2018 Mar 06]; 37(3): 331-8. Disponível em: https://hurevista.ufjf.emnuvens.com.br/hurevista/article/view/1513

Teodosio SS, Enders BC, Lira ALBC, Padilha MI, Breda KL. Análise do conceito de Identidade Profissional do Enfermeiro. CIAIQ 2017. [Internet]. 2017 [acesso em 2018 Mar 03]; 2. Disponível em: http://proceedings.ciaiq.org/index.php/ciaiq2017/article/view/1511

Teodosio SS, Padilha M. "Ser enfermeiro": escolha profissional e a construção dos processos identitários (anos 1970). Rev bras enferm. [Internet]. 2016 [acesso em 2018 Mar 08]; 69(3): 428-34. Disponível em: http://www.scielo.br/pdf/reben/v69n3/0034-7167-reben-69-03-0428.pdf

Zonta PM, Arruda MP. O entendimento do usuário sobre processo de trabalho do enfermeiro da estratégia saúde da família. Revista Gespesvida. [Internet] 2015 [acesso em 2018 Mar 05];1(1): 71-85. Disponível em: http://www.icepsc.com.br/ojs/index.php/gepesvida/article/view/67

****