

Book reviews

Figueiredo, Amélia Simões (2004). *À conquista de uma identidade. Enfermeiros recém-formados entre o Hospital e o Centro de Saúde* [Conquering an identity. Recently graduated nurses between the Hospital and the Health Centre]. Lisbon: Climepsi Editores.

Nursing has carved an important role for itself throughout the 20th century through the hospital, where its history is deeply rooted. Using knowledge deriving from biomedicine, it organised its whole framework of thinking and means of intervention in the backdrop of a curing ideal, which enabled the building of a structured and socially recognised reference that was established as a necessary condition for the professionalisation of nursing. The image of nurses in hospitals, as doctors' assistants and guardians of the institutions, over the years structured the social identity of this group. Owing to the wholesale changes that have taken place in society in general, and in health in particular, and which put professionals in completely new situations, the reflection on the professional identity of nurses has gained a second wind in recent years.

On the one hand, the ageing population and growing responsibility of families for caring for the infirm, and on the other hand the conversion of hospitals into crisis intervention centres, in addition to the transfer to communities of care functions formerly undertaken in hospitals, all pave the way for new fields of nurse intervention. Greater access of the general population to medical knowledge, the proliferation of explanatory systems of health and illness processes and the growing valuing of health as an asset able to be acquired through the uptake of healthy behaviour, leads to the gradual desacralizing of medical knowledge and the brings about considerable changes in the relations among the different professional groups and above all among these and the patients/users.

Slowly but progressively the patients/users are becoming partners in the promotion of health. Professional health action in general and of the nurses in particular is expanding into the most wide-ranging contexts and gaining new boundaries that imply the rethinking of the act of working which always incorporates, as stated by Barbier (1996), identity transformations.

It is in this background that Amélia Figueiredo's study, which intends to characterise the influence of the initial training on final year students, gains its pertinence, in identifying the students' representations of the profession at the end of their degree, and also in grasping their integration into the job market. Carried out in 2004, it focuses on a group of students who were attending the "Nurse Complementary Training Year" in four nursing colleges in the district of Lisbon and one in the district of Portalegre. This training year enables Nursing students to complete their Degree. The academic curriculum was thus prolonged to include, in many colleges, new areas such as Training, Management and Research and long periods of clinical practice in the various health services, mostly chosen by the student. With a few exceptions, most students opted to start exercising their profession as a nurse at the same time as undertaking the complementary training year.

Their presence in the health services allowed them to substantially widen their networks of relations that were no longer restricted to colleagues and teachers, but now included all the health professionals, the patients/users and families. The process of viewing oneself as a member of a professional group is influenced by the twofold status of a professional, responsible for one's acts, and simultaneously a student who expects his/her work to be supervised. It is in this twofold status that the author intends to capture the influence of the representations imparted by the nurses in the services and by the teachers in the colleges.

Based on a methodology that surveys the actors through a questionnaire applied to the group of students that attended the complementary training year in the seven nursing colleges of Lisbon and one of Portalegre, the author questions the reasons for choosing nursing as a profession, the training path, the influences of the degree course and the strategies to integrate into the job market.

Figueiredo therefore gives visibility to a set of representations that, either clearly voiced or veiled behind rhetoric based on the most modern perspectives of the profession¹, constitutes the source of meaning in the process of building the identity of the nurses.

The study is based on the assumption (Kerouac, 1994) that health work is influenced by four guidelines (towards *public health*, towards *illness*, towards *the person* and the *opening of the world*) which dominated the 20th century and which favoured the development of different professionalisation strategies. These perspectives, which today coexist, contribute towards the building of different professional images that are reflected in the way the care, the person, health and illness are viewed (p. 23).

“Caring in nursing” is here accepted as a symbolic operator of the profession, and viewed, based on Hesse (2000), as a “*meeting* and a *path*” whose complex nature is in accordance with the similarly complex nature of the problems that come to the fore in the field of health. These are located in the confluence of a multiplicity of factors, always experienced in a singular way by each person, and expressed in the relationship with others in unique and unrepeatable situations where unpredictability reigns.

Using Morin, the author weighs up the simultaneously complex and complicated character of nursing care. The complexity of healthcare is in the singularity and unpredictability of the meeting between the health professional and the person being cared for. The complication lies in the sequence of standard procedures that acquire greater relevance when we face risk of immediate death. The nature of the caring in nursing requires the mastering of a set of technical skills, in tandem with a set of relational skills, which have been viewed in a dichotomous manner as two separate facets that should be learned sequentially. Despite considering that both domains, complicated and complex, constitute the essence of action that intends to be caring for others, it is the mastering of the technical skills that remains foremost in the initial training, which when extending the education to degree level does not seem to change significantly.

The study shows the way the initial training remains constrained by a set of presuppositions which, although having lost ground in the discourse, continues to influence the options of the recently graduated when choosing their first job.

The training is organised such that 50% of the time is dedicated to the undertaking of clinical trials, which are deemed by the student and teachers alike as the most important curricular modules of the degree. Clinical practice is the moment in which the professional socialising is most intensely experienced and integrated, as it is in this activity that the students are faced with the need to bring out all their knowledge to act on the spot in the presence of a colleague, in the background of the care relation. It is nurses, above all, who guide the end-of-degree practices, and who are the most important reference figures that have the biggest influence in the decision as to which service the students choose to start their professional career in.

A first aspect that emerges from the study is the fact that whether at the macro level of the policies, or in the health or college organisations, health as an absence of illness remains the strongest reference point, which is visible through the central role that the hospital continues to play in the health system, despite all the rhetoric to the contrary. This viewing of the other through the illness pushes the person into the background and highlights the knowledge deriving from medicine as the most significant and socially recognised.

The central value attributed to the knowledge deriving from biomedicine throughout the initial training constitutes a second aspect, which derives from the first, which proves to be a pillar in building the professional identity. Figueiredo shows us how medicine and the biologist vision of health remains the dominant reference framework in analysing the situations, both in the colleges and in the services the students attend.

In analysing the college curriculum one sees that from the 1965 reform onwards, the slow integration of the new areas of social and human sciences began, which contributed to the symbolic rewriting of the notion of caring. The integration of different areas from the social and human sciences favoured looking at health and care from new angles. However, opening up the conceptualising of health in this way led to the biomedical approach losing its dominance.

One can conclude that while there have been changes in the way the notion of health has been re-conceptualised, conceived as a complex and essentially multi-disciplinary phenomenon, the way it is approached and dealt with in the initial training is full of ambiguity, owing to deficient political and organisational investment in the field of health.

The organisational culture dominant in the hospital reflects, implicitly and explicitly, the option for valuing a more technical perspective of the profession which is more centred on the illness. With regard to the nurses and teachers, likewise there does not seem to be a great deal of difference in the way they conceptualize care. Both end up reinforcing, implicitly and subtly, the

orientation dominant in the colleges: of nursing as a *near doctor*, given that it is the knowledge deriving from medicine and curing care that is valued higher than the upkeep and promotion of health.

The technical expertise gleaned from medicine and more developed in hospital contexts confers greater visibility to the intervention results. With regard to the conceptualisation of nursing, the young translate the values implicitly imparted by the teachers of a biomedical view of health in spite of the fact that the social and human sciences are gaining ground in the curriculum as a whole.

In the eyes of the students good teachers are those who show through excellence what they know at the level of technical competence. However, they are also those who know how to draw their attention to less evident aspects in everyday details. This merging of two ways of conceptualising and valuing nursing is recognition of the complex nature of healthcare.

The third aspect that emerges is the fact that the hospital, as a fundamental institution of the health system, remains the main reference point for the nurses, teacher and students. The prestige attributed to the hospital, despite all its insufficiencies, is justified in part insofar as its acts on the front line of the “fight against death”. The recently graduated opted for the most part to start their professional career in hospitals, in spite of recognising the growing importance Primary Health Care has attained. The option of the hospital, although explained by aspects related to working conditions and the organisation on one’s personal life (such as the flexibility of the timetable, the nearness to home or college), also reveals the attraction this institution exercises on the recently graduated. Health Centres arise as structures that should be articulated with the hospital, where a set of illness prevention activities are carried out, but where the provision of healthcare to an ill person at home is also starting to gain ground. It is through the illness that again one organises the nursing knowledge and practices.

In the official discourse both the teachers and nurses view nursing as a profession of relations, although the relational facet of the caring action remains in the shade, without constituting an object of study and reflection. It is the mastering of procedures of the *complicated* order that most concerns both teachers and nurses. Although the healthcare is not split here into a twofold action, separated into the *complicated* in the Hospital and the *complex* in the Community. In both situations the nature of the problems is the order of the complex, and mobilises for its solution the drawing up of answers that tackle both the *complexity*, and the *complication*.

The recently graduated also focus their attention more on the domain of the technical procedures, on the

expertise they implement, excited by the immediate vision of results. Viewing the individual as a subject of care she/he cannot be simply administered a prescription; suitable and innovative solutions have to be found in the backdrop of a unique and unrepeatable relation. The impossibility of prescribing this facet of acting is emphasised, despite the fact that it is precisely in this aspect where the difference between caring and providing a service lies, which makes it less objective and more difficult to be taught.

The reasons behind the professional choices of the recently graduated focus more on aspects of a personal nature than aspects linked to the nature of the profession or the vocation. In the author’s view, a contribution to this choice is a certain liking for testing one’s limits, experiencing the adrenalin of playing life or death, being able to show socially visible results, given that these are the object of growing social recognition.

One can conclude that despite the discourse appealing to aspects centred on the personal motivations of the subjects, it is the dominant market logic, which highlights the treatment of illness and cure, that dictates the options. This transpires in the tendency towards a certain homogeneity in the choices where instituted integration logic prevails.

However, the work of nurses in the community is understood in essence as being similar to that of the hospital in terms of the purpose of the care, equivalent to tending for others. The differences in the nurses’ work in the two contexts are perceived more at the level of the tools used to solve problems rather than a divergence between members of the same professional group, who are viewed in union. Community work is acknowledged as equally valid, whose articulation with the hospital is important. The healthcare system is perceived as a complementary device which gains meaning in the diversity of the supply on offer. There is a unanimous voice as regards the eminently relational character of nursing which is considered as a backup to action. However, this is not immediately perceived as able to be studied, pondered upon and invested concerning its therapeutic potential, depending more on individual personality than the learning. In contrast, the patient’s body, easily turned into objectives, is from the outset the object of healthcare. The image of the nurse as the doctor’s assistant, linked to a caring and missionary vision of the profession, has lost expression, but the technical vision that suggests the ideal of cure is especially relevant and reinforces the Hospital as the main reference point of the recently graduated.

Figueiredo states that the students’ discourse attempts to break away from the integrating logic, which views nursing as a supplementary activity of medical intervention. However, their options reveal this image that the author believes still remains on the fringes of the

conscience. Indeed, the discourses appeal to autonomy in choice that is not confirmed in the action and which ends up being trapped “in the path of the student community as a whole and the instituted market logic...” (p. 97). It is the market logic that puts the hospital at the forefront, to which the initial training, the teachers and the nurses remain faithful, which sustains nursing as a hostage of medicine and which considerably influences the options of the recently graduated.

The immediacy and the easily defined objectives for success favour the valuing of procedures and the idea of viewing the body as an object of intervention. The concern to master the *complicated* outweighs the concern to open up to the *complexity*. The sequential character evident in the initial training through the need to start with approaches that favour learning of a complicated order, before subsequently moving onto the complex field, is explained on the one hand by the immaturity of the students and on the other by the pressure of a society that glorifies immediate results and the spectacular. Also the health policies and aforementioned conception of health based on the absence of illness seem to contribute, along with other factors, to maintaining the biomedical paradigm at the forefront of the health and nursing field.

The decision to opt for the profession is therefore more linked to a liking for health, understood as an absence of illness, as well as the interest for human relations and the desire to master the sophisticated technical expertise, than a vocation. It is recognised that the reasons behind the choice of profession, and the strategic mechanisms and practices when faced with the job market, or given the impossibility to enrol on other courses, combine to make the young adapt their personal goals to the means available, in a negotiation logic. The actors seem to maintain “a constructed identity, on the one hand, instead of an identity linked to the relation with the subject and, on the other hand, the appropriation of fields where, through the visibility of the healthcare provided, it is easier to revalue the profession” (p. 100).

So as to overcome the antonyms, the author proposes thinking the profession based on the healthcare practices, investing in the production of a body of knowledge through the reinforcement of research into what nurses do and how they do it. This is deemed the only way to effectively confer visibility to the profession by making its social function in supporting the populations’ search for well-being intelligible. This work expresses a set of

reflections that are empirically grounded and contribute to framing the problem of nurses’ initial training as well as weighing up different strategies in the construction of the identity of this group.

ENDNOTES

1. The concept of “caring in nursing” has gained ground and expression with regard to the general discourses of the professions. However, it does not have the same meaning for all, and may arise linked to the provision of a service as an idea of exchange, such as appealing to the humanist comprehension of others, as preconceived by Hesbeen.

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LUÍSA D'ESPINEY

lespiney@gmail.com

Escola Superior de Enfermagem de Lisboa

[Higher Education Nursing School]

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