Reconfiguring the nurse identity in mental health practice

Reconfiguração identitária do enfermeiro na prática da saúde mental

Reconfiguración de la identidad del enfermero en la práctica de la salud mental

ABSTRACT

Objective: To analyze the practices of nurses and their implications in the (re) construction of their identity in the context of mental health. **Methods**: This is a case study with a qualitative approach, based on the theoretical framework of Claude Dubar. Seven nurses working in Psychosocial Care Centers in a city in the north of Minas Gerais, Brazil, participated. The data were analyzed in the light of Claude Dubar's theoretical framework on identity, and through Content Analysis. **Results**: Data were analyzed and discussed through the categories "Nurses' practices in the context of mental health" and "Nurses' professional competencies in mental health and Real Identity". **Conclusion**: The study signals the identity reconfiguration of nurses in the field of mental health expressed by practices, professional skills and real identity built in the perception of themselves as therapeutic agents.
Descriptors: Identity Crisis; Work; Nursing; Mental Health.

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RESUMO

Objetivo: Analisar as práticas de enfermeiros e suas implicações na (re)construção de sua identidade no contexto da saúde mental. **Métodos**: Trata-se de um estudo de caso, de abordagem qualitativa, alicerçado no referencial teórico de Claude Dubar. Participaram sete enfermeiros que atuam em Centros de Atenção Psicossocial de uma cidade do norte de Minas Gerais, Brasil. Os dados foram analisados à luz do referencial teórico sobre identidade de Claude Dubar, e por meio da Análise de Conteúdo. **Resultados**: Os dados foram analisados e discutidos por meio das categorias "As práticas do enfermeiro no contexto da saúde mental" e "Competências profissionais do enfermeiro em saúde mental e Identidade Real". **Conclusão**: O estudo sinaliza a reconfiguração identitária do enfermeiro no campo da saúde mental expressa pelas práticas, competências profissionais e identidade real construída na percepção de si como agente terapêutico.
Descritores: Crise de Identidade; Trabalho; Enfermagem; Saúde Mental.

RESUMEN

Objetivo: Analizar las prácticas de la enfermería y sus implicaciones en la (re) construcción de su identidad en el contexto de la salud mental. **Métodos**: Se trata de un estudio de caso, con enfoque cualitativo, basado en el marco teórico de Claude Dubar. Siete enfermeros que actúan en Centros de Atención Psicosocial en una ciudad del norte de Minas Gerais, Brasil, participaron en el estudio. Los datos fueron analizados a la luz de la identidad del marco teórico de Claude Dubar y del análisis de contenido. **Resultados**: Los datos se analizaron y discutieron desde las siguientes categorías: "Las prácticas de enfermería en el contexto de la salud mental"; y "Competencias profesionales de las enfermeras en salud mental e identidad real". **Conclusión**: Este estudio destaca la reconfiguración de la identidad de los enfermeros en el campo de la salud mental que se manifiesta desde prácticas, competencias profesionales e identidad real construida en la percepción de sí mismos como agente terapéutico.
Descriptores: Crisis de Identidad; Trabajo; Enfermería; Salud Mental.

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INTRODUCTION

Nursing is a fundamental profession for the area of mental health. In this context, nurses have stood out in the provision of care to individuals and communities. In the field of mental health, the Brazilian Psychiatric Reform (BPR) stood out as a complex social and historical process, with repercussions in practice, in the training of nurses and in the construction of their professional identity[1]. In this regard, the changes in the conceptions about the health-disease process and technical-care references that guide the practices of professionals deserve to be highlighted. In addition to these changes, a new legal and political framework was established, aiming at restructuring the care model through socio-cultural practices based on the Psychosocial Mode[2].

Nursing, consisting of nurses, nursing technicians and assistants, consists of a set of practices that focus on the provision of care to individuals and communities, at different levels of complexity and, therefore, at different points in the health care network. Considering the historical context of care practices in the field of mental health, marked by advances and theoretical, legal, political, technological and scientific redirections, professionals from different categories of nursing have been reorienting their practices and, therefore, their doing, whose historicity was marked by the biomedical model, containment and attempt to silence the subjects. Contemporaneously, in line with the BPR, a care proposal is sought that privileges listening, bonding, construction and interdisciplinary practice. This transition is favorable for the field of knowledge and practices[3].

The Federal Council of Nursing (Cofen), in this perspective, in 2021 established Resolution number 678, which creates the guidelines for the performance of the nursing team in Mental Health and Psychiatry[4]. This normative is an attempt to conform the practices of nurses in mental health, in order to ensure competent and resolutive nursing care.

The reality about the know-how of Nursing in mental health demonstrates the need to demarcate its identity in this field of activity, in order to highlight its care in Psychosocial Care. It is possible, in a context that supports the interdisciplinarity established by various types of knowledge, to worry about what is proper to it, the core of the professional know-how of mental health nursing. Thus, greater identity clarity of nurses in this field does not disregard care and its dimension in Psychosocial Care, however, it highlights the importance that each professional has for mental health. Giving notoriety to what is proper to each one highlights the plurality and interdisciplinarity of this field[5].

In this context marked by transformations in the daily life of services, "being a nurse" is constituted and its identity is reconfigured. The work of nurses is characterized as a social practice, since it integrates economic, political, social and cultural issues. It is defined, therefore, in a given context that influences the organization of work processes[6].

Identity, in the perspective of Claude Dubar – on which this study is based –, is configured as a continuous process of changes produced on the basis of the relationships and ways in which human beings are represented in the social systems that surround them. It is what is most precious to someone, not being something given since birth, but built in childhood and rebuilt throughout life as a product of successive socializations through individual and collective dynamics[7].

When it comes specifically to the practice of nurses, the construction of identity is directly correlated with the act of caring and, therefore, with their professional performance[8]. Professional identity, therefore, consists of a peculiar process of socialization that considers aspects such as workers' practices, professional training and the daily performance in services. These elements are related to the mobilization of knowledge and practices that integrate the actions of professionals, as well as establishing the professional skills that are inherent to this social practice. The interaction

of these elements contributes to self-recognition as a professional, his configurations and identity reconfigurations[7].

The work of mental health nurses has undergone profound social transformations in recent years. However, little has been produced in the national and international literature on these processes and their influence on the construction of the professional identity of nurses. On the theme of identity, there are gaps in the nursing literature, especially on the role of nurses[9]. In view of the above, the formulation of the central question that guides this research was inspired: How have nurses' practices been configured and their implications in the (re)construction of their identity in the context of mental health? In this perspective, this study sought to analyze the practices of nurses and their implications in the (re)construction of their identity in the context of mental health.

METHOD

This is a case study with a qualitative approach, based on the theoretical framework of Claude Dubar[7]. By considering aspects inherent to subjectivity, it is believed that this approach came very close to the reality experienced by professionals.

The case study investigation strategy was adopted, which is justified by privileging investigations of contemporary phenomena in their real context, in addition to exploring individual and organizational dimensions[10]. In addition, it explores the intrinsic relationship between the researched phenomenon and its context. The case study for this research was defined as: nurses' practices in the context of mental health and the construction of their own identity at work. The study met the stages recommended by the Consolidated Criteria for Reporting a Qualitative Research (Coreq)[11] and used the theoretical framework on identity of Claude Dubar[7] as a strategy for knowledge of reality. Identity, in this thesis, is seen as a complex phenomenon, in a social and contextual perspective, which is related to the aspects of the subjectivity of the

investigated. From listening to the professional elements of nurses who work at the Psychosocial Care Center (CAPS), it was possible to know their identity conformations through the identification of the real identity. The choice for this framework is based on the understanding of the phenomenon in its social context, since its relationship with social life consists of a process of permanent movement in society[7].

The choice of the case study is related to the overlaps between the researched phenomenon, its context and social reality. The lack of clear limits, added to the interest in exploring the contextual conditioning linked to the problem, reinforce the choice. The case study aims to analyze the phenomenon socially, exploring the individual, social and organizational dimensions and seeking detail and depth in the analyses to be able to reveal a reality in its completeness, in order to answer "how" and "why" the phenomena occur, thus being appropriate to the proposal of this study and the theoretical framework on identity of Claude Dubar[10].

The integrated single case study modality was used, which by definition has only one unit of analysis, being appropriate for analyzing cases in which there are few studies on the topic, which may reveal little available information. In the integrated typology, there is a more extensive type of research, since the case will be investigated in multiple subunits of analysis[10].

As a study scenario, there are four CAPS that make up the Psychosocial Care Network (RAPs) of the municipality of Montes Claros, northern Minas Gerais: a Child and Youth Psychosocial Care Center (CAPSi), a CAPS II, a CAPS Alcohol and other Drugs (CAPS AD) II, and a CAPS AD III. The CAPS are RAPS services designed to receive subjects with suffering, mental disorders and needs arising from the consumption of alcohol, crack and other drugs, focusing on subjects in crisis and situations of social vulnerability, being fundamental to the Psychiatric Reform[12].

The choice of scenario is justified by the importance of CAPS within the RAPs, as well

as the practices of nurses working in this context for the mental health restructuring process in Brazil. In addition, in this service, nurses deal with complex situations, requiring such professionals to develop specific skills and competencies, in addition to training and knowledge peculiar to the development of their practices.

The city of Montes Claros illustrates the context of reorientation of mental health practices. In the last fifteen years, four CAPS have been implemented in the region, and in 2012 the Psychiatric Hospital was closed, which centralized assistance to mental health demands with asylum practices. In 2015, the State University of Montes Claros (Unimontes) started the Multiprofessional Mental Health Residency program for nurses, psychologists and social workers, contributing to the training of workers to act based on the principles of the Psychiatric Reform. Since then, professionals with training in mental health have started to compose substitute services, occupy management positions and work in mental health teaching, contributing to the transformation of these practices in the region. These factors were relevant to the choice of the research case.

The selection of participants should consider the social subjects that are related to the research problem. Thus, the inclusion criterion was to be a nurse and work in the care of patients with psychological distress in CAPS in Montes Claros/Minas Gerais for more than six months. The exclusion criterion was to work on night shifts, which is justified by the fact that this professional is not fixed in the service, so the turnover of this professional would make the investigation of our object unfeasible. Of the total of eleven nurses working in CAPS in Montes Claros, according to data obtained from the Mental Health Coordination of the Municipal Health Department, four did not intentionally meet the exclusion criterion because they worked on night shifts. Thus, the present study was conducted with a population of seven nurses.

Data collection began with the application of a sociodemographic form, and then individual interviews were carried out at the professionals' times and places of work, previously established with them. The interviews were conducted by the researcher using a semi-structured script. The questions dealt with professional practices and performance, professional skills and self-definition of oneself.

Content Analysis was used for data analysis. The evaluation of the material followed the three stages recommended by Bardin[13]: 1) pre-analysis; 2) data analysis/exploration; 3) treatment and interpretation of the results. In the thematic evaluation process of the raw data collected with the subjects, units of analysis were identified according to the proposed objectives. Then they were classified by differentiation and regrouping, establishing categories that make it possible to structure the presentation and analysis of the results. The findings were organized and analyzed through the following categories: Actions developed by mental health nurses; Competencies of nurses in mental health; Real identity.

The research data were collected between December 2022 and February 2023, through a semi-structured interview at the place and working hours of the professionals, after considering the legal requirements of the FIPMoc University Center Ethics Committee (UNIFIPMOC) under opinion number 5,624,695, of September 5, 2022 and in line with the ethical recommendations of resolutions number 466 of 2012 and number 510 of 2016[14-15]. In order to preserve the identification of the interviewees, the letter "I" was chosen randomly followed by the number of interviews according to the study population.

RESULTS AND DISCUSSION

The results are presented based on the narratives produced by the nurses. The research subjects are predominantly female (86%); mean age of 36 years; mean time working in the service of three years; training in private schools (86%); are specialists in the field of mental health (100%), 57% in the Multiprofessional Residency

modality; 43% reported maintaining another professional relationship and 71% said they had previously worked in another RAPS service.

NURSE PRACTICES IN THE CONTEXT OF MENTAL HEALTH

Care for human beings, with all the complexity that is given to it, is the fundamental characteristic of Nursing. It is on this care that the knowledge and technologies that underlie its disciplinary field are produced[16]. Thus, it is considered that the construction of the identity of nurses is directly related to the act of caring[8].

Based on the nurses' narratives, their actions were organized based on the contributions of Guimarães[15], whose theory of nursing care assumes four dimensions: care, which is related to the direct care of individuals and the community; administrative, which comprises the coordination and organization of the nursing work process; educational, which encompasses permanent education and health educational actions with users and families; and investigative, related to the production of knowledge to guide the process of caring, managing and educating in health[17].

Thus, the core nursing actions reported in this case study were:

- Assistance: Carrying out the Nursing Process through the Nursing Consultation enabling the Systematization of Nursing Care; Nursing care prescription to the individual in mental suffering; Management of care plans for users with persistent, mild and/or severe mental disorders; Nursing procedures (I1, I2, I3, I4, I5, I6, I7); Therapeutic communication through therapeutic relationship based on nursing theories (I1, I2, I3, I4, I5);
- Administrative: Planning, coordination, organization, direction and evaluation of the nursing service in Psychosocial Care Services; Establishment of the dimensioning of the mental health nursing team (I1, I2, I3, I4, I5, I6, I7);
- Educational: Development of permanent education actions of the nursing team (I1, I2, I3, I4, I5, I6, I7);
- Investigative: Knowledge and technologies mobilized for the development of actions in all dimensions (I1, I2, I3, I4, I5, I6, I7).

The mental health field actions reported in this case study were:

- Assistance: Establishment of a therapeutic bond and reception; Carrying out therapeutic listening to users and family members; Preparation of the Singular Therapeutic Project with the multidisciplinary team; Carrying out individual and/or group care with users in distress; Carrying out assistance and approach to family members; Conducting and coordinating therapeutic groups; Participation in case management; Participation in case studies, case construction and case discussion; Carrying out user referrals and counter-referrals; Promotion of psychosocial rehabilitation processes; Articulation of Intra and Intersectoral Network actions (I1, I2, I3, I4, I5, I6, I7); Providing matrix support to health teams and other areas, regarding monitoring and care in mental health, alcohol and other drugs (I1, I2, I3, I4, I5);
- Educational: Development of psychoeducation actions for users, family members and community and professionals of Psychosocial Care Services (I1, I2, I3, I4, I5, I6, I7);
- Investigative: Knowledge and technologies mobilized for the development of actions in all dimensions (I1, I2, I3, I4, I5, I6, I7).

Nurses, in their practice in mental health, perform varied actions, assuming diverse functions and roles:

Nurses perform multiprofessional actions, actions such as welcoming, visits, case studies, case discussions, referrals, group discussion, group study, and has activities that are specific to nursing such as nursing consultation, the nursing process, technical actions related to medication, administration of these medications.

And the managerial ones; (...) I manage more the nursing part, the technicians, the scales, the medications (I3).

Planning is part of the actions of nurses, along with coordination; there is the issue of the organization of this service, formulation of SOPs, protocols, regulations, nursing service, programming, planning and actions of education and health, and training of the team. All this encompasses the planning, coordination, direction and organization of the nursing service. (...)We work with the consultation, the nursing process, the prescription of care, the five stages of the nursing process, then with the NCS. (...) It is also my function to take over the management of the case, which I call the technical reference of the case. As a reference, I articulate this case, the needs that the patient presents, whether within the field, within the specialized service, which is the case of CAPS, or other demands outside the institution with other services and sectors (I2).

Nurses are part of the multidisciplinary team within mental health, so the nurses, in addition to care and technical practices, act as reference in the conduct of the case. In addition to the practices that other professionals perform, such as welcoming, workshops and on-call care, nurses also have nursing consultations and nursing coordination (I5).

Based on the narratives, nursing actions can be divided into specific or core nursing actions, also according to the interdisciplinary nature or the field of mental health, covering the other professional categories of higher level of the service. The core would demarcate the identity of an area of knowledge and professional practice. The field, in turn, has imprecise limits and would be the space in which each discipline and profession would seek other support to fulfill its theoretical and practical tasks[18].

Professional practices define the performance of a category and, thus, establish a distinction to a certain group of professionals[7]. The narratives showed the nature of the nurses' work, highlighting the inseparability between care, administrative, educational and investigative practices.

When performing various tasks in the daily work in the CAPS, the figure of the mental health nurse transitions between being the coordinator of nursing services and being a member of the clinical mental health team in the technical reference function of the case.

We work with so many functions, the administrative issues of nursing, and we are a reference for the cases (I6).

I manage nursing and provide care in the CAPS like other professionals; I do actions inside and outside the CAPS (I7).

This case study revealed that the identity configuration of nurses in mental health, therefore, is closely related to the function of nursing team manager in CAPS, legitimized by the administrative actions of the specific nucleus, and the clinical function built on the basis of mental health nursing care, which integrates the care and educational actions of this field and the specific nucleus. Investigative actions are transversal in the exercise of all functions.

Thus, the main characteristic of the work of nurses in mental health apprehended in this study corresponds to the reality in Brazil, which is marked by the inseparability of the performance in care and management, being the element that confers greater identity to nurses[6].

Law number 7.498/1986, which provides for the regulation of the practice of nursing, regulates as a private competence of nurses the function of coordinating nursing services, including the actions of evaluation, organization, planning and execution of activities[19].

It is also nurses' private activities, as established by Cofen resolution number 678/2021, which provides for the performance of the Mental Health Nursing team and Psychiatric Nursing, to carry out the Nursing Process through the mental health nursing consultation in order to enable the Systematization of Nursing Care using theoretical models to support care actions [5].

There is no way to have nursing without having the Nursing Process. (...) We identify my patient's

problem; when identifying, I will go along with him to create a care plan for him, I will evaluate, I will re-evaluate, see the results. They were the results, were they as expected? Not as expected? So I'm going to create a new care proposal for him. (...) I am based on Nursing Theories (I4).

We have SOPs, we have the consultation, the nursing process and the consultation. The consultation is carried out, and the psychic functions of the patient are evaluated, as well as other clinical and biopsychosocial issues (I5).

The nurses' narratives highlighted the use and importance given to the Nursing Consultation and the Nursing Process. Cofen Resolution number 358/2009 defines that these methods must be carried out in all services, public or private, in which nursing care occurs, in a deliberative and systematic manner[20].

Thus, the work of nurses has characteristics that identify them. Thus, the use of specific nursing methods in mental health reinforces the identity of nurses and promotes their appreciation of their attributions. When performing specific actions of their category, nurses approach their real functions, which identify them, giving visibility to the specific know-how of care[19].

In this context, the use of nursing theories as important references of the knowledge core is important to qualify the Nursing Consultation and Process. They are also fundamental to ensure the reorientation of the mental health care model and the identity reconfiguration of nurses in this field[21].

Knowledge about the context of production of practices and the management model of institutions is important to understand the processes of identity (re)configuration of professionals, which occurs dynamically and has an influence on the production and reproduction of social practices in a given professional context[8,7]. In this perspective, the variety of interdisciplinary actions developed by nurses in mental health is anchored in the psychosocial mode as a structuring paradigm of mental health practices with the process of Brazilian Psychiatric Reform.

My practice is based on the anti-asylum struggle, based on the autonomy of the subject, on the credibility that these services and these trained professionals can work in the face of the theories that we follow, so that this subject has a humanized care (I2).

I am the professional who will seek to follow the public policy that underlies our work, Law number 10.216, the ordinances that govern RAPS and CAPS, alcohol and drug policy. (...) The psychosocial mode is the basis of this conduction of the case, which seeks a social reintegration of this person, in which way I will do this as a technical competence, (...) welcome the demand and then expand it to his citizenship and autonomy (I1).

The Psychiatric Reform, therefore, was the social movement that resized the need to rethink the care directed to people with mental suffering. Before the reform, the biomedical model was dominant; whose focus of care was disease and medicalization, and not the person as a whole. With the Reform, the psychosocial mode is proposed, which is guided by deinstitutionalization in the replacement of asylums with community-based services. At this juncture, multiprofessional teams work, and nurses can take on a new way of doing the clinic[22].

The psychosocial mode as a paradigm seeks community, open and comprehensive care for users with psychic suffering. Interdisciplinarity, the relationship with the users and their subjective and sociocultural implications are characteristics of the model. Thus, acceptance, autonomy, co-responsibility and protagonism of the subjects are fundamental principles in mental health care. The encouragement of family and society participation and the emphasis on social reintegration and the search for the exercise of citizenship are relevant. In addition, it is important to establish a dialogue with users, the population and the team, and to use the notion of territoriality, proposing a horizontal organization between services in the care network[23].

Therefore, from the Psychiatric Reform, new calls are produced in the search for reorientation of practices. New modes of mental health

care imply transformations in the theoretical and practical knowledge of the professions[24].

Thus, the transformations in the field of mental health allowed nurses to expand their performance beyond the predominance of drug therapies and psychiatric hospitalizations, establishing the need to carry out actions based on intersectorality, interdisciplinarity, family and community approximation, empowerment of individuals and humanization as a fundamental axis of their know-how[23].

It can be seen that the search for integrality in mental health signals a practice committed to breaking down obstacles, thus allowing the reception and demystifying the idea of hospitalization, medicalization and institutionalization as predominant forms of treatment focused on isolation and social repression[5].

PROFESSIONAL SKILLS OF NURSES IN MENTAL HEALTH

The professional skills mobilized by mental health nurses in the exercise of their functions were built from their own perspective in this study. Through the content of the respondents' responses, the results were aligned with the following components: personal, communicative, care and socio-political[25].

Competencies for personal, social and professional life are defined through the acquisition of knowledge, skills and abilities. Thus, the definition of professional competence is related to the verb action, that is, the practice of an action guided by knowledge and carried out based on professional need to improve its performance in a given context[26].

The main competencies reported by nurses in mental health were:

- Personal: being humanized (100%); being articulate (71%); being empathetic with others (43%); leadership skills (43%); having emotional intelligence to deal with complex situations (43%);
- Communicative: ability to communicate with the users (100%); ability to establish therapeutic communication with the users (71%); ability to communicate with the team (57%);
- Care: capacity for therapeutic and qualified listening (86%); ability to provide expanded nursing care in mental health (71%); knowing how to work in a team (57%); ability to work in a network (57%); knowing how to act based on the principles of the Psychiatric Reform (43%); develop subjective management and care (43%);
- Sociopolitics: being ethical (85%); ability to act aiming at the subjects' autonomy (85%).

Claude Dubar defends the identity thesis as a socially constructed and simultaneously unfinished process. The individual builds himself by socializing in his trajectory through the world, and in this path he incorporates norms and values, behaviors that allow his social integration[7].

From this perspective, the construction of a profession's identity initially depends on its functional and instrumental aspects. Thus, the skills essential for the development of a specific professional performance, described in a specific institutional and organizational context, are important to establish a professional categorization in social and professional terms.

In turn, competencies safeguard individual identity, but, in addition, allow the integration of the subject in the social world through his identification with the other and the possibility of being identified by the other. At issue are not only the singular aspects of the subjects, but the processes such as the sharing, experiences and feelings that they build in this social environment.[7].

The data obtained suggest the transformations in the area of mental health, especially in the process of caring for the person with psychological distress through specific actions, and in the field of mental health in the context of the psychosocial mode, showing that nurses have sought to rethink the skills that must be mobilized in the exercise of their function, which are built and defined in social practice, are an answer formulated by the articulation between

organization, workers and educators to the question of how to do in institutions.

Based on these premises, it became necessary to incorporate new trends in the work of mental health nurses. Humanization is a fundamental element of the restructuring of mental health care as a break with the history of maltreatment experienced in this field. Empathy, in turn, is related to the requirement of a new professional posture that focuses on subjective processes to the detriment of focusing on the disease. Nurses deal daily with complex situations in the CAPS, which requires these professionals the ability to deal with their own emotions[1].

Considering that nursing care is reoriented in a therapeutic perspective, communicative skills stood out as a fundamental point for the practice of this professional. In turn, aspects of care were highlighted based on the need to seek an expansion of the clinic, for this to know how to operationalize listening in the work process, work as a team and make network articulations are fundamental processes to achieve the integrality of health care[2]. Finally, the political dimension of care established with the psychosocial mode mobilizes the need to be ethical and respect the choices and decisions of users based on democratic processes that value the autonomy of subjects[23].

Thus, in the field of mental health, the important competencies for the professional performance of nurses signal a peculiar practice of mental health nursing based on the care needs of the assisted population. The professional group exists, therefore, as a real social actor, which produces and reproduces itself based on its historical, cultural and diachronically determinant conditioning. The organization therefore occupies the place of identity emergence, insofar as it integrates a set of socio-technical knowledge and is composed as "a complex learning unit"[24] that contributes to the structuring of the organizational professional identity.

REAL IDENTITY

Based on Dubar[7], questions like "who are we?" are important to analyze the construct of the identity of professionals and understand how social changes can affect contemporary social and professional life. Through the narratives of the interviews of this case study, it was possible to apprehend the discursive consciousness and translate, from specific identity traits, mental health nurses as a specific work group. The definition of "oneself" establishes meanings for oneself and for the world, making it an organization that bears the mark of humanity[7]. According to Dubar[7], therefore, real identity is then structured by our perception of ourselves.

The nurses' self-reports based on self-definition revealed the meanings attributed to their practices and competencies in the construction of the figure of a therapeutic agent. The narratives show care processes focused on communication and nurse-patient relationship. This perspective highlights the recognition of a care proposal that goes beyond the biomedical and medicalization perspective and includes the autonomy/dimension of the subject.

> I am the professional who performs the Nursing Process to provide specialized mental health care, and therapeutic listening is the important work instrument to act as an agent. The subject's clinic is precisely this subject as central here in the service and in his/her own treatment, it is to give voice to this person, in listening to let his/her questions, his/her demands arise, let him/her elaborate what he/she will do with it, (...) just let the person himself/herself build his/her possibilities, the subject as central here in this service and in our clinic, and function as an agent for him/her to build his/her outputs (I1).

> I am the professional who acts through a bond, by building a transference process, a communication and a therapeutic relationship that allows nurses to intervene in the needs of patients who suffer. This process happens based on a theory that is Peplau's theory of interpersonal nursing relationship (I2).

I am the professional who works from a host. We become the technical reference of this patient, and from there we build the patient's unique therapeutic project (...). Listening to nurses can also be therapeutic if it is carried out based on theories. (...) I seek Hildegard Peplau's theory of interpersonal relationships a lot, and through it I use therapeutic communication strategies (I3).

The nurse is a therapeutic agent. (...). People think that therapeutic is only the psychologist, it is only the psychologist who listens, it is only the psychologist who helps, and it is not! We have the Theories of Nursing, which helps us; qualified listening, to see this human being as a whole, with all its subjectivity, everything that is involved in this human being. (...) In the nursing consultation I need to be therapeutic for my patient, in a workshop I need to be therapeutic for the patient, my care needs to be therapeutic for this individual. (...) Nursing has an interpersonal relationship, and with this Theory it can be therapeutic (I4).

As a nurse, I play the role of being a therapeutic agent from the reception, in group activities, in therapeutic workshops, in care, in nursing consultation, in family care. In all these moments the nurse acts as a therapeutic agent, it provides an improvement in the patient's symptoms, improvement in the quality of life. Before he was a technicist nurse, and today he is a therapeutic agent (I5).

The mental health nurse through care conducts the patient's unique therapeutic project. In addition to the usual care of the patient, he approaches the family and works on his/her social reintegration. The nurse has skills to deal with the patient based on his/her needs. (...) Knows how to listen to the patient through qualified listening. (...) Nursing consultation is therapeutic in mental health (I6).

The mental health nurse is a therapeutic agent. During listening, with the therapeutic listening tool I can manage the patient. (...) From this tool, it is possible to identify the triggering factors of that suffering and to intervene and manage the case (I7).

The nurse-patient relationship, at the end of the 1970s, was established as a fundamental element of the performance of mental health nursing. It is the therapeutic relationship that is instituted to help the individual build possible solutions to his suffering. This relationship depends on the investment of both the individual and the nurse, in order to promote the recovery of health. Through it, nurses can sustain a different position from therapy, using it as a pillar for care and as a resource to know the individual's life history and help him to be responsible for his symptom, and, consequently, for the choice of therapeutic decisions[22].

According to Peplau and Travelbee, theorists of interpersonal relationships in nursing, nurses in mental health services have the role of therapeutic agent, played through a therapeutic relationship. Thus, the therapeutic relationship is an important instrument of care for nursing in mental health that favors the organization of subjects who suffer psychically. Through the Nursing Process, we bet on the formulation of care and invest in the therapeutic relationship built with the nurses[24].

An important factor for the reconfiguration of nursing practices in mental health is the realization of an exercise based on scientific systematization, using specific theoretical models of the profession based on interpersonal processes[21].

The narratives reveal a mental health nursing clinic that is based on the relationship between nurse and patient. The care process takes place through tools such as welcoming, bonding and therapeutic listening. From this perspective, it is possible to reconstruct the mental health nursing clinic, reorienting itself from an interventionist model that aims to cure to a model whose focus is care. Thus, the disease comes to be seen as an integral part of the experience of its existence. Occupying the position of therapeutic agent is only possible by integrating the nurse's scientific knowledge with the subject's knowledge, so it is possible to articulate interventions that contribute to the patient's

autonomy with participation in the construction of interventions[22].

To occupy the role of therapeutic agent, mental health nurses highlight specific training in mental health as an essential condition for sustaining this function:

> The mental health residency produced a transformation in me; it was the watershed for my performance. Most of the knowledge that allows me to work today in mental health I attribute to residency (I2).

> Yes, the residence is the factor that contributed to constitute the nurse that I am today. Thus, what I had as a theoretical contribution, the contact I was able to have with the various clinics, with various services, helps me today to attend with the clinic I work in. The professional experience acquired and the theoretical part was extremely important; in the tutoring I discussed what was specific to nursing, this gave me the security to build my place in the service as a nurse and be able to work with the necessary clinic (I1).

> So, it was through this search for knowledge of Mental Health and through graduate studies that I really managed to support the basis of my performance with the necessary requirements to act in an expanded way (I5).

Regarding training, 100% of nurses are specialists in mental health, 57% in the Multiprofessional Residency modality. The professional experience, therefore, begins with the process of training in the residence, which had a strong influence on the appropriation of skills for professional performance. For 43%, specialization in mental health was sought after insertion and performance in mental health, in order to adapt the profile necessary to act in mental health and to align with the objectives of the institutions. In this sense, graduation represents a minimum condition for the conformation of professional identity, while the subsequent training path associated with the process of training in the residence and insertion in the labor market seem to be the identity element quintessentially.

For Dubar[7], professional identity is the product of socialization processes that include the spheres of work, employment and training, these being areas of social identifications of individuals.

Thus, the acts of belonging described by nurses signal a real identity, characterized by the practice of a professional who knows the actions performed in mental health, identifies with his/her functions and institutional policies, in addition to seeking in qualification the alternative to develop skills required for his/her work.

FINAL CONSIDERATIONS

The results of this research indicate the identity reconfiguration of nurses in the field of mental health, which can be expressed by practices, professional skills and real identity built in the perception of oneself. The study revealed that mental health nurses develop diverse actions of a core and interdisciplinary nature, forming an action that seeks to value the specific aspects of the profession and the institutional dynamics supported by the psychosocial mode.

There is inseparability in the development of administrative, care, educational and investigative actions, reinforced by the functions of manager of the nursing team and member of the clinical team of the service. In turn, the performance of the nursing consultation, nursing process and use of nursing theories produces professional appreciation and gives visibility to the specific know-how of nursing care, reinforcing mental health nursing as a specific professional group. The variety of interdisciplinary actions, in turn, was anchored in the psychosocial mode as a structuring paradigm of mental health practices that is legitimized by the Psychiatric Reform process in Brazil.

With regard to professional competencies, in the care process, nurses in mental health have sought to rethink the competencies that must be mobilized in the exercise of their functions, based on the incorporation of new trends, actions, capacities and skills. In the self-denomination

of the self, the figure of the therapeutic agent emerges, which is configured as a care proposal that goes beyond the biomedical and medicalization perspective, and is done through a care that considers the autonomy and dimension of the subject from a nurse-patient relationship. In conducting this process, specific training in mental health proved to be an essential element to support this function.

It is expected that the results of this research contribute to the construction of a reflection on nursing practice in the field of mental health, with a view to highlighting the potential and expansion of nurses' actions in this context. In addition, it is necessary to emphasize the training of professionals as an essential element to reconfigure professional performance. Specifically on nursing, the use of its specific methods is an important organizer of the reconfiguration of its practices, aiming at the quality of care.

Given the limitation arising from the choice of a specific mental health scenario for this study, it is suggested that further research on the object can be carried out in other contexts. Added to this is the importance of developing research that relates the themes of nursing practices and identity in other areas of activity, considering the possibility of reflection on the actions of nurses in the contemporary context.

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