

# **The construction of identity of Public Health players in Brazil: a review of the literature**

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## **ABSTRACT**

The objective of this study was to analyze the scientific production on the identity of Public Health actors in Brazil between 1990 and 2011. A systematic review of the literature was conducted from abstracts, papers and academic studies, such as mastering thesis and doctoral dissertations, in the LILACS, SciELO and CAPES databases. Three categories emerged from the analysis on the published texts selected: construction of identity, professional development and identity, and labor market and identity. In almost all the studies, it can be noted that the discussions had little to do with a basic body that establishes identity within Public Health, but rather with a set of values in which convergences appear. It is necessary to reflect upon the complexity implied in this process, especially with the emergence of the public health professionals worker professional development from undergraduate courses, thus pointing towards a possible professionalization.

**Keywords:** Public Health. Professional identity. Health professionals.

## **Introduction**

In the last decades, the labor market has been undergoing constant changes, leveraging professions to get new designs and professionals to cope with new challenges. In this scenario, autonomy, ethics, vocation, identity, status, economic status and professional recognition come into play. With the professional practice restructuring and increasing specialization of labor, professional identity, in turn, has been challenged by different knowledge areas (Beck and Young, 2008; Hall, 2000).

With regard to health, the work in this sector has specificities which are expressed in institutional organization, namely: the way service provision is articulated, the pace of technological advancement, and the highly specialized

activities. Among other cases and, particularly, in Brazil, with its universal and Public Health system, with finalistic principles bringing about the healthcare model transformation and, consequently, a change in the work processes, such elements undoubtedly imply the identity of professionals (Campos and Albuquerque, 1998).

With the emergence and development of the Unified Health System (SUS) in Brazil, several strategic actions, policies and new health programs are being implemented in the country, resulting in the expansion and reconfiguration of the labor market in health as well as in changes in the Public Health area (Varella and Pierantoni, 2008). These changes require a new professional profile that can meet the social and political demands of the Brazilian population. Such factors should be taken into account in the definition and/or in the identity transformation of professionals working in this area, and in the incorporation of new features to the professional profile as well.

The professional identity has been used in order to understand the subject insertion in the labor market and his relationship with the other. The identity is configured in a dynamic concept that deconstructs the idea of a unique and comprehensive identity which can be understood as multiple, collective, rather than as an individual accomplishment. It is therefore characterized as a changing process whereby the roles acquire contours according to the social settings. Hence, it is the product of successive socializations, permanently reconstructed to the individual himself over time (Coutinho, Krawulski and Soares, 2007).

Dubar (1997), on the other hand, understands that identification is established by means of socialization, revealing the feeling of belonging to a given group, assuming its attitudes and values that guide behavior. Hence, identity is the “result simultaneously stable and provisional, individual and collective, subjective and objective, biographical and structural of numerous processes of socialization that, jointly, construct individuals and define institutions” (Dubar, 1997, p. 105).

Identity becomes a relevant issue, especially within the Public Health framework which corresponds to a scientific field of knowledge and practices. It aggregates professionals of different educational backgrounds and trajectories and the identity of those who operate in this segment. In the last decades, the Public Health workers have been occupying new spaces and developing a practice increasingly specific – with emphasis on the Unified Health System and commitment to the Brazilian Public Health Reform -, thus enabling the construction of a new identity of the Brazilian Public Health worker.

Nevertheless, this is a complex issue as the Public Health field brings together various professional categories, rather than just health professionals. It is characterized by a highly heterogeneous qualification and professional development, involving, in this direction, professionals with specialization courses, multiprofessional residence, academic and professional masters, doctorates and, currently, undergraduates in Public Health. This reconfiguration is pointing towards the definition of a specific identity of its members and a

possible professionalization, thus complying to a dynamic area comprised of distinct trajectories and multiple interfaces with other professional groups (Bosi and Paim, 2010).

In this respect, knowledge produced in this area can be applied by different professional categories, even by lawyers, architects, social scientists, physicists, social workers, among others, who have received master's and doctoral degrees in Public Health granted by distinct graduate programs. Nevertheless, there is a basic body which confers identity to "thinking" and "doing" (quote from the author) in Public Health from a set of values similar to other professions (Bosi and Paim, 2010, p. 2033).

Due to the few existing studies discussing about the specific identity of the Public Health workers, there are numerous lacks on this topic in the scientific literature. Public Health is an important area of knowledge, with relevant contributions to the Public Health system in Brazil. In the last years, it has shown great progress – there has been an increase in the number of graduate courses in Brazil and undergraduate courses in Public Health are being currently offered. Because of this evolutionary process and its significance, which is undoubtedly the fruit of its maturity, the area has been acquiring international recognition, thus deserving an investigation into the identity of those who work in this segment.

Given the countless variables regarding the trajectory of the Public Health players and recognizing the importance of discussing and taking the professional identity in this area as a category of analysis, the present study aimed at analyzing the studies produced on the identity of the Public Health players in Brazil, according to the scientific literature in the period 1990-2011. In this sense, this study may provide some elements for reflecting and understanding shaping the human resources identity in Public Health and their paths and trajectories of construction as well.

### **Methodological procedures**

A systematic literature review was conducted from abstracts, papers and academic studies, such as mastering thesis and doctoral dissertations, published on the theme "Identity of the Public Health players in Brazil." The period of this literature review was determined by the historical moment of building a new healthcare system in the country, officially from the 1990s, with the enactment of organic laws of health, after long struggles, social and ideological movements, aiming at the democratization of health that drove significant changes in the labor market in this sector. As a consequence of those changes, the Public Health began to focus on the professional development of a new professional profile.

We researched national publications with texts in any language, in the period 1990-2011, published in the Scientific Electronic Library Online (SciELO), in the Latin American and Caribbean Health Sciences Literature Database (LILACS) and in CAPES publications portal. The following search words were

used in these three databases: collective health, public health, community health, preventive medicine and social medicine - each in combination with the words 'identity', 'professional' and 'Public Health worker,' both separately and in any part of the text.

The choice for exclusively Brazilian scientific publications to conduct the present study is based on the fact that Public Health workers are professionals who deal with specific issues related to the Brazilian population and Public Health system, thus considering that their praxis and identity are built in a specific socio-cultural universe. We excluded studies related to several health professional categories which did not focus on identity in the Public Health framework and on the perspective of principles and guidelines of the Unified Health System, as some studies that approach the high complexity of healthcare with entirely biological focus.

In the cases where there was the presence of double publications, even though either different descriptors or databases were used, just one of the publications was considered. After selection, we analyzed the information from each study, performing interpretive reading, systematization and cataloging from an Excel spreadsheet containing: study identification, key-words, study type (theoretical essays/ discussion papers/ opinion articles, empirical studies, literature reviews, experience reports), objectives, methodology, results, analysis and conclusions. In order to carry out the analysis, we used full texts of the selected studies. However, as seven of them (four mastering thesis and three doctoral dissertations) were not available as full texts, we used only their abstracts which offered little information for the present paper. The texts were carefully read to find convergence points in the subjects treated. The following thematic categories on professional identity in Public Health were extracted/ defined:

- . **Identity construction** – Studies which tackle distinct professional categories that develop their activities in the Public Health area, focusing on the construction/ transformation of identity from the trajectory, professional practice and relationships involved in the process;
- . **Professional development and identity** – Studies that address the educational process in Public Health in different modalities, vocational choice, structure and curriculum content related to the health workers' identity;
- . **Labor market and identity** – Studies on the manifold interfaces of identity with the structuring of the labor market in health, professional field from an economic and career perspective.

## **Results and discussion**

The search for studies on the aforementioned theme in the 1990-2011 period resulted in the selection of seventy studies (comprised of 20 abstracts of papers, 34 abstracts of mastering thesis and 16 abstracts of doctoral dissertations) for a preliminary analysis. After excluding the studies that did not meet the inclusion criteria for the present study, the following works were selected for analysis: 4 abstracts of papers, 6 abstracts of mastering thesis and 3 abstracts of doctoral

dissertations, totaling 13 publications which fit the selection criteria. As shown in Table 1 below, the findings point toward a not expressive number of studies on the identity of Public Health workers in Brazil.

**Table 1. Distribution of studies according to the period and nature of the publication**

<b>Period</b>	<b>Papers</b>	<b>Mastering Thesis</b>	<b>Doctoral Dissertations</b>	<b>Total</b>
1990-2000	-	1	1	2
2001-2011	4	5	2	11
Total	4	6	3	13

It can be noted from the above table that the amount of publications in the 1990s was quite small, contributing to only 15.38% of the total production, whereas there was a concentration of 84.62% of studies published in the last decade. As for the nature of publication, the mastering thesis represented 50%, the papers, 28.57%, and the doctoral dissertations, 21.43%.

With regard to the type of study, 23% (three) were theoretical and 77% (ten) were empirical studies. Referring to the analytical categories, 76.92% (ten) were publications on the construction of identity, 15.38% (two) were on labor market and identity, whereas 7.7% (one) was related to professional development and identity.

### **First category: Identity construction**

Researches on the construction of Public Health players' identity were frequent in the survey, accounting for the largest amount of studies (ten) with specificities and different perspectives which should be highlighted. They are studies on distinct professional categories that develop their activities in Public Health, therefore focusing on the identity construction or transformation of these professionals from their trajectory and professional practice within this knowledge-area perspective, as well as on the relationships involved in this process.

We found two studies in nursing. In the first one, Gomes and Oliveira (2005) describe and analyze the professional images present in the representations of Public Health nurses. In the second one, Faria (2006) discusses the role of healthcare centers in nursing professional development and in the construction of a "female" professional identity from the history of both female health educators and Public Health nurses in the first half of the twentieth century, showing the challenge women had to face in demarcating a territory of decision making and performance.

The study carried out by Faria (2006) reveals that the creation and appreciation of the Public Health nursing space in Brazil resulted from the initial effort of

the Anna Nery School and the Institute of Hygiene of São Paulo, from 1925, with the creation of the Public Health Education Course. Apart from these institutions, it had the support of the Rockefeller Foundation which played an important role in this process. Among the obstacles faced for women entering the labor market and building their professional identity, there was a rigid differentiation of social roles between men and women, in addition to issues related to professional autonomy.

According to Gomes and Oliveira (2005), nurses identify an image of their work with the population from the existing relationship between them, engendering thereby some credibility. On the other hand, society demonstrates that it does not distinguish between the nurse and the nursing team, in addition to not differentiating between identity and professional role of the nurse and the doctor. Hence, conflicts related to hegemonic issues of power and the multiple identity interfaces of the nurse become implicit.

Three studies were found on the identity of the doctor in Public Health: Andrade's doctoral dissertation (2001) about the institutional and cognitive ways covered by the doctor Heraclides de Souza Araújo, who dedicated himself to health issues, as well as the people who took part and helped him building up his career, and how his professional identity was shaped; Bonet's doctoral dissertation (2003), analyzing family doctors' professional identity construction process as a social group from institutionalization and epistemology; and finally, Almeida's mastering thesis (2010), investigating the doctor's professional identity construction, considering the diversity of relations involved in this process.

Two other studies were found in this category about the psychologist identity in Public Health. In his mastering thesis, Santos (2002) aimed at understanding how it was possible to the psychologist who works in Public Health maintain or change his identity which, according to the author, is also consisted of Public Health policies. The study reveals that there were a few changes in the identity of this professional that develops his practice in the scope of Public Health, i.e., he keeps emphatically acting as a psychotherapist.

Castanho (1996), in turn, using theoretical assumptions of the identity concept, investigates how psychologists, who work in Basic Healthcare Units, react and assimilate the transfer from education to health through the implementation of a new mental health policy in São Paulo city. The results reveal that psychologists are conquering their autonomy and that the strengthening of an identity needs debates in professional development and professional practice perspectives.

Saturnino (2008) investigated the pharmacist identity in Public Health, analyzing the contribution of Rural Internship of the Pharmacy course at UFMG for professional development and historically rescuing the construction of his professional identity and insertion in the Unified Health System. The study shows that there is a limited knowledge about the Unified Health System as well as that the Rural Internship is considered an important means of knowledge construction. The author also states that the pharmacist, confronted

with breaking of paradigms, starts a new phase of rebuilding his identity as a health professional.

In this sense, Mazer and Melo-Silva (2010) corroborate that changing paradigms affect the identities of professionals while going through changing processes in their careers. It is worth highlighting that the professional development and professional practice in Public Health are supported by a knowledge body, unlike the theoretical bases of several health professions which focus on merely biological factors and on treating pathologies. This situation has a strong influence on the construction of another professional that incorporates values inherent to the Public Health area, thereby hindering the consolidation of a clear identity.

Costa, Fernandes and Pimenta (2008) analyze the process of establishing health surveillance in Brazil, its insertion in public policies, the construction of the workers' identity and their specificity. The study reveals that, with the management reorganization of the Health Ministry in late 1976 and the recognition of health surveillance importance in the scope of Public Health, it was restated the configuration of a new professional profile – the Public Health surveillance technician –, thus constructing an own identity and a specific knowledge of this Public Health worker. Thence, enters the agenda discussions, seminars and workshops related to requirements necessary for the professional development of these professionals, emerging courses of several modalities, having a great significance in recognizing and building the identity of the Public Health surveillance professional.

Still according to Costa, Fernandes and Pimenta (2008), holding public tender in the 2000s constitutes the career of the health surveillance professional and strengthens his identity as well. The identity construction of these professionals in the last ten years has a strong claim on Public Health policies in Brazil, associated with a greater visibility of the area in the Public Health field.

Peixoto (2010) investigates the dynamics of meeting two dimensions of professional identity – one of the academic group and the other one of the work group – when the individual is inserted into a multiprofessional team. The findings revealed that the interactive dynamics between the academic group identity and the work group identity were complementary, as well as that the construction or maintenance of an identity suffers strong influence of group factors, but it can be strengthened when there is recognition of participants on its importance for relationships within the multiprofessional teams.

The diversity of modalities in Public Health professional development and the need to be part of a particular professional segment can also be held responsible for the image that the Public Health worker produces from his practice and from his specific field of expertise. It is remarkable the various ways some people present themselves in the socialization spheres, in the relationships between Public Health players and even in the academic environment: “I’m a nurse by profession,” “I’m a dentist by profession,” “I’m a Public Health worker by profession,” among so many other forms. When these professionals express themselves, they seem to have lost reference of their initial education,

i.e., the undergraduate education, although these self-denominations may be related to the construction of a new identity in Public Health.

In this sense, it is worth questioning if, for these professionals, the graduate degree is just an upgrade that gives a better status and which identity prevails: if the first one, acquired in the undergraduate process in a given profession, or if the second one, acquired or rebuilt in the trajectory from the insertion and professional practice in the Public Health context. These are questions regarding the identity of those who work in this segment which have not yet been answered by the scientific literature.

According to Dubar and Tripier (1998), the identity construction processes are influenced both by professional factors and by typical forms of individual trajectories and social worlds, systems of beliefs and practices, habitus and life projects. For Vieira (2007), the central dimension of identities is constituted by the work issue, by the place it occupies in society and the meaning attributed to work. Such identities are forms socially constructed by individuals recognizing each other in the fields of work and employment.

The literature shows that the professional identity construction is strongly linked to the choice of an area and to the educational process during the undergraduate course. In this sense, it is worth reflecting upon if the graduate course in Public Health offers enough elements to account for transforming/rebuilding this identity, or even if it is responsible for that. This is therefore a difficulty to be overcome by professionals who, when they get their degree in one of the various undergraduate courses in health with therapeutic feature and predominance and insufficient knowledge of Public Health, they experience different sensations and situations, when inserted in this field, which require the breaking of paradigms in the reconfiguration of their identity; otherwise, their practice may reproduce the hegemonic model of healthcare.

Some characteristics of the professional development and professional identity of the Public Health players in Brazil are directly related to the historical development process of the Brazilian Health Reform as well as the ripening, construction and dissemination of technical-scientific knowledge of the area. The ongoing changes in practice, knowledge and professional development reflect on the ways to work, making that the identity is constituted according to the involvement, performance and role played by these professionals in the Brazilian society.

The studies show that the professionals go through a reconstruction of their identity in Public Health, although with difficulties in breaking paradigms and incorporating new practices and values inherent to this knowledge area, thereby engendering an identity crisis. The studies also indicate that such changes require debates from the perspective of professional development and professional practice.

## **Second category: Professional development and identity**

We found a single study showing the relationship between professional development and worker's identity in Public Health. In the paper entitled "Undergraduate degree in Public Health: limits and possibilities as a professional development strategy," by Bosi and Paim (2010), the authors question Public Health as a framework of professionalization, systematizing some theoretical, social and ethical-political foundations of a professional development at the undergraduate level. To this end, they recover the trajectory that has been given to the formulation of these courses and rescue some elements about the identity of these players.

For the authors, the essential element in establishing a career – emphasizing the context of health professionalization and providing a self-identity to the professional – is not given by specialization, but constructed on the experience of getting an undergraduate degree in a certain area and being part of a professional segment. The construction of identities at any given historical moment implies power relations, as can be seen in the history of professions that have been settled over time. Bosi and Paim (2010), in a relevant paper, raise a number of issues on the elements that are important in the identity construction of those who work in this segment:

It is necessary to have young professionals beginning their careers and who will set their trajectories outlining their identity on the experience of being subject-agents of Public Health without undergoing a "reundergraduate process" or a "deconstruction" when enrolling with their initial undergraduate degree at a graduate program in Public Health. Perhaps this is bound to the vagueness observed regarding the identity of the field and of the players themselves, graduate students who have the most diverse health educational backgrounds, broadly guided by a core knowledge distant or even conflicting with those guiding the Public Health professional identity. (BOSI and PAIM, 2010, p. 2033)

In this respect, if we consider the professional identity construction as legitimized by the experience to undergraduate in a given area, it can be noted that, differently from other professional categories, it happened the opposite in Public Health. That because an undergraduate degree in Public Health came up, after years of maturity and knowledge buildup in this area, from graduate programs which have expanded throughout Brazil and from the disciplines that comprise the curricula of the undergraduate courses in health. Thus, it reinforces the questioning on which professional identity of the Public Health agent prevails: whether the identity given by the initial undergraduate education or by the identity conferred by the graduate education. This still unanswered question is a lack of knowledge not filled by the studies of the literature review we carried out.

Prior to the recent opening of undergraduate courses in Public Health, an aspect to be considered in the identity construction process from professional

development is that the desire to be a Public Health worker did not start to be awakened during the selection and interest to undergraduate in a certain area, as it happens in other professions, but rather throughout the professional development process in the chosen area in whose route, when approaching the contents of Public Health and the representations on the Public Health worker practice, may arise the interest in taking a graduate course. However, the identity of these workers, beyond the professional education and adoption of values inherent to the practice developed in this area, certainly involves a complex set of internal and external experiences that constitute an important basis for the first attributed meanings.

As stated by Bosi and Paim (2010), the undergraduate education may confer a specific identity which is distinct from the others, as Public Health is neither a medical specialty nor a specialty of other health professions. In this sense, similarities and differences in the academic preparation of Public Health workers – with distinct trajectories and different professional development models, their roles, diversity, and the complexity of subjects related to this work field – show an obscure identity of their players.

Beyond the stereotypes, being either an undergraduate or a graduate Public Health worker constitutes an important element of professional identity. It is worth noting that the experience of getting an undergraduate degree influences in identity formation, once one learns to be a Public Health worker since the undergraduate period from experiences, internships, involvement with performance and practice, thus differing from getting a graduate degree, which implies a new way to be followed and built most often, primarily with theoretical academic disciplines, comprising the curriculum as a limiter. As Bosi and Paim (2010, p. 2033) state, “In terms of identity, having a graduate degree is a distinct status of having an undergraduate degree. Despite being recognized the “identity reconfiguration” nurtured by the graduate degree in Public Health, the undergraduate course shall help in a clearer demarcation of the contours of this identity.”

The Public Health undergraduate courses have been implemented in Brazil by several institutions, almost exclusively by federal universities. In this regard, it is worth highlighting that these courses are being offered with various nomenclatures. Another relevant matter to be mentioned is if their curricular matrices are compatible and if they are organized into a basic body of elements, principles and values that converge, able of forming professionals with a similar profile. Such aspects deserve attention and reflection upon their influences on the student profile and on shaping his identity. In this sense, as reported by Bosi and Paim (2010, p. 2033), “it is predictable and promising inquiring this new identity, i.e., to question this inaugural phenomenon of undergraduate degree in Public Health in Brazil and their identity effects on the field.”

Such phenomenon has already put on the agenda a host of doubts and questionings of the health professionals, whether in an academic environment, in a professional environment, or in discussion spaces as seminars, conferences,

among others. A recent fact refers to the change of the name Brazilian Association of Graduate Studies in Public Health to Brazilian Public Health Association (Abrasco) and to changes in its statute in order to incorporate the undergraduate program. Such changes mobilized Public Health workers whose title was obtained by taking a graduate course in Collective Health/ Public Health, generating questionings about the professional education of the undergraduate student. Thereby, at the moment undergraduate courses in Public Health start to insert professionals into the labor market, many concerns come up on the “image” and the “space” each one of these profiles holds in the labor market, what can be seen in the development of an identity crisis.

### **Third category: Labor market and identity**

We found two studies that researched issues related to labor market and workers' identity. Ávila (1998) carried out a study on the specialty of the Public Health physician, focusing on Medical Residence. The author gave priority to the opinion of medical students on the choice of that specialty as a professional career, looking for reasons that could explain why those students do not choose to take medical health. Furthermore, she analyzes the facts that would be leading to a decline in demand of doctors for a Public Health career. According to the author, the choice for a medical career, from an economic perspective, has been driven by the labor market external conditions, rather than by the socialization process occurred in the professional development of doctors. Hence, it has decreased the insertion of doctors in graduate programs for Public Health physicians in the last years, mainly from the 1980s. Such situation is reflected from issues related to Public Health physicians in the labor market, characterized by the insertion in the public sector with low wages and loss of status in comparison to other medical specialties, in addition to the lack of incentives in undergraduate programs in health.

Ávila (1998, p. 62) also states that this area has been expanding due to the interdisciplinary and multiprofessional nature of the Public Health object, not being an exclusiveness of the medical science, given the participation of other knowledge areas. In spite of recognizing the importance of the multiprofessionality in the Public Health area, this configuration, to a certain extent, led to a “lack of definition” (quote from the author) towards a profile for the Public Health physician and the medical category, besides leaving a lack of clarity on his activities.

Dubar (1997), on the other hand, mentions that exiting university and confronting the labor market are among the most considerable and essential happenings in the construction of professional identity. Certainly, the diversity of choices and the insertion in a specialty are important elements to be reflected upon in identity formation. Nevertheless, the greatest identity challenge lies in the confrontation with the labor market that assumes various meanings according to the country, the formal education level and the social level of the players as well.

Vieira (2007) argues that wage labor, characterized by internal differences, services expansion and employment segmentation, fosters a behavioral individualization at work, in addition to breaking with the workers' interests and provoking the loss of class consciousness. Dubar (2007), in turn, states that the identity professional dimension has acquired a particular importance through the argument that if employment influences the construction of identities, the work, alternatively, leads to the transformation of identities. In this regard, far beyond the school term, professional development influences the identity dynamics.

Dubar (2007) also notes that professional identity can be defined by the intersection of three fields: the world of work experience, the socio-professional trajectory and the employment movements (the relationship of workers with professional development and the way they learned the work they perform or will perform). Such aspects simultaneously present a degree of consistency and dynamics which imply significant answers to employment standards and the labor market. In this perspective, identity is what identifies the professional, considering the way he presents himself is gradually constructed with his work experiences, thus incorporating his role.

Chaves (2005) analyzes the dentists' discourses about their professional performance in the Family Health Program, emphasizing the meanings of the explanations of these professionals on the following issues: their expectations, their motivations for professional choice, their assertion on the current restrictions of the labor market, and the functioning of the Family Health Program as a professional performance field and work practice. The findings of his study point towards a professional identity crisis among the surgeon dentists who work at the Family Health Program, determined by the labor market conditions and by the public policies for oral health in Brazil. Even though there are restricted conditions, the Family Health Program has been an alternative to the dentist facing the labor market saturation in the private sector.

Dubar (1997) reinforces this discussion by observing that the identity crisis, of which much has been said, is related to difficulties of professional insertion, social exclusion, malaise arising from constant changes experienced in the labor market, and disaggregating categories that entail definitions of self-others.

Taking into consideration the aforementioned aspects, the undergraduate degree in Public Health, in addition to strengthening the interest about the identity in this area, points to changes in the labor market from a possible professionalization which, according to the sociology of professions, reflects in the definition of specific knowledge application and in a practice restricted to professional categories. Consequently, in case of regulation with the creation of a board, then it is pertinent to reflect upon if it will provoke a market reserve. In this perspective, it is worth questioning on how would be the situation of professionals of other categories, given that, at present, the regulation and the insertion of the undergraduate in Planning Jobs, Careers and Salaries are under discussion.

## **Final remarks**

This study has allowed a systematization of the Brazilian scientific production about the identity of Public Health players, showing a small amount of academic studies on this topic. Due to its restricted number, it reaffirms that the identity of these professionals is not clearly perceived. In nearly all the studies can be found that the discussions present quite a small reference to a basic body that shapes the identity in Public Health; they, otherwise, refer to a set of values which show convergences.

The professional identity in this area is often mistaken for foundations of other professional groups, setting up a “hybrid” identity which is not anchored to a basic body of elements which can confer a specific identity in Public Health, thus corroborating to Bosi and Paim’s (2010) point of view about a nebulous professional identity on this area.

The studies do not reveal up to which extent the professionals of this area understand the socio-political dimension of their role in the society in which their interventions are inserted, as well as if these professionals are committed to the social and to the values inherent in the practice in this field – elements which are certainly to be considered in their identity.

It is necessary to reflect upon the complexity implied in this process, increasingly heterogeneous and hard to be delimited, as well as upon the challenges to be confronted in the construction and strengthening of a specific identity of the Public Health players, especially with the emergency of the professional development of Public Health workers from the undergraduate courses, thus pointing towards a possible professionalization. It is possible to state that this identity has always been, and still is, in a construction process and still without a clear delimitation. Hence, it is necessary to have researches that contemplate the unfilled knowledge gaps.

It is therefore relevant to make some pertinent inquiries about our object of study, namely: Would the evidencing diversity of the Public Health worker allow a consolidation of a specific identity for this professional group? Which repercussions may arise among the different Public Health professional identities dealing with a possible professionalization? Although the professionals have a graduate degree in Public Health, is there a predominance of identity acquired in the undergraduate course? Have the diversity of nomenclature and of course designs, present in the development of new undergraduate courses in Public Health, contributed to the consolidation of an identity or will it contribute to the increase of unclearness of this identity?

This questionings are, so to speak, an attempt of redirecting towards a new and wide debate about the issue outlined in this study, with the understanding that Public Health is an area which gives rise to countless approaches in scientific research.

## **Contributors**

The authors Vinício Oliveira da Silva and Isabela Cardoso de Matos Pinto have equally participated in all stages of this study.

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