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Social representations of nursing by non-nursing health professionals

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ABSTRACT

Aims: To analyze the social representations of nursing by non-nursing health professionals. **Method:** This is a descriptive, exploratory research, with a qualitative approach, using Social Representation Theory as a structural approach. A total of 53 non-nursing health professionals participated in this research. The technique used to collect the data was based on free and hierarchical opinions, using the inductor terminology "nursing". Data analysis was treated through the software EVOC 2005. **Results:** The following are among the core terms used to socially represent nursing: *care*, *team*, *responsibility* and *work*. **Discussion:** It was to form a balance between the functional, normative, and perceived image of the representation, which includes cognitive and evaluative elements. There is a positive view towards the study object. **Conclusion:** This representation has been carefully presented as professionals relate to concrete and tangible formats to express the nursing professional, and then they are able to reconstruct the object *nursing*.

Descriptors: Nursing; Nurses; Professional Autonomy.

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INTRODUCTION

The role of nursing has expanded in both public and private institutions. It is observed that there is a higher level of inclusion of the nurse in health programs, and this professional's participation is being considered fundamental to the development of healthcare strategies within the general population, expanding the nurses' contributions to nursing consultations and the implementation of rules and routines in health units[1].

In the field of health, professional autonomy is presently in an arena of theoretical, methodological and political discussion that includes, on one side, a tendency to develop multi-inter-trans-disciplinary work routines, a support in defense of the assistance to the users of the Brazilian Unified Health System (SUS in Portuguese), which is almost exclusively in teams, a result of collective work[2]. On the other side, there is an imposed urgency for health professionals of today to establish and publicize their professional identity, stating clearly their specific areas of expertise,, potential and performance limits and their decision making roles, otherwise they can be penalized due to a perceived inertia[2]. The professions that do not act so have a tendency to disappear and get merged into other areas in the field of health studies, into another area of knowledge that has a longer historical tradition or to new, emerging studies that answer more effectively and quickly to the present social demands[3].

It is understood that the terminology 'nurse professional autonomy' is related to the moment the nurse, who is an individual equipped with moral and intellectual independence, is capable of making decisions as freely as possible, based on his own understanding of his profession's technical-scientific knowledge, his individual or collective professional practice[3-4].

Based on the fact that, in the context of a hospital, there is an attribution of meaning towards nursing, towards the nurse and his professional autonomy in relation to other health professionals — who can be nurses or not — as well as towards patients who are experiencing the nurse's assistance. It is understood that nursing is an object of social representation attached to others, as it creates a body of knowledge, of understanding, of affection, of attitudes and practices related to the nurse, his professional identity, his decision making role and freedom of action, thus his complete professional autonomy[4].

From these considerations the guiding question was defined as: "What are the social representations of nursing for non-nursing health professionals?" For this study, it was necessary to analyze the nursing representations under the scope of non-nursing health professionals.

This research is relevant as it enables reflection and discussion regarding the chosen topic. It may lead, in the future, to the understanding of the visibility nursing has, in particular towards the professional, his work, and the results achieved by the nurse in the long term[6-7]. The results from these debates can be used to support the development of didactic-pedagogic tools that can improve the teaching of nursing, which will reflect upon the results of individual and team work.

The investigation into nursing on a psycho-social level may be able to provide the supporting elements that would increase its visibility and instigate considerable changes in assisting practices[8-9].

METHOD

This is a descriptive, exploratory study, with a qualitative approach, and is supported by the Social Representations Theory in a structural approach[8,10-11].

This research was performed in a public municipal hospital of medium and high complexity located in the Southeast region of the state of Rio de Janeiro. The institution has maternity, internal medicine, an obstetrics clinic, a surgery clinic, pediatrics, an intensive care unit, a surgical center, and a center for material sterilization.

At the time of data collection, there were 136 physicians at the unit, together with 15 physiotherapists, nine nutritionists, three psychologists, one speech therapist, seven social workers, one occupational therapist, one biochemist and 47 nurses. All health professional groups were included, except nurses and those with a single professional in the unit, as it is necessary that the participants had social interaction in order to have more symbolic exchanges, a premise in the development of social representations[10-11].

The criteria for inclusion were:

a) having a B.A. in any area of health, therefore, the sample was composed of college graduates;
b) working as a professional in the area for at least six months at the hospital that was the scenario for this study;
c) being at least 18 years old; no limiting upper age.

The criteria for exclusion were:

a) observed cognitive or communicative limitations that would challenge data collection;
b) being an intern, resident or having any other role in the institution;
c) being a nurse.

The exclusion of nurses is due to the nature of the objective of this study as discussion between these professionals about their own profession and its practices would tend to be in a particular way because they are representatives of the profession. This could contaminate the data collected for this study. Therefore, the non-nurse health professionals available at the institution were the target of this research. The sample was defined considering the total amount of professionals per area, the use of the criteria of inclusion and exclusion established, the availability to participate in this research and the smallest number of participants required to produce the representations under the structural approach of the theory[10-11].

Nine physiotherapists, three psychologists, eight nutritionists, six social assistants and 27 physicians — a total of 53 individuals — effectively participated in this study. They answered a socio-demographic questionnaire to characterize the participants, as well as using the technique of free speech. For this study, social service and psychology were considered professions linked to the area of health and therefore included in the sample for this research. Their professional practice was observed in the context of the chosen scenario and has a close relationship to the nurses practice as well as the others. The objective of the presence of these professionals, as well as for the other professionals found in the institution, is to go over the different types of vulnerability of the patients, trying to solve those issues or, at least, to minimize them. Hence, the social services and the psychological support at the unit work together on a daily basis with the nursing team (in a general sense) and, more specifically, with the nurse, which permits a space and a time for favorable symbolic exchanges which are needed to build the representations[8].

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According to the rules set in the Resolution #466, of December 12 2012 of the Brazilian National Health Council/Brazilian Ministry of Health — the institution responsible for building the directives and regulations in studies that involve human beings— this research was submitted to the Committees of Ethics in Research with Human Beings (CEPq, in Portuguese), at Fluminense Federal University (UFF, in Portuguese) and at Rio de Janeiro State University (UERJ, in Portuguese), as this study is a result of an inter-institutional project between these two universities. It was approved under protocol numbers #924.334 (UFF) and #939676 (UERJ).

Opinions were collected and prioritized based on the term "nursing". these opinions were permitted as evidence of the structure of the social representations built by the subjects on the object[10-11]. Data collection occurred between March and April 2015.

Using the opinion technique each participant (n=53) was asked to think of five words which described for them the term "nursing" and, afterwards, to rank these terms in order of importance.

The analysis of the material collected started by standardizing the terms used that had the same meaning, so that the software could merge and calculate them as precisely as possible. Then it was necessary to build a system of categories used by the subjects that would permit the identification of the content of the representation itself. In the following step, it was necessary to reorganize the content, in order to observe its underlying structure. In order to proceed, the software EVOC 2005 (which stands for *Ensemble des programmes permettant l' analyse des evocations,* in *French)* was used to calculate and report the simple frequency of occurrences of each word used, and the balance of the occurrences of the weighted averages of the whole set of terms (OME)[11-12].

The presentation of data was performed using the technique known as four-house board, which takes into consideration the frequency and the average set produced by the opinions. The four-house board is structured by four different sets of elements. Those located on the upper-left quadrant are the possible core elements of the representation, understood as possibly the most significant elements based on the perspective of the subjects of this study. The elements located on the lower-left quadrant are the items in a contrast zone to the representation, as they have a smaller frequency, but at the same time they were used an average number of times or, in other words, they were said promptly. The upper-right quadrant are elements with high frequency, despite the fact they were said less promptly. Finally, on the lower-right quadrant, there are elements of an outer periphery, less frequent and spoken less promptly ,which is equivalent to saying they are probably the most peripheral and distant elements from the core of the representation[11-12].

According to the structural approach and the theory of the central core of social representations, the four-house board is divided into two distinct systems - a core system and a peripheral one. The core system is composed of the main core; the peripheral is built using the other three quadrants. Synthesizing the understanding of this method, the core system provides stability, organization, and direction to the identified representation. On the other side, the peripheral system is more flexible, integrating other and new information into the structure represented, protecting the core system, as it does not necessarily express a consensus of the inner group and the elements that compose it are more related

to practical issues and concrete situations.

It is from the theoretical premise of the structural approach of the Social Representations Theory that these elements correspond both to the criteria of having higher frequencies, as well as being said in the first place (promptly spoken). They will have a higher importance in the social understanding of the participants, and they will have more chances to belong to the main core of the representation[11-12].

RESULTS

The participants are mainly female (75.5%), age group between 25 to 34 years old (41.5%), Roman Catholics (45.5%), not single (62.3%), with a high level of specialization (81.1%), monthly income between 6,000 Brazilian reais and 11,000 Brazilian reais (34%), without any family member working as a nurse (62.3%), and they reported that they had worked with nurses on the three levels of health care (49.1%); adding to that, 69.8 of the participants reported that they were once cared for by nurses, and 56.5% had access to information regarding nursing outside the working environment. When asked if nurses were professionally independent, 60.4% answered "yes" and 39.6% responded "no".

265 words were associated with the term "nursing", among which 132 were not repeated. The minimum frequency defined was four. The average frequency was nine and the OME was 3.0. The calculations were set by the software and the four-house board (Spreadsheet 1) was built based on the parameters defined above.

Spreadsheet 1 presents a possibility of the representative structure of the object "nursing" in a reconstruction set by different professionals in the field of health. The probable main core of this representative structure encompasses the terms *care*, *team*, *responsibility* and *work*. It is seen that this main core presents a balance among its functional (care and work), normative (responsibility), and imagery (team) dimensions.

Inside the probable main core it is possible to highlight a favorable attitude from the subjects towards the object. The term *care*, which demonstrates a cognitive dimension of the representation shows there is some synchronism between nursing and caring, an analogy that rises from the history of the profession and in many cases, it is a legitimate assumption. It is notable that there was a high frequency of this term seen in the four-house board, achieving 27 citations.

The term *team* leads to an attachment the professional has to develop his role in a group, at least in a hospital environment. Another word that appears in the main core is *work*, which signals a psycho-social elaboration directly linked to nursing, in a manner that work is seen as a core role of the professional.

The element *responsibility* leads to a normative dimension and an evaluative characteristic of the representation, attributing to the adjective "responsible" those who work in the field of nursing.

There is a contrast zone, located in the lower-left quadrant, which includes the terms *white*, *dedication*, *important*, *patient*, *injection*, *profession*, and *respect*. The functional dimension that is observed from this quadrant is seen in the lexical variant *patient*, who is the target of the nursing care practices and the work of the nurse and his team. The imagery dimension is demonstrated by the *white* word, with low OME, therefore the most used

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Spreadsheet 1 – Structure of the social representation of nursing for non-nurse health professionals. Rio das Ostras, Brazil, 2015.

O.M.E.	< 3			ε 3		
Average Frequency	Term Evoked	Frequency	O.M.E.	Term Evoked	Frequency	O.M.E.
ε 9	Care	27	2.296			
	Work	13	2.385			
	Responsibility	11	2.818			
	Team	9	2.111			
< 9	Patient	7	2.571	Hospital	5	3.000
	Dedication	6	2.167	Help	4	3.250
	Profession	5	2.600	love	4	3.250
	Respect	5	2.800	Medication	4	3.250
	White	4	1.750			
	Important	4	2.750			
	Shot	4	2.000			

Source: designed by the author

among health professionals regarding their representation in nursing. White is the traditional color used by nursing professionals, a symbol of physical hygiene, asepsis when dealing with hospital equipment and tools, and purity when facing illnesses and death; at the same time, it is related to *shot*, which is part of the workforce and a working procedure.This is also one of the most publicized images of the nurse in society, through magazines, soap operas, movies and cartoons, including even health advertisement campaigns used in hospitals and in nursing schools. To conclude, the lexical expression *profession* provides a certain social and institutional image, which is the professional aspect of nursing.

The normative dimension is present in the words *dedication* and *respect*, two elements that express a favorable position and that are linked to the way nursing is seen on an everyday basis inside the health institutions it belongs to, together with the historical roots of the profession, its interface with Christianity, and its ancestry based on the caring women used to provide to their families and children. Simultaneously, this normative dimension is also related to the human attitude towards someone else's suffering, the process of sickness and death, situations in which empathy is not recommended, thus recognized in the respect and the dedication towards supporting and working on a greater good through caring about that most precious gift: life itself.

The term *important* is related to a positive attitudinal dimension of the profession as seen by the participants of this study, which favorable position was already made evident in the main core quadrant.

The word *patient* reinforces the sense given to the nurse as, for the participants of this study, it is the ultimate goal of nursing work.

The terms *profession* and *shot* are largely imagery-based, thus bringing up the working characteristics of nursing, which, in the past, used to be performed by unskilled civilians and priests, without any academic education. The term *shot* reinforces the connection between nursing and one part of its daily routine, demonstrating a validation of nurses' proceedings and roles, such as giving injections, for example.

The first periphery is empty, with can be explained by the low number of subjects, thus with a great dispersion and high frequency of words.

The second periphery of the representational structure is filled with the terms *help*, *love*, *hospital* and *medication*.

Help and *love* place in evidence a normative dimension and an affective characteristic of the representation regarding nursing. It is seen as the continued existence of ideas of abnegation and affectionate support to the other in convalescence, historically supported by the religious origins of nursing.

The terms *hospital* and *medication*, concrete images in the second periphery, are related to one of the working environments of nursing and to one of its most common proceedings, which is the administration of drugs.

DISCUSSION

Based on the ethical and philosophical pillars of the profession (highlighted in "love" and "abnegation", for example), it is not uncommon among nurses for the official caring practices to try to overcome imposed limitations, such as social, institutional or economic barriers. Therefore, in the case of the patient who requires some extra care, the nurse takes the responsibility of solving dilemmas that can come from the absence or omission of the public system, despite the fact that laws relating to nursing state precisely the details of a nurse's duties. Therefore when trying to resolve the issue found, these forms of caring, which are invisible to society's eyes and to the other members of health teams, end up harming the construction of a social image of resoluteness.

The historical basis of nursing sees mother or family care as a direct role to maintain life. They are connected as well to religious matters that negate the relationship between body and spirit, giving a higher priority to the spirit and its sacred side, against the body itself, the physical domain of man and susceptible to the vicissitudes of life [7,10,12].

The profession, in its historical background, used the knowledge built from common sense in order to define its roles and tasks, but this characteristic has been minimized by the constant search for theoretical and technical-scientific improvement, substantiated by the development and use of theories in nursing, which represent an important part of the self-built knowledge of the area[1].

The rise of new theories gave an intellectual face to the profession. However, their application or the development of newer theories needs to take into consideration the context of the market, the present profile of nurses, an urgency for visibility and the contradictions of the working processes in health.

Nursing proceedings, in the past considered simple, such as changing patients' posi-

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tions in bed, oral hygiene, treating of wounds and the administration of drugs are today seen as fundamental to the patient, feeding directly into his full recovery. If caring is improperly performed, hospitalization periods become longer and the risk of developing any hospital infection or any other complication can arise. Added to that, there is financial loss and damage to the nursing team itself. Then, such proceedings are highlighted by both public and private institution managers, calling attention to the importance of the nurse in patient healthcare[15].

Caring is not only limited to the performance of the technical roles, but it involves the patient as a whole, with his stories, feelings and expectations. The nurse must take into account the importance of emotional, psychological and physical aspects, and validating the patient in all his dimensions[14]. Health care can also be understood as a singular moment aimed to provide and support the well-being of the ones involved[15].

The professional practice of the nurse is different from the other members of the nursing team, supported by theoretical-philosophical elements in the process of caring, teaching, and researching. Besides that, laws protect nursing care to be held by the nurse, being executed directly by the professional or by technicians under a nurse's supervision[16].

Studies indicate that the lack of nursing professionals has a negative impact in the care provided to patients, generating more chances of errors, such as in drug therapy[15].

Nurses, in observing their responsibilities, show a large commitment to the understanding and performing of their everyday tasks. The responsibility is allied to the knowledge of nurses, built throughout their professional lives at work or by the way they analytically revise their professional role amongst the transformations in the world of the sciences, hence as a product of the process of interaction and communication[17]. In this sense, it is the nurse's duty to search for updated information regarding his role, the existing issues with individuals, families and the environment[18].

The diversification of the areas of specialty in nursing amplifies working opportunities, this being one of the main reasons why there is such a high demand for these courses. Despite that, universities need to foment a wider view of the process health-illness-care that promote safety and quality in caring in the roles that are the responsibility of the nurse.

Therefore, some challenges to the training of new nurses are the teaching of a more reflective practice, the validation of the nursing praxis, the inseparability between theory and practice in nursing, the role to lead without establishing a permanent dialogue, the handling of the ambiguity between technology and humanity present in nursing care, the guiding principle of the nurse's profession, which is in essence not less important than the political path to consolidate professional autonomy[19].

Considering the exposed ideas, the teaching of a nurse should not be immune to market demands. Frequently it is seen that the labor market and university teaching have different expectations that both place on the shoulders of recent undergraduate nurses. This occurs based on the fact that academia searches for critically-thinking professionals, with a large capacity to develop their own citizenship, while market interests aim at individuals with exceptional manual dexterity, speed and precision in the roles and tasks given[20].

Under the structure of representation it was identified that there was a lack of

practical and affectionate dimensions, which means that representation has some definite contours, yet is not fully established and is open to include new elements according to the context in which the subjects are presently experiencing nursing. It is possible, therefore, that the present representation is not autonomous, as it is linked to other correlated objects of representation. In parallel, the presence of elements that are related to the imagery dimension of the representation is quite abundant.

It is perceived as a possibility that, throughout the process of building an authentic position regarding nursing, the subjects use more concrete and visible images seen in the profession, such as *shot*, *medication*, *white* and *hospital*, to rebuild the object "nursing" through images that make sense over the object in terms of representation. The result of this (re) construction of the object is the formulation of a new understanding from the observation and from the symbolic exchanges.

CONCLUSION

The conclusion is that there is a positive attitude from health professionals towards nursing. The probable main core of its social representation presents a certain balance among its normative, functional, and imagery dimensions. It is important to highlight that nursing is an object of social representation to a group, even though it is still under development. This is seen because the essential aspects of a representation were identified, which are both the imagery dimension (the representative field), the presence of understanding about the object (cognitive dimension), and the positioning of the group towards the object (attitudinal dimension).

The work in health care has used multiple arrangements in the past centuries, with its core moving from the role of a single professional to a shared practice filled with understanding and co-responsibility among all involved in the process of assisting/caring/supporting. Thus, to reach a wider visibility among the different members of the teach team and society as a whole, the nursing profession must define its own characteristics, establishing what is its core, and demonstrate the results from its practice.

The fact that professionals are mostly young can be an important variable in the origins of the representational contents exposed. This characteristic of the participants of this study, added to the observed immaturity of the representation means that the participants of the study know little about nursing, the nurse and his professional autonomy and are in the search to understand it better.

This research, despite achieving its objective, has limitations due to being performed in one single environment, with a small number of participants and the presence of a certain level of social regularity, which means that the data were collected in an environment that may have influenced the respondents. This demonstrates the possibility that other methodological tools, used in newer researches, may be better suited to investigating the proposed object.

From the understanding of the representations established by the social groups involved in nursing care, it will be possible to rethink the technological model of work (and teaching for work), establishing a new theoretical basis for academic teaching regarding the process of caring in nursing, from the necessities negotiated among patients and health institutions, aiming to achieve a

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higher level for a positive social visibility for the field of nursing.

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