



THE MALE BEING IN PSYCHIC SUFFERING IN THE NURSING COURSE
O SER MASCULINO EM SOFRIMENTO PSÍQUICO NO CURSO DE ENFERMAGEM
SER HOMBRE EN EL SUFRIMIENTO PSÍQUICO EN EL CURSO DE ENFERMEIRA

Luiz Felipe Sales Maurício¹, João Fernando Marcolan²

ABSTRACT

Objectives: to verify the presence of psychic suffering in male students of the Nursing graduation related to gender and to analyze determining factors and attitudes to cope with psychic suffering. **Method:** descriptive and exploratory study, with quantitative approach, carried out at a public university in the city of São Paulo (SP), Brazil, with 16 male students. The data collection was performed with a questionnaire and the data was stored in SPSS software 20, then analyzed, presented in tables and discussed with the literature. **Results:** participants believed in socio-historically determined prejudice. Coping actions: union among men, showing competence, support of affective persons, believing in their potential. Determinants of psychological distress: gender social prejudice, as well as professors' and health professionals' prejudice. **Conclusion:** students present psychic suffering because they are men in the Nursing course, stereotypes and prejudices were the main determinants; the acting in a critical and proactive way were the confronting attitudes. **Descriptors:** Gender Identity; Nurse; Psychic Distress; Mental Health.

RESUMO

Objetivos: verificar presença de sofrimento psíquico em estudantes do sexo masculino da graduação em Enfermagem relacionado ao gênero e analisar fatores determinantes e atitudes de enfrentamento do sofrimento psíquico. **Método:** estudo descritivo e exploratório, com abordagem quantitativa, realizado em uma universidade pública da cidade de São Paulo (SP), Brasil, com 16 estudantes do sexo masculino. A coleta de dados foi realizada com questionário e os dados armazenados no software SPSS 20, em seguida, analisados, apresentados em tabelas e discutidos com a literatura. **Resultados:** os participantes acreditavam no preconceito determinado sócio-historicamente. Ações de enfrentamento: união entre os homens, mostrar competência, apoio de pessoas afetivas, acreditarem em seu potencial. Determinantes do sofrimento psíquico: preconceito social de gênero, dos docentes e profissionais da Saúde. **Conclusão:** alunos apresentam sofrimento psíquico por serem homens no curso de Enfermagem, estereótipos e preconceitos foram os principais determinantes; a atuação de modo crítico e pró-ativo foram às atitudes de enfrentamento. **Descritores:** Identidade de Gênero; Enfermagem; Sofrimento Psíquico; Saúde Mental.

RESUMEN

Objetivos: verificar la presencia de malestar psicológico en universitarios de sexo masculino en la enfermería relacionado con el género y examinar los determinantes y las actitudes de afrontamiento de estrés psicológico. **Método:** estudio descriptivo, exploratorio, con enfoque cuantitativo, realizado en una universidad pública de São Paulo (SP), Brasil, con 16 estudiantes de sexo masculino. Se realizó la recolección de datos con el cuestionario y los datos fueron almacenados en el software SPSS 20, después analizados, presentados en tablas y discutidos con la literatura. **Resultados:** los participantes consideraron el prejuicio determinado sociohistóricamente. Acciones de afrontamiento: unión entre los hombres, mostrar la competencia, apoyo de personas afectivas, creer en su potencial. Determinantes de sufrimiento mental: prejuicio de género social, de profesores y profesionales de la salud. **Conclusión:** los estudiantes tienen trastornos psicológicos por ser hombres en el curso de enfermería, los estereotipos y los prejuicios fueron los principales determinantes; la actuación de manera crítica y proactiva fueron las actitudes de afrontamiento. **Descriptores:** Identidad de Género; Enfermería; Estrés Psicológico; Salud Mental.

¹Nurse, Postgraduation in Nursing in Urgency and Emergency (Residence Modality), Nove de Julho Hospital/H9J. São Paulo (SP), Brazil. E-mail: lf.mauricio@bol.com.br; ²Nurse, PhD Professor in Nursing, Federal University of São Paulo/UNIFESP. São Paulo (SP), Brazil. E-mail: jfmarcolan@uol.com.br

INTRODUCTION

The man appears in Nursing as a result of religious and military influences, the need for physical strength, autonomy and under the cultural aspect that man has to treat patients of the same gender, fact that also made necessary the integration of the man in the profession.¹

The nightingalean model did not allow the man to enter the profession, fixed on the possibility of the division of labor into ladies nurses and nurses.² Barriers for the man to entry into the profession were established, and some not yet overcome, in the persistence of discrimination generated by being a man in a culturally feminine profession.³

Nursing was conceived as a female practice and does not determine sociocultural barriers to women's performance, a contradictory situation in relation to the male professional. As a reflex, some places still resist to the entrance of the man in some Nursing areas, such as gynecology and pediatrics; directing him to areas such as surgical center, first aid or psychiatry.⁴

A national study conducted on the quantitative distribution and percentage of nursing professionals by gender in Brazil observed that Nursing is a predominantly female profession, composed by 87.24% women.⁵

What we perceive in our experience is that the male student of the Nursing course often feels discriminated by society or even by the members of the academy when generalizing the profession for only women since even being a profession in which women prevail, it consists of men and women, there are differences and inequalities, it is about female nurses and male nurses.

Given the gender factors and the verified and witnessed discrimination, it is necessary to think about the way nightingalean discourse is still present in the Nursing formation, reproduced in the discourse of professionals and in society itself. It is important to inquire about the psychic repercussions experienced during graduation by male students in the Nursing course.

One assumes that men are able to develop psychic suffering during graduate nursing courses, because they are a minority in the profession and in the course, suffering from prejudices and discrimination.

The implications of working with psychic suffering, considered its social dimension, consists not only of describing the man's

suffering, but also in the relationships that help to constitute and promote his development during graduation, since bringing to light the knowledge of the causes is important to propose interventions in order to reduce or remedy those deficiencies and propose actions to help construct a new conception of the male presence in Nursing.

The objective of the study was to verify the presence of psychic suffering in men of the Nursing course related to the gender and to analyze determinant factors and attitudes to cope with the psychic suffering.

METHOD

This article is part of the course conclusion work entitled The male being in the nursing: psychic suffering for being a man in a nursing course, presented to the Federal University of São Paulo, São Paulo, SP, Brazil.

This is a descriptive and exploratory research, with quantitative approach, carried out in 2013. The population consisted of 17 male students enrolled in four graduate nursing courses of a federal university in the city of São Paulo, Brazil.

The sample was delimited by convenience with at least 50% of the population, distributed evenly by the series. Nevertheless, with the exception of the researcher, all 16 possible male students participated in the research.

For the data collection, the used instrument was a semi-structured questionnaire prepared by the researchers, applied in 2013, contemplating the independent variables: initial name, age; and result variable: student's choice for the Nursing course, generation of psychic suffering, triggering factors and their coping with the suffering caused by being a man in Nursing.

Initially, one contacted the director of the Paulista School of Nursing of the Federal University of São Paulo - UNIFESP/EPE, with the objective of obtaining authorization for the research. Next, the researchers followed the steps: 1) Contact with the students of the University; 2) Explanation of research objectives and procedures; 3) Request students to support the study; 4) After obtaining the authorization of the university, the research project was released by the Research Ethics Committee (CEP) of the Federal University of São Paulo and accepted by the students, and started with the application of the research instrument.

The study complied with the norms to conduct researches involving human beings in

accordance with Ministerial Order 466/2012 and was approved by the CEP of the UNIFESP, CAAE N° 07761112.0000.5505, under opinion N° 103.245⁶.

The data were analyzed statistically through the software SPSS 20 and organized in tables.

RESULTS

Sixteen male students participated in this study, that is, all the men who were attending the Nursing course at the time of the study.

There are issues in which participants could give more than one answer because of the complexity of the topic.

Most students were attending the third grade (37.5%), followed by the fourth and first grades (25%) and the second grade (12.5%). There were a large amount of young adults, with ages between 18 and 23 years (62.5%).

Regarding the option for the Nursing course, the majority reported having the option of attending medicine (62.5%); others reported having suffered influence from third parties and liked or had knowledge on Nursing (37.5%).

Among the 27 responses in relation to the interest in the profession, the following stood out: previous training in the area, contact or work in the area (29.7%), occurred during the pre-college or high school (22.2%), influence by family members or health professionals (14.8%), have researched the labor market or Nursing entrance exam (14.8%).

Concerning the interest in the profession, there were reports of motivation by third parties or family members in Nursing (37.5%), sick family members or the student himself (16.7%) and the difficulty to enter the medicine course (12.5%).

For the motivating factors of the Nursing choice, there were 28 responses, of which the following stood out: favorable conditions (39.2%) characterized by easy employability, salary, leadership, social ascension, gratification of people, one of the best options in Health area, social recognition; they reported family interaction, improved knowledge, the desire to pass the college entrance exam for any course, getting tired of the pre-college course, the search for professional growth, curiosity to know the profession and the fact of being a hospital profession (25.0%); the way of care characterized by the human form of care, save lives, help others, make a difference, the desire to help (17.8%).

The participants answered that there was prejudice and suffering for being a man in the graduate course in Nursing.

Regarding the type of prejudice, there were 26 responses. The most important was the prejudice of the existence of men in a profession considered female (50.0%); the judgment of considering male nurses as homosexuals (15.4%) and practice areas that men should not get involved, such as gynecology (7.8%).

The participants exemplified the prejudice related to being a man in the female profession: by the professors when addressing the group of students as the girls or future female nurses, when denoting there are no men or that there are only women; relating care to women; the non-acceptance of some Nursing professors from Women's Health area when they encounter men in the group; female patients did not allow the genital examination by the male nurse; women's dissatisfaction in relation to the presence of men in the profession; the judgment of male sexuality; the placement of some professors that the man is incapable of being a nurse for it is exclusively for women; the present prejudice in society characterizing the Nursing as a female profession; the history of being a female profession; the history of being a profession with a high number of homosexuals and being a profession mostly occupied by women.

When asked about what leads to that particular prejudice, the answer that prevailed was the historical-cultural evolution with the profession considered female (39.1%); the idea that women are responsible for the care, by its maternal aspect (34.2%) and the generalization of some professionals about male nurses being homosexuals (7.3%).

Based on the historical context of the profession, one questioned how they felt about attending a course social-culturally determined for women, and the most significant findings were: feeling good (25.0%); dislocated, bewildered, difficulty in having to live with so many women (21.4%); being different, minority (14.4%).

Regarding the analysis of the comments, looks and stereotypes established and observed when the participant said that he would be a nurse, 19 (35.2%) answers related those actions to health professionals, 18 (33.3%), to society, and 17 (31.5%), to family members. Regarding the content, the health professionals mentioned the devaluation of the male nurse (7.5%); in relation to society, they pointed out the lack of knowledge on Nursing (9.3%) and the social devaluation of

Nursing (9.3%). As for the family members, there were positive points, such as not having any problem (12.8%) and receiving support (7.4%).

For the participants, when it comes to society, the lack of knowledge is a primary factor that promotes ideas and attitudes preconceived, erroneously and inadequately, about the profession and the male nurse. That fact makes hearing about the submission to the doctor common, attributed to the lack of knowledge on the nurse's work; common sense about the profession devoid of knowledge, professional devaluation, attending medicine associated with status, finding that every nurse is homosexual and the historical-feminine context of the profession.

Those factors trigger the emergence of psychically significant reactions in the student during graduation.

When reporting on the health professionals, they described the devaluation of the nurse, submission to medical work, lack of knowledge about the profession, the valuation of men only in situations that require physical force, criticism when asked about why not attending medicine; the health professionals analyzed the man in Nursing in a different perspective that one does not know the reason; Nursing does not value itself.

When asking about the analysis of the comments of their family members, we obtained dichotomous statements characterized, on one side by the pride of the son being a nurse and the family support, on the other, the different look of family members, the idea that Nursing cleans one's butt, the disapproval of father for being a historically-female profession, that he should have studied more to enter the medicine course.

Everyone answered that they did not think about giving up the Nursing course because they were men, but nine (56.25%) thought they would give up for other reasons such as curricular load and difficulty in internships; low social and team recognition; low pay and rejection for being a man.

When asked if they have suffered any kind of gender prejudice because they are in a

course that is culturally for and of women, 10 (62.5%) have reported yes, and they have the following quotations:

- Being a man is to suffer prejudice in the Women's Health Discipline 7 (36.9%)
- Verbal and non-verbal discrimination 3 (15.7%)
- Judgment that men in nursing are homosexuals 3 (15.7%)
- You're smart, why not attending medicine school? 2 (10.5%)

The main type of gender prejudice according to graduate students is the fact of being a man in the discipline of Women's Health, with examples such as: being unable to perform oncology cytology for being a man, being judged incompetent during the Gynecology internship, not being authorized by the professor to perform the gynecological examination due to the fact of being a man, having a prejudiced judgment related to the patients' intimate hygiene, being more pressured during the Discipline internship, patient's refusal to undergo the gynecological examination and the non-acceptance and separation of a group formed only by men the Women's Health internship.

As a result of the suffered prejudice, one demanded the reaction of the graduate student, which resulted in responses of revolt, frustration, perplexity, stress in relation to the position of the professor in Women's Health (35%); responding to other professionals about my competence, capacity and knowledge (30%); suffering from prejudice with the view of being homosexual (25%); did not have problems to cope with that (10%)

When asked if they had undergone some kind of suffering during graduation for being a man in the Nursing course, 10 (62.5%) answered affirmatively. Most answers related to the discipline Women's Health and are found in the Table 1.

Table 1. Experiences that generated some kind of suffering during graduation for being a man in the Nursing course. São Paulo (SP), Brazil, 2013.

Reports	n (%)
Suffering in Women's Health Discipline	7 (63.7%)
Upset because the professors of Women's Health do not accept group formed only by men for the internship	1 (9.1%)
Stress in Women's Health: increase in blood pressure and stomachache	1 (9.1%)
Unjustified for not performing the pap smear for being a man	1 (9.1%)
Intimidated for not being able to develop well at the internship and stressed (insomnia, anxiety), fear of disapproval	1 (9.1%)
Empty for not having performed pap smear as the patient's request	1 (9.1%)
Distressed, angry, annoyed by the difficulty of interacting with the women's group	2 (18.1%)
Troubled by being viewed negatively by female students as the center of attention	1 (9.1%)
Physically tired for being double charged for requiring more from men	1 (9.1%)

Nine (56.25%) answered affirmatively having experienced some type of psychological suffering during the graduation in Nursing for being a man. They reported the following types of psychic suffering: frustration by feeling overwhelmed in the situation, shame, sadness, anger, indifference, anguish, emptiness, feeling useless, despised, depression, being without motivation, personality change, tiredness, weariness, pressure for being a man and having to be better, nervous, overwhelmed, closed for being a man in the Nursing, stressed and thinking of dropping college, nervous about the professors' charge for being a man.

The attitudes to cope with the psychic suffering generated by the fact of being a man in Nursing for his stay in the course are represented below:

I started to see myself like any student. I stopped charging me like I was different
The union with the male friends made me stay in the course / Self-motivation by the friends is the main association with my stay
I tried to understand the reason for the oppression and I saw that it was the lack of freedom and from there I started to seek freedom, showing that I was able to carry out some situation
The effort to meet the expectations of the other
I tried to forget not taking into account the opinions / I moved on, I did not give importance / fact that the college is public and I do not pay for it / the friendship was a primordial fact for my stay through the support, they were always on my side
Studying 18 hours a day / not facing the professor, not discussing, facing everything with passivity / I used sports and friends a lot, by recharging energy - I got out of the court with the courage to face the next day
I unburdened with colleagues and relatives

I created ways to believe that Nursing is worth it: I joined the Academic Center, got involved politically at School and in social projects. It was the extra-curricular issues that helped me fight the suffering
My values / the things that I believe: that man is capable. Having believed in my potential / ability independent of other people's judgment.

The triggering factors of psychic distress in male graduate students in Nursing are in Table 2.

Table 2. Triggering factors for psychic distress in male graduate students in Nursing. São Paulo (SP), Brazil, 2013.

Determinants	n (%)
Excessive charge for being a man	6 (13.3%)
Gender social prejudice	5 (11.1%)
Exclusion of procedure in the discipline of Women's Health	3 (6.8%)
Non-acceptance of the man in Nursing by some professors	3 (6.8%)
Historical, political and social context of Nursing	3 (6.8%)
Extra college issues	3 (6.8%)
Low self esteem	2 (4.4%)
Being influential	2 (4.4%)
Consider that men are not able or indicated for only some procedures	2 (4.4%)
Comparison between male and female work	2 (4.4%)
Lack of support network	2 (4.4%)
Devaluation of career and profession	2 (4.4%)
Being a minority in the course	2 (4.4%)
Feeling of inferiority/overvaluation of others opinions/lack of personality	1 (2.2%)
Judgment of male sexuality	1 (2.2%)
Obligations of Gynecology Internships	1 (2.2%)
Lack of adequation for the environment with women	1 (2.2%)
Excessive technical charge	1 (2.2%)
Exclusion for being a man in activities, conversations and projects	1 (2.2%)
Exhaustion	1 (2.2%)
Love status at college	1 (2.2%)

DISCUSSION

As verified in a study prepared by the National Institute of National Studies and Research (INEP, 2015), female prevalence in Nursing is a reality in the academic scenario.⁷

Choosing Nursing bases on liking, having prior knowledge about the profession and having experienced hospitalization experience with greater contact with Nursing.⁸ In the same perspective, the influence of third parties and the media are decisive in choosing the profession.⁹ The main reason for leaving graduation is the immature choice of the profession and the desire of attending another course.⁸

In our study, the influence of third parties and the media, the belief in the easy employability, the vocational tests, and contact during the hospitalization were factors that aroused the interest in the profession.

Those findings are present in the literature¹⁰⁻³ and, despite mishaps, students point out the labor market as promising and with satisfactory returns.

The obstacle for men to enter the profession at the beginning of the twentieth century established the sexual division in the profession¹⁴. The social and political stereotypes and prejudices created in the profession, and the feminine symbolic domination in Nursing, mimic the prejudice for being a man in Nursing.¹⁵

It is important to point out that, historically, the care practice opposes the criticism of being typically female practice³,

since *pajés* were responsible for caring for the tribes in Brazil until the arrival of the Portuguese, by jesuits after the arrival of the religious, and even by male slaves, That is, set up a mixed practice.¹⁶ The sexist division is already present in the view of Nursing students and the practice has segregating elements to provoke the incorporation of them to the professional life.¹⁷

The prejudice for being a man in Nursing is justified by the fact that it is a profession historically exercised, in a hegemonic way, by women, determining the symbolic domination of the woman. Such domination leads to the sexual segregation of the male being sustained by society, generating and determining the prejudices discussed in this study about the men's presence.

For the participants, another factor that leads to prejudice for being a man in Nursing is the generalization that male nurses are homosexuals. This is in line with what the literature describes, in which one of the stereotypes men have to face is the label that they are homosexual.¹⁸

Through the findings in the literature^{3,8,15,18-22}, it is noticeable that the judgment about the nurse's sexuality suffers the influence of the historical, political and social context of Nursing and, for being an eminently feminine profession, the social formation of prejudice occurs. Thus, the figure of man is object of social injustice by the gender issues, characterized by questions raised in this study that may be real, pure prejudice, disinformation or maintenance of the

condition of hegemony or all those possibilities.

Nowadays, due to the paradigm shift in gender roles and functions, the fact that Nursing is predominantly carried out by women provokes the need for a discussion based on inequalities regarding the insertion of the masculine being in the profession, with a view to extinguishing prejudice, approaching relationships, avoiding conflicts and competition, promoting integration and achieving the highest level of qualification for the profession.

The students' perception indicates that there is a devaluation of the male nurse by the health professionals themselves, which fundamentally makes it necessary for Nursing professionals to seek strategies that are able to elucidate their own values in order to act against prejudice.

According to the participants, when it comes to society, the lack of knowledge is a primordial factor that promotes preconceived attitudes and ideas in an erroneous and inadequate way about the profession and being a male nurse. There is a need for informative campaigns in vehicles of mass dissemination.

The family's prejudiced attitudes when choosing to attend Nursing are evidenced in the literature¹⁵ and partly confront with the data found in this study, because a significant portion of students were supported by the family.

Preconceptions and stereotypes are part of the Nursing history, determined by the fact that the profession is exercised and predominantly by the female workforce¹⁵. The fact that students are concerned with the image of the male in Nursing shows the strength of gender prejudice in Nursing, for it is full of social prejudices and stereotyped by association with homosexuality.²³

The confrontation of prejudice during graduate education, regardless of gender, occurs through the dissemination of what is Nursing, acting with professional competence, showing the importance of teamwork, as this may be a tool for the recognition of male nurses; demystifying in interprofessional relations about what Nursing is and adopting measures against prejudice by instigating the change of social stereotypes and reinforcing the recognition of nurses in society.¹⁵

Suffering is characterized as any aversive situation and its corresponding negative emotion, usually associated with pain and unhappiness.²⁴

It is noteworthy that literature is scarce when it comes to suffering, in specific psychic suffering, in the Nursing student, regardless of the gender, and there is no finding regarding psychic suffering by the fact that they are men in the Nursing graduate course.

For those who reported not having suffered psychically for being a man in the course, we believe that it is due to the fact that they have had little contact with specific areas of Nursing because they are in the initial series of the course with little or no contact with the hospital area, or have not yet attended the Women's Health Discipline.

The students looked for alternatives that aimed at minimizing the generated psychic suffering, creating possibilities of balance given the experienced situations. The fact of grouping by the sexual similarity was a strategic tool in the search for the union promotion and overcoming the barriers, the valorization and the strengthening of the sexual identity to maintain the gender condition.

Promoting changes in that disclosures framework experienced and reported by participants in our study is necessary and pressing. Making clear and real the dialogue in the academic and social sphere about the presence of the man in the Nursing is of paramount importance to heal the differences of behavior and limited attributions attributed to men, in order to strengthen the Nursing as a profession not only characterized by women, but rather as a profession that brings together the male and female labor force, with the promotion of free and democratic spaces in a career suitable for both genders.

In order to change the prejudiced spectrum that surrounds Nursing, it is necessary to extirpate the absurd positions and behaviors of Nursing and Health professionals themselves, concomitantly implanting strategies with a view to the social panorama.

Unfortunately, we had the inadequacy of professors when promoting prejudice and discriminatory actions, encouraging inadequate teaching-learning process and causing suffering to students. That means unacceptable attitudes and not consistent with the expected training of those who are ahead of the training of future professionals.

It is unacceptable that professors distil so much prejudice and misinformation at a time so conducive to struggle the inclusion of minorities everywhere and embark on such archaic and discriminatory arguments.

We had, as limitations, the few studies published on the subject and, in this study, a

small number of participants, which points to the need for a national-scope study that should be developed by representative bodies of Brazilian Nursing.

CONCLUSION

The study brought to discussion an invisible problematic, present not only in the social scene, but also in the work environment and especially in the academic one, and which permeates the relations among society, health professionals, professors and male students in Nursing.

All the participants developed some kind of psychic suffering for being a man in Nursing. The stereotypes and prejudices to the presence of the masculine being in the Nursing were guiding factors for the students to develop some kind of psychic suffering.

The performance in a critical and proactive manner determined the coping attitudes for the psychic suffering generated and the permanence of the student in the course.

The suffering generated by the fact of being a man at a graduate course in Nursing must be made clear, so that the graduate student can appropriate the information and use it for his benefit. However, the subject who undergoes such a process needs to know the relationships linked to Nursing in its historical and political context, reinforcing his critical and proactive action, with increasingly view to the inclusion of the masculine being in the profession.

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Corresponding Address

Luiz Felipe Sales Maurício
Hospital Nove de Julho
Bloco Não Cirúrgico
Rua Peixoto Gomide, 625, 6º piso do bloco A
CEP 01409-302 – São Paulo (SP), Brazil