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MEN IN NURSING: ACADEMIC EDUCATION AFTER GRADUATION AND PROFESSIONAL TRAJECTORY

HOMENS NA ENFERMAGEM: FORMAÇÃO ACADÊMICA POSTERIOR À GRADUAÇÃO E TRAJETÓRIA PROFISSIONAL

HOMBRES EN LA ENFERMERÍA: FORMACIÓN ACADÉMICA POSTERIOR A LA GRADUACIÓN Y TRAYECTORIA PROFESIONAL

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ABSTRACT

Objective: to identify men who have graduated from the School of Nursing of the University of São Paulo since its foundation and to analyze the academic education after graduation and their professional experience. **Method:** this is a descriptive-exploratory, historical-social study, with a quantitative approach. Data collection was carried out at the Graduate Service with a subsequent sociodemographic questionnaire. **Results:** There were 59 male nurses in 5 decades, from 1950 to 1999, with information about nationality, ethnicity, religion, the age of admission, as well as nationalities, education, and profession of their parents. **Conclusion:** a better understanding of the profile of men in Brazilian nursing, especially in São Paulo, highlighting the trajectory of a poorly studied population, highlighting the profession. A questionnaire was made with the population, elucidating the academic and professional trajectory. **Descriptors:** History of Nursing; Nurses, Male; Men; Social Perception; Students, Nursing.

RESUMO

Objetivo: identificar os homens egressos da Escola de Enfermagem da Universidade de São Paulo desde sua fundação e analisar a formação acadêmica posterior à graduação e sua vivência profissional. **Método:** estudo histórico-social, descritivo-exploratório, de abordagem quantitativa, realizado por meio de coleta de dados no Serviço de Graduação com posterior questionário sociodemográfico. **Resultados:** dos 59 enfermeiros homens existentes em cinco décadas, compreendidas de 1950 a 1999, há informações sobre, nacionalidade, etnia, religião, idade de ingresso, bem como nacionalidades, formação e profissão dos pais dos egressos. Foram realizados 20 questionários com a população, assim elucidando a trajetória acadêmica e profissional. **Conclusão:** melhor compreensão sobre o perfil dos homens na enfermagem brasileira, principalmente em São Paulo, destacando a trajetória de uma população pouco estudada, à margem dos holofotes da profissão. **Descritores:** História da Enfermagem; Enfermeiros; Homens; Percepção Social; Estudantes de Enfermagem.

RESUMEN

Objetivo: identificar a los hombres egresados de la Escuela de Enfermería de la Universidad de San Pablo, desde su fundación y analizar la formación académica posterior a la graduación y su vivencia profesional. **Método:** estudio histórico-social, descriptivo-exploratorio, de abordaje cuantitativo, realizada través de recolección de datos en el Servicio de Graduación con posterior cuestionario socio-demográfico. **Resultados:** de los 59 enfermeros hombres existentes en 5 décadas, comprendidas de 1950 a 1999, hay informaciones sobre, nacionalidades, raza, religión, edad de ingreso, así como; nacionalidades, formación y profesión de los padres de los egresados. Fueron realizados 20 cuestionarios con la población, elucidando así la trayectoria académica y profesional. **Conclusión:** mejor comprensión sobre el perfil de los hombres en la enfermería brasileira, principalmente en San Pablo, destacando la trayectoria de una población poco estudiada, al margen de los focos de la profesión. **Descriptor:** Historia de la Enfermería; Enfermeros; Hombres; Percepción Social; Estudiantes de Enfermería.

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INTRODUCTION

When consulting popular knowledge, or even when questioning health professionals, it is notorious that nursing is a profession practiced mostly by women, both at their technical level, but especially at the higher level. Male participation in current nursing is approximately 15%, covering all classes of work. When speaking only of nurses, this number drops to 12%. Nevertheless, this represents a constant growth, gradually being confirmed since the 1990s.¹

This difference between men and women has not always occurred this way. In antiquity, “care” translated today as “nursing care” was practiced by men and women, but the “care” was primarily in war events, in the care of the wounded, in disease outbreaks, and in the charitable care offered by the church.²

This period is characterized by a pre-professional nursing practice, with a strong masculine presence, considering the military and the presence of men in the church and in the care of patients, such as the Order of Hospital Knights of Saint John of Jerusalem, the Order of The Brothers of Saint Anthony, the Order of the Brothers of Alexian, Saint John of God in Spain, Saint Camillus of Lellis in Italy, Saint Vincent de Paul in France and Father Jesuit José de Anchieta in Brazil.³⁻⁷

The organization of the hospital environment was done by religious people, connected to the Church, and the service they rendered to the sick could be seen as charitable in nature. The action of caring for the sick person was not considered as a job or profession by those who exercised it, for centuries, reaching the Middle Ages. However, it is worth mentioning that these military orders were disappeared or replaced by other institutions according to the needs of each era and place.⁸

After the professionalization of nursing through the precepts of Florence Nightingale, nursing then emerged as a dignified profession that could be exercised by women, through salary remuneration and acquiring their livelihood.⁹

The care model proposed by Florence began at the School of Nursing at St. Thomas Hospital in London, selecting only women for the internship, so the male presence was excluded from nursing in the Nightingale model.¹⁰

Nurses were trained in school to be multipliers of knowledge and to train new nurses in district regions. They were invited to work in several hospitals inside and outside

the country, and in general to manage and organize nursing services. Considering England's position as a world power at the time and the decision to create nurses who multiplied their teachings, it is not difficult to understand how the Nightingale model was spread to many countries over time.⁹

Thus, as modern or scientific medicine was strengthened within the context of the capitalist mode of production of the eighteenth and nineteenth centuries, the figure of the religious nurse moves, because she did not submit to the medical orders but to the hierarchy of the Church. On the other hand, the preference of the doctors was for the non-religious woman, of “docile” behavior and subservient to the man, doctor, holder of the power and the decision-making in the corpus of the clinic, was the option.¹¹

Thus, as the hospital changes its configuration from a poor institution hopeless to become a space for power and expansion and manifestation of the knowledge and power of the physician, in view of the perspective of healing and no longer the salvation of the soul of the sick, the strong presence of religious men and women moved to become the hospital par excellence of medical formation and praxis.¹²

The Nightingale model was marked by female selection, and the process of feminization of nursing began. This model was first implemented in Brazil at Samaritano Hospital, in the city of São Paulo, in 1894, when a School was created for the training of nurses, under a boarding school system, which aimed to train only female nurses. One of the school's matrons was Miss Louise Madein.

Subsequently, the Nightingale teaching model, marked by Anglo-American experience and coming directly from the US to Rio de Janeiro, was an inspiration for the founding of the School of Nursing of the National Department of Public Health in 1923, now known as School of Nursing Anna Nery, from the State University of Rio de Janeiro - UERJ. In São Paulo, the Paulista Nursing School was created in 1938, linked to the Federal University of São Paulo (UNIFESP).⁷

The fourth school created in this model is the School of Nursing of the University of São Paulo - EEUSP, which began its activities in 1942 with the help of the Kellogg and Rockefeller American foundations, formed its first group in 1946 with 16 nurses trained. Only in 1950, the first male nurse in this institution was graduated.

Another important aspect to emphasize is that the entrance was by interview, personal

recommendations of the candidate to the nursing course and the analysis of the curriculum. Only after 1968, with the university reform, it allowed the insertion of men and women, regardless of the course. Selection by gender for a course was no longer linked to criteria of “vocation” or behavior considered “good manners,” but only by passing the entrance exam.¹⁵⁻⁶

After the exclusion of the man in modern nursing and his return with the passage of time, there is a gap in describing, who are the male graduates in Brazilian nursing and São Paulo, as well as their academic and professional trajectory. However, in this study, it was possible to delimit this survey of graduates of EEUSP.

With this, the objectives of this investigation were:

- To identify men who have graduated from the School of Nursing of the University of São Paulo since its founding; and
- To analyze the academic background after graduation and their professional experience.

METHOD

This is a descriptive-exploratory, historical-social study of the collective social reality, in the case of men in nursing, because it is believed that their history was affirmed as an academic subject in the nineteenth century and since then, it has been explored by several researchers who have a deep interest in knowing facts and events.¹⁷

The historical method is narrative about things as they happened, among other similar things, and the historian must decide, to reflect on general grounds about the historical nature, because without theory it is not possible to have the advance of knowledge. History is research and requires the construction of the knowledge of a lived reality, being designated by the research process and by the result of this investigation as reconstruction in the form of a series of statements of the historians about previous deeds.¹⁸

The research population consisted of men trained at the School of Nursing at the University of São Paulo, from the 1950s to the 1990s. Through the lists of the graduating students, 59 men were found, and their enrollment records were studied and analyzed

at the moment of enrollment, which included information such as nationality, ethnicity, religion, the age of admission of students, as well as nationalities, education, and profession of student’s parents.

With the survey of the graduates, a sociodemographic questionnaire was applied on the academic and professional trajectory of these men in nursing, encompassing a total of 20 participants.

Inclusion criteria included those men who accepted the invitation to participate in the sociodemographic questionnaire freely and spontaneously and who graduated from this school in the period defined above. For that, we sought to locate each of the graduates, via the graduation service of EEUSP and support of the Nursing Council.

The data obtained, quantitatively, were fundamental to design the sociocultural and demographic profiles of this collective, which were stored in Excel Spreadsheet and presented in the form of tables and figures. Data were processed using descriptive statistics.

The study was submitted to the Brazil platform and approved by the Commission on Teaching and Research and by the Research Ethics Committee of the Nursing School of the USP, CAAE: 43957015.0.0000.5392. After the consent of each participant, the Term of Free and Informed Consent - TCLE, prepared by the norms of Resolution N° 466 of December 12, 2012, was signed, which deals with ethical aspects of research involving human beings.

The analysis of the enrollment forms of all students during the studied period allowed for the cataloging of graduates in each year, the number of them for decades and the total number of graduates in the period, considering men and women.

RESULTS

The sociodemographic questionnaire showed that 35%/(7) of the men were in the age group of 40 to 49 years old; 40%/(8) between 50 and 59 years old, 20%(4) between 60 and 69 years old and only 5%(1) was older than 70 years old. The distribution of men and women trained in the EEUSP during the period of this study can be observed in the table below, which reveals a male minority in the Nursing between the decades of 40 and 90, of only 2.37%.

Brazil, 2015. (n=2485)

Decade	Men	%	Women	%	Total
1940	0	0.00	109	100.00	109
1950	5	2.20	222	97.80	227
1960	5	1.60	308	98.40	313
1970	14	2.63	518	97.37	532
1980	13	1.84	695	98.16	708
1990	22	3.69	574	96.31	596
Total	59	2.37	2426	97.63	2485

Regarding the skin color, ethnicity or ethical origin, the presence of four ethnic black people (7%) was observed, of which only one had originated in Brazil. The other three students came from exchanges between Angola, Mozambique, and Brazil. There are four of the nurses of brown color (7%), three of yellow color (descendants of Oriental, 5%), and 48 are considered white covering 81%.

Considering the information on declared religious choice, it is noticed that most of the nurses declared being Catholic (49%). However, the number of those who do not report religious choice is large (40%). It is important to mention that there are also other religions, including two Protestants, one Adventist, one Muslim, one Spiritist and one Kardecist. Of the 29 students who reported being Catholic, five were parents.

Regarding the age of graduation, it is noticed that most of the men formed between the 20-29 years old, being 35% between 20-24 years old and 37% between 25-29 years old. There are also 17% between 30-34 years old, 7% between 35-39 years old and 4% were over 40 years old. The average age of training is 27.4 years old. The average age of men entering the EEUSP was around 23 years old, while the average age of men was lower, around 19 years old. It is also worth noting

that two men graduated with higher ages, one with 43 and the other with 55 years, respectively, and were students coming from an exchange with Angola.

On the origin of the graduates, an interesting variable was found to reveal a diversity of federations and students born in other countries. Figure 1 shows that most are composed of students coming from the Southeast. This fact is explained by the location of EEUSP in the State of São Paulo, which provided 37 students, or 63% of the entire contingent. Minas Gerais contributed five students, 8% of the total. The South region has five students, two from Rio Grande do Sul and Santa Catarina and one from Paraná. The Northeast contributed with six, distributed in two of Bahia and Pernambuco and one of Maranhão and Paraíba. There is one from the North, coming from the Amazon.

Of other countries, four are from Portuguese-speaking countries, and the two from Angola and Mozambique come from exchanges and one from Portugal, and language is not one of the main barriers. The student from Peru, already had a residence in the country, not being able to know his familiarity with the language. Approximately 93% of the students graduated were born in Brazil, and 7% are from other countries.

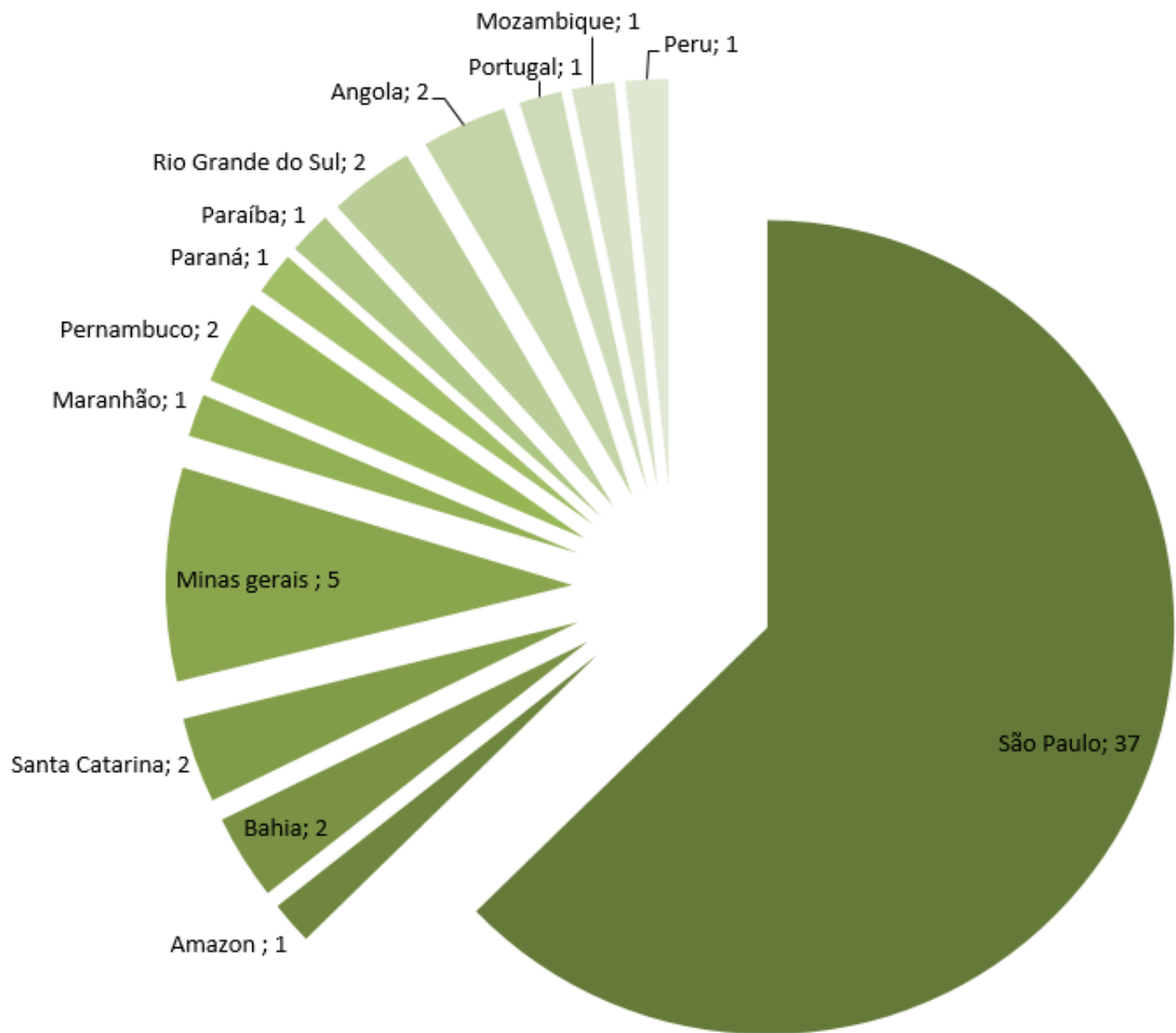


Figure 1. Characterization of nurses trained in the EEUSP according to the origin. São Paulo (SP), Brazil, 2015. (n=59)

Regarding the nationality of the students’ parents, Figure 2, most had Brazilian parents, 55 of them, 47% of the total, eight parents were dead at the time of entry, and it was not possible to know their nationalities. Among the others, two parents were Italian, four Japanese, three Portuguese, two Lebanese, four Angolans and two Mozambicans.

It was observed that 38 out of 118 did not report the parents’ origin. This finding is understandable due to the changes in the student’s enrollment record, which no longer used questioning about origin, education, and profession, from the 1990s.

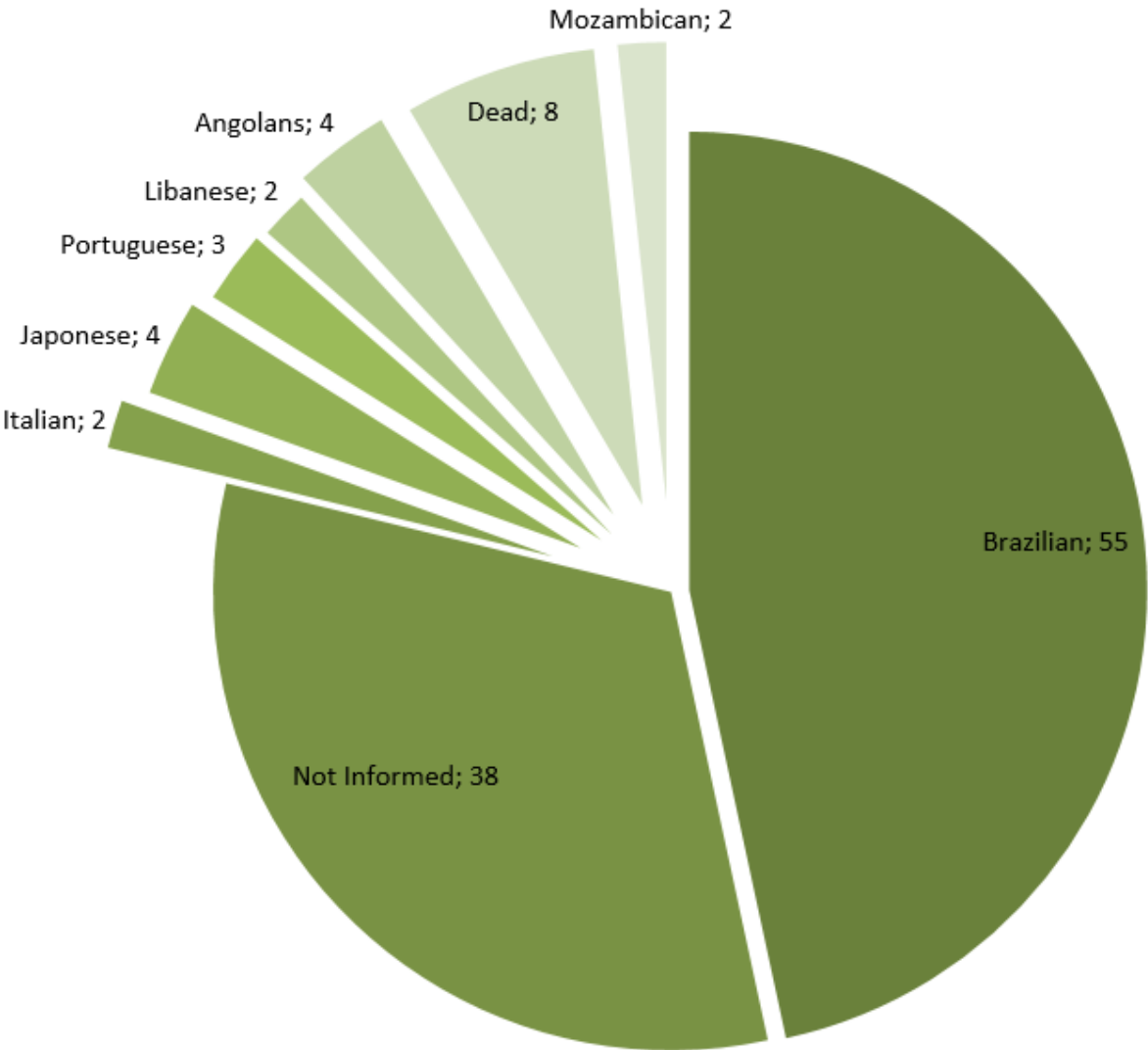


Figure 2. Characterization of the parents of the nurses trained in EEUSP according to their nationality. São Paulo (SP), Brazil, 2015. (n=118)

As far as the education level of the parents (male) of the graduates, 63% had only primary education, 21% had completed high school, and only 3% had reached higher education, 13% were dead or had not been informed. As for the mothers, the difference is even greater, since 81% had primary education, 8% high school, none higher education, 3% have no education and 8% are dead or not informed.

When the distribution of work activities of the parents of the registered nurses was considered, the findings showed that most of them had professions that did not require education beyond the primary, except for a father who had higher education, in this case, medicine. Among the professions most frequently found were farmers (16%), traders (13%), followed by drivers (5%), civil servants (5%), 8% retired and 13% dead and not informed. The other professions cited were: telegrapher, mason, butcher, shoemaker,

mechanic, carpenter, plumber, stockman, clerk, electrician, metallurgist and military officer.

As for the mothers, a large predominance of homemakers, or housewares (58%) was observed, indicating that the income of these households was mostly from their parents, which was very common in the decades studied. Another fact is the large presence of domestic workers (24%), followed by seamstress, farmer, and teacher, and the teacher probably had secondary education.

As far as the sociodemographic questionnaire was concerned, it was observed that of the 20 respondent nurses, one was graduated in the 1950s, none were found for the questionnaire in the 1960s, seven are from the 1970s, nine from the 1980s and three from the decade 1990.

The following charts show the academic background and professional trajectory nurses had after graduation.

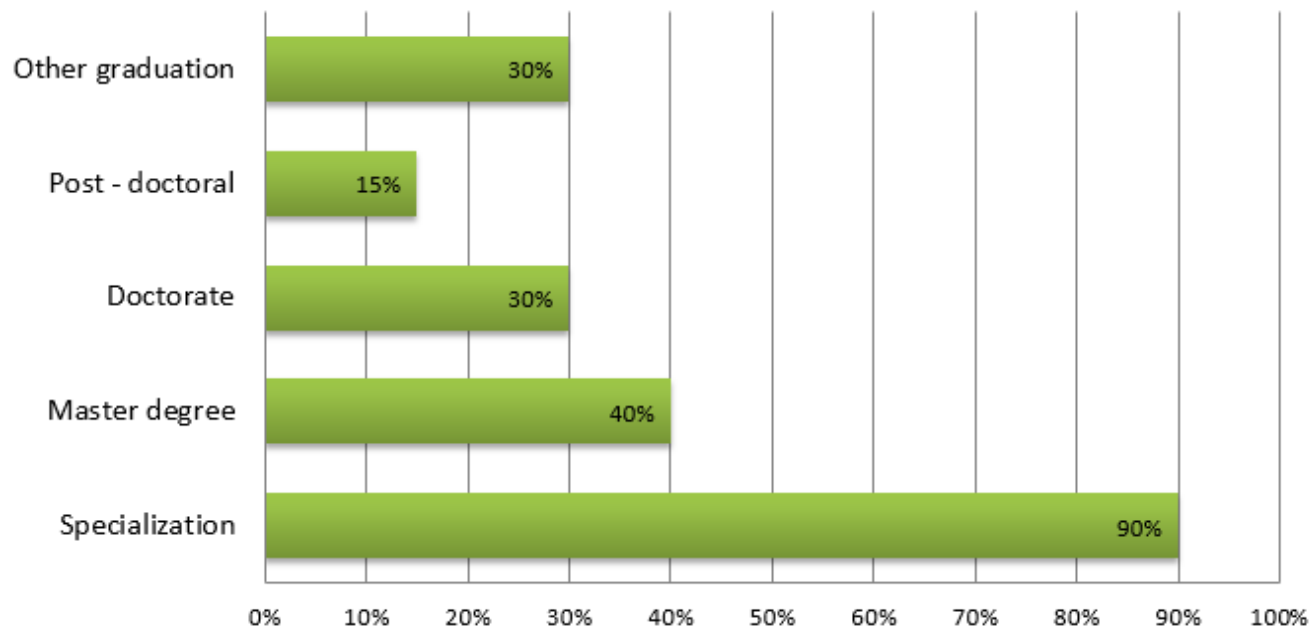


Figure 3. Postgraduate nursing education of the nurses of EEUSP. São Paulo (SP), Brazil, 2015. (n=20).

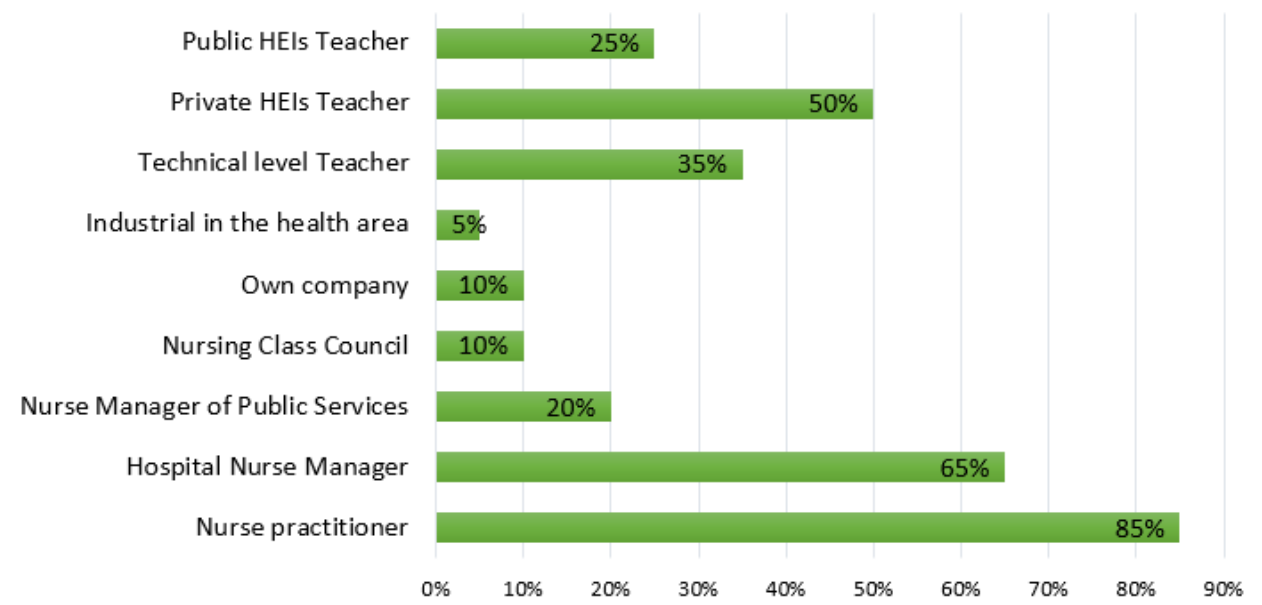


Figure 4. Professional occupation after graduation from the nurses of EEUSP. São Paulo (SP), Brazil, 2015. (N= 20)

Regarding the academic background of the graduates up to the time of the questionnaire, 90% (18) reported having completed specialization, post-graduation, and half had two to five specializations.

There were 40% (8) with a master’s degree, 30% (6) with a doctorate, one of which was a direct doctorate and another 15% (3) with a postdoctoral degree.

It is noteworthy that two participants of twenty, who did doctorates and post doctorates were not in the nursing area, but are higher education teachers for courses in the health area. Regarding other graduations, courses such as Degree in Nursing, Philosophy, Theology, Law, Medicine, Pedagogy were found. Of those courses, only those who performed medicine did not practice nursing. The courses of Philosophy and Theology were conducted by trainees who were parents and

the other courses, by people who followed the academic area and Specialized Health Law.

As for the professional trajectory, each person presented one that is different from the others depends a lot on the opportunities and the choices. A large part of the group reported working as a nurse practitioner after training (85%), performing their functions in public hospitals, private hospitals, and other health services, in some cases, at the time of the questionnaire. Of the three (15%) who did not report being attending nurses, one (5%) did not attend nursing, and two (10%) only worked in higher education.

After being nurse practitioner, 65% reported that they hold leadership positions in public and private hospitals, such as nursing coordinators, unit heads, and hospital administrators. A small portion, 20% reported working in public health areas as secretaries,

Costa KS, Freitas GF de, Hagopian EM.

Men in nursing: academic education...

undersecretary, assistant secretary of health, both municipalities in the State of São Paulo and other states, and in the sphere of the State Government of São Paulo.

Regarding work in the nursing class councils, only two (10%) mentioned this participation, one of whom was a fiscal agent in a Regional Nursing Council - COREN, in another state, and another was president and vice president of COREN São Paulo. Two (10%) reported having their company, one hospital certification and another in the health training area. A single nurse mentioned working with an executive director in the industrial area, in companies that produce inputs for the health area.

Another area that groups many male nurses is teaching, 35% (7) mentioned at some point to teach and follow internships in technical schools, but when speaking of higher education, this number rises to 50% (10) in Teaching In Higher Education Institutions - private HEIs and 25% (5) in public HEIs.

Of the nurses married or with the stable union, the profession of their partners was found to have been nurses (25%), followed by teachers (10%), and the rest were cited only once: Occupational therapist, administrator, physician, lawyer, advertising, physiotherapist and housewife (5%).

Some of the children were still minors, and those who were already over 18 years old and who worked, presented the following professions, mentioned only once: psychologist, engineer, pedagogue, sociologist, linguist, audiovisual professional, nurse, physiotherapist, medical, veterinary, building technician, philosopher, lawyer, cultural producer and doctor.

A curious fact is that only one son followed in his father's footsteps and became a nurse and graduated from EEUSP at a later period than the proposal of this study.

DISCUSSION

In the proportion of nurses in the state of São Paulo in 2000, 9.61% were men, and 90.39% were women.¹⁹ Nursing is a predominantly female profession, but the percentage of EEUSP is much lower than the average of the State of São Paulo, with male nurses from São Paulo representing 12.8% while female nurses are 86.6%.¹

The first group graduated in the EEUSP was from 1946, and 16 women carried it. It is worth noting that up to 1949 only women were graduated, which is explained by the existence of residency, as a boarding school, only for women.²⁰ The small male presence

can be inferred from the fact that the education in EEUSP was full-time, with one of the strictest vestibules of the country, staying a long period in boarding school, a fact that enabled for many men to work and study at the same time, due to the need to be providers in the home. This may be a factor impeding their entry and stay of the nursing course, explaining perhaps the low number of students of that time.

From the classes graduated from 1950 to 1999, the male presence is small, with an average of only 1.09 students per class. However, the male contingent has increased gradually and slowly since the 1990s in Nursing. Also, it must be associated with the fact that Nursing is a predominantly female profession, and it is difficult for the first men to enter this course, considering the cultural and social aspects of the period, referring to their sexual orientation. This fact is elucidated by a commentary from a 1940s Journal of the Medical School of USP - FMUSP, about the admission of a young man to the Nursing course at USP. The text of the newspaper treats the fact in these terms:

We welcome the strong sex for having finally got a head start in the EE (mentioning the School of Nursing of the University of São Paulo) since it has just joined a boy (Man, indeed!!!). The news, as might be expected, has given rise to concerns among the heartthrobs, boyfriends, or even the neutral. However, the report in room 4048 has just proclaimed the following reassuring news: "the boy is distinct and 'external' !!!" (ups!?!). K.K."^{21:5}

Regarding religious choice, in 1970 there were 91.8% of Brazilian Catholics, in 2010 this share rose to 64.6%. There was an expressive increase in the number of evangelicals, who in those forty years jumped from 5.2% of the population to 22.2%. The non-religion segment also grew from 7.4% in 2000 to 8% in 2010. Spiritists remain in third place, representing 1.3% in 2000 and 2% of the population in 2010.²²

Regarding the ethnicity of men and women, currently, in the State of São Paulo, there is a contingent of 5.6% of black nurses, 18.9% brown and 71.1% white.¹ In a comparative analysis of Brazilian censuses, the yellow population declined from 0.6% (242,319) in the period from 1940 to 2000 to 0.4% (716,583).²²

Regarding the graduation, the enormous difference between generations is noted, since, among male and female nurses, 36.2% of parents have primary education, 22.4% have secondary or medium education, and 31.2% have parents with higher education. Of

the mothers of male nurses and female nurses, 43.3% had primary education, 26.5% had secondary education, 18% had higher education, and 10.7% had no education.¹

This result reveals that the family background of the studied population reflects an environment with low educational level and nursing graduation can represent a way to ascend to educational and social levels. With this graduation, there was an increase in cultural capital and symbolic capital by these families and individuals.²³

In Latin America, between 1960 and 1990, the number of economically active women has more than tripled, from 18 million to 57 million. In Brazil, female participation in work increased from 13.6% in 1950 to 26.9% in 1980, reaching 47.2% in the late 1990s. However, most female jobs remain concentrated in domestic services and a smaller number of administrative, social, educational and health areas.²⁴

Among male nurses and female nurses, 73.2% have a specialization, 11.3% have a master's degree, a 5.9% doctorate, and a 0.7% postdoctoral degree. Of the 8.4% who make other graduations, the most sought are Law and Pedagogy.¹ The proportion of masters and doctorates of graduates is four to five times higher than the average of the State of São Paulo. This reflects the reality of the training institution that encourages the continuity of the study in the graduation modality, having the largest and oldest master's and doctoral programs in the country, of 1973 and 1989, respectively.²⁵

Teaching in Higher Education Institutions happens mainly when the nurse already has an experience in the profession and looks at better positions and salaries and a better social and professional status. Male nurses in England seek areas of management, education, and others with a strong presence of technology such as the Intensive Care Unit - ICU.²⁶

This fact is also evidenced by the graduates, referring to a greater social and professional recognition in areas of hospital management, public services, class councils, industrial area and own companies, being this satisfaction clear when they become teachers in HEIs, both private and public. The role of nurse professionals was mainly performed at the beginning of the profession.

CONCLUSION

With this research study of the male nurse population of the EEUSP, one of the most traditional nursing schools in the State of São

Paulo, it was possible to elucidate the origin of nurses and their families and to reveal some of the experiences after the training.

The finding refers to a better understanding of the profile of men in Brazilian nursing, approaching a cut from a public university in the State of São Paulo, revealing a great disproportionality in the issue of gender in nursing, this part of the phenomenon of nursing feminization, from the consolidation of the paradigm of modern nursing.²⁷

It should be emphasized that historical nursing studies can corroborate the understanding of the professional trajectory, besides the memory and the identity of the profession, as well as the representations and meanings that have been socially attributed to the nurse and to what he does throughout the wide historical process. Thus, the history of nursing allows us to unveil transformations of the profession and to better understand the construction/deconstruction and reconstruction movements of the past, to the rescue and preservation of collective memory.²⁸

The trajectory of a population in the margins of the profession makes us have a better understanding of the areas chosen by male nurses, many of them mentioning that the social and familiar recognition are acquired when they exercise leadership and management areas within hospitals, public services, companies, industries and especially when they become teachers of higher education, both private and public.

Nowadays, there are other opportunities for the practice of the nursing professional, which is no longer limited to hospital and public health care. Therefore, constant updates and professional improvements are required to meet the perspectives and demands in different areas of action.

Regarding the discussion of gender in nursing, new horizons of research can and should be broadened to uncover the identity and memory of men and women, who collectively constitute the reminiscences invoked by nursing professionals.

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Costa KS, Freitas GF de, Hagopian EM.

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