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ORIGINAL ARTICLE

Prejudice in nursing: perception of nurses educated in different decades

PRECONCEITO NA ENFERMAGEM: PERCEPÇÃO DE ENFERMEIROS FORMADOS EM DIFERENTES DÉCADAS

PREJUICIOS EN ENFERMERÍA: PERCEPCIÓN DE ENFERMEROS FORMADOS EN DIFERENTES DÉCADAS

Elaine dos Santos Jesus[1], Leona Rei Marques[2], Luana Conceição Fortes Assis[3], Taisy Becerra Alves[4], Genival Fernández de Freitas[5], Taka Oguisso[6]

ABSTRACT

The objective of this qualitative study, of a historical-social nature, was to *learn and understand the perceptions of a group of nurses, who graduated in different decades, regarding the prejudice and forms of coping involved in choosing the profession, during their university studies, or in professional practice*. Oral Life History and content analysis were used. The EEUSP Research Ethics Committee approved this study. The following categories were obtained from the subjects' statements: prejudicial attitudes when choosing nursing as a career; prejudice noticed during the course of nursing education; and prejudice experienced within professional practice. Regarding the forms of coping, collaborators reported that dissemination of information about nursing is important, as is skillful practice and teamwork. This study contributed to a better understanding regarding ways of confronting situations concerning prejudice, thus making it possible to seek strategies for social recognition and appreciation of the profession.

KEY WORDS

Nursing.
Prejudice.
History of nursing.

RESUMO

Trata-se de estudo qualitativo, de natureza histórico-social, que teve como objetivos: *conhecer e compreender as percepções de um grupo de enfermeiros, formados em diferentes décadas, acerca do preconceito e formas de enfrentamento, envolvendo a escolha da profissão, no período de formação universitária ou no exercício profissional*. Utilizou-se a História Oral de Vida e a análise de conteúdo. O estudo foi aprovado pelo Comitê de Ética em Pesquisa da EEUSP. Desvelaram-se as seguintes categorias dos discursos dos sujeitos: manifestações de preconceito face à escolha profissional; preconceito percebido durante a graduação em enfermagem; as vivências profissionais acerca do preconceito. Em relação às formas de enfrentamento, os colaboradores disseram ser importante a divulgação do que é a enfermagem, bem como atuação com competência e o trabalho em equipe. Este estudo contribuiu para a compreensão das formas de enfrentamento das situações consideradas preconceituosas, possibilitando, assim, buscar estratégias de reconhecimento social e a valorização da profissão.

DESCRITORES

Enfermagem.
Preconceito.
História da enfermagem.

RESUMEN

Se trata de un estudio cualitativo, de naturaleza histórico-social, que tuvo como objetivos *conocer y comprender las percepciones de un grupo de enfermeros formados en diferentes décadas, respecto del prejuicio y las formas de enfrentamiento, incluyendo la elección de la profesión, en el período de formación universitaria o en el ejercicio profesional*. Se utilizó la Historia Oral de Vida y el análisis de contenido. Existió aprobación por parte del Comité de Ética en Estudios de la EEUSP. Se desprendieron las siguientes categorías de los discursos de los sujetos: manifestaciones de prejuicio frente a la elección profesional, prejuicio percibido durante la graduación en enfermería; las experiencias profesionales respecto del prejuicio. En relación a las formas de enfrentamiento, los colaboradores afirmaron la importancia de la divulgación de lo que es la enfermería, tanto en lo que se refiere a la actuación individual competente como al trabajo en equipo. Este estudio contribuyó en la comprensión de las formas de enfrentamiento de las circunstancias consideradas como formadoras de prejuicio, haciendo posible de ése modo la búsqueda de estrategias de reconocimiento social y la valorización de la profesión.

DESCRIPTORES

Enfermería.
Prejuicio.
Historia de la enfermería.

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INTRODUCTION

At the beginning of the undergraduate nursing program we carried out a study in which we asked three people we did not know what they thought about the nursing profession, how they characterized a nurse and what a nurse did. In general, the opinions we found about the nursing profession were loaded with social prejudice, stigmas and stereotyped images, which motivated us to investigate whether these perceptions were also found in other decades.

Stereotypes and prejudice are part of nursing history and can be determined and reinforced by the fact that nursing is seen as basically a manual profession and populated mainly by women, which leads to it being socially devalued. Prejudice can be understood as a concept based on previous experiences; it is a preconception that predisposes individuals to adopt certain behaviors in the face of the object in question. This preconception, in turn, is determined by the relation between the individual and that which the culture offers him/her to express and be expressed[1].

The stereotype is one of the elements of prejudice, which emerges from cultural processes that give origin to expectations, habits of judgment or false generalizations and reproduce thinking, strengthening prejudice and justifying it, finding elements that constitute it in culture. That is why prejudice cannot be attributed to one individual only[2].

In studying nursing history we observe a distorted and erroneous perception of the profession, a prejudicial concept, which is not an uncommon or only recent phenomenon. It possibly originated in the secularization of care, which initiated with the Protestant reform. In some countries, such as England in the 17th and 18th centuries, the conjuncture of those people coming out of the Reformation expelled those religious people who tended patients from hospitals and other laborers had to replace them. Since there were not people qualified for such activity, it was a heavy, unhealthy and poorly paid work, *the people who presented themselves to the work were from the lowest social class with dubious morality*[3].

In studying nursing history we observe a distorted and erroneous perception of the profession, a prejudicial concept, which is not an uncommon or only recent phenomenon. It possibly originated in the secularization of care, which initiated with the Protestant reform.

Consequently, unreputable people with no training whatsoever in the field were forced to care for ill people, which led to the formation of a negative image of nursing in the 19th century (England). This image persisted in later centuries in many European countries. (It is called the *dark ages* of the nursing history)[3].

The work of Florence Nightingale in this historical context stood out because she proposed a new paradigm in nursing care. Her family, being a rich and aristocratic family, did not accept her professional choice of becoming a nurse and working in hospitals. In 1845, Florence attended a sick relative and realized that knowledge and skills acquired through specific training were needed to offer quality care[4].

Consequently she went to meet Theodor and Frederika Fliedner in Germany to learn of the teaching proposal of the Deaconess Institute. Because the students were called *deaconesses*, not nurses, she finally managed to win over her family's resistance and went to study in this institution. This fact illustrates the prejudice that existed in relation to the denomination *nurse*, which was replaced by 'deaconess', that is, a woman who cared for the sick, since ancient times, in the beginnings of Christianity[4].

In March 1854 the Crimean War started and Florence offered her services to the ministry of war, Sidney Herbert, which he accepted. The fact she was a woman meant she had to fight with military authority every step to carry out her purpose of reforming the system of care delivered to the sick and injured. When she arrived at the site, she found diseases such as cholera and typhoid, mainly due to the poor sanitary conditions, something very common in hospitals at the time because people did not know the relation between diseases and lack of hygiene[4].

Nightingale became a popular figure when she returned from the war and managed to break the prejudice around the participation of women in the army and transformed the view of society in relation to nursing and to the establishment of a useful occupation for women. Because of that, she founded a nursing school in St. Thomas Hospital in London in 1860, the cradle of the modern nursing, whose model is known as the Nightingalean teaching system[4]

There was a perception in Brazil at the end of the 19th century, with the arrival of the Daughters of Charity to the House of Mercy in Rio de Janeiro, that nursing care should be delivered as a charity work. On the other side,

> nursing knowledge, associated in great part with manual work and surrounded by modesty and abnegation, was considered a pre-logical knowledge and therefore, *a non-knowledge*[5].

A study, whose object was medical slang, showed the extent of prejudice of physicians in relation to nurses[6]. The use of puns such as *enfermesa* refers to the bureaucratic nurse who works in the public health sector, a professional who only sits behind a table. Another term was *enfermosa*, which would be a sexist epithet for pretty nurses; also, *enfernagem* (a pun with the Latin word infernos, which means hell or inferior region) suggests that nursing torments the life of physicians. To justify these behaviors and attitudes, the author considers the existence of historical roots, listing a lack of knowledge within Brazilian society up to the end of the 19th

century concerning qualified nurses and that *nursing care in hospitals was a servile work performed by poor women, often times recruited from prisons or homes for the poor*[6].

It is known that nursing reform started, not by the initiative of physicians or a program of hospital reform, but through the initiative of women from higher classes who assumed the role of guardians of the poor and sick. Hence, we stress that although some physicians approved it, others were against this movement because they felt threatened by this perspective, proclaiming that *educated nurses would no longer comply with their orders*[6].

Fortunately, this movement initiated by Florence Nightingale in 1860 prevailed and modern professional nursing consolidated its role in all countries in the world. Yet, even today, veiled remnants of that prejudice, or openly prejudiced attitudes, can be noted.

It is worth noting that professional associations have an important role in nursing because they disseminate information to the population about the role of the nursing team, the nurses' work and the competences of this professional from the technical-scientific and legal views, which clarify for society what a nurse is and what nurses do, their field or sphere of work and the legal boundaries for their professional activities[7].

There are currently nurses working in several fields, including men who are assuming activities in the obstetric and neonatal fields, though prejudice still exists. Another peculiarity is the speed at which men advance in their career, taking command positions and lead functions in much lesser time than women with the same professional training. There is also prejudice of some nurses who do not easily accept the male presence in nursing and consider men strange, lazy or less qualified. Another stereotype that men in nursing need to cope with is the label of being a homosexual[8].

It is believed that the involvement of nurses with the profession, as well as their effort in valuing it and making it respectful, is essential. Hence, *if nurses abandon enclosure, the walls of institutions, and make the community know them, become involved with social movements, assume professional associations as theirs own, nursing will be like that as well*[9].

OBJECTIVES

This study aimed to know and understand the perceptions of a group of nurses who graduated in different decades, about prejudice and coping strategies related to the choice of profession, during college education or professional practice.

METHOD

The focus of qualitative research is on the importance of knowing and interpreting the nature of events through descriptions of human experience as it is lived. Based on these propositions, we opted to carry out this descriptive, historical-social and exploratory study with a socially defined group of nurses who graduated in different decades, following the principles of Oral History.

The research project was sent to the Teaching and Research Committee and to the Research Ethics Committee at the University of São Paulo, College of Nursing (EEUSP). The participants of this study were nurses who graduated in different decades and who had experienced, at some point in their lives, prejudice in relation to their professional choice or during nursing practice, both in relation to themselves or the profession, among family members, friends, co-workers or people from other places. Individuals were invited to participate in the study through direct contact when the study's objective and the data collection process were clarified. Each participant indicated the place of interview, such as their households, the College of Nursing itself or other places they deemed more convenient and provided complementary personal data. Data were collected between June and October 2006 and interviews were scheduled according to the participants' availability. Data were collected through semi-structured interviews, which were recorded. Data were simultaneously collected and analyzed seeking the significant narratives of the participants. Content analysis was chosen because it provides a set of methodological instruments increasingly subtle and in constant improvement that are applied to extremely diversified narratives. Thus, data were organized into: 1. pre-analysis; 2. exploration of material; 3. interpretation of content.

The participants are identified by the letter E followed by the corresponding number (from 1 to 23) to ensure the participants' confidentiality.

RESULTS AND DISCUSSION

A total of 23 individuals participated in the study, 91% of whom were female and 9% were male; 43% were married, 39% single, 13% widowed and 4% divorced. The majority (61%) graduated from the EEUSP and the remainder (39%) at other nursing schools. A plurality of them (35%) graduated in the 1970s; followed by the 1940s (17%); 1950s and 1960s (13% each), 18% graduated in the 1980s and the 1990s and 4% in 2000.

Regarding family support for the participants' choice for nursing, 16 participants (70%) reported their families supported their choice. A significant part of respondents (26%) however, were not supported by their families and one participant (4%) did not answer this question. The majority of the participants attended graduate or post graduate programs as follow: specialization (34%), Master's (32%) or doctoral (26%) programs and post doctorate (4%).

Categorization of reports

Prejudice regarding professional choice

Some participants perceived prejudice at the moment of their professional choice as evidenced below:

...but my father did not approve of my choice for nursing. He didn't know what nursing was, in the country, a nurse was the one who had an affair with the physician, was a hospital's prostitute who wore white; obviously she had an affair with the physician at this office, with the physician from the surgical center, with the physician from the laboratory and then my father went to talk with a physician he liked, someone he respected a lot and who was a cardiologist… (E1).

My mother didn't like much that I was going to study nursing; she didn't want it, she considered it an ungratifying profession (E8).

The narratives revealed that the participants perceived prejudice from close people such as: fathers, mothers, friends, siblings, etc, at the moment of professional choice. The option for the profession is always secondary and hierarchically inferior to the medical profession. Such dynamics seems to produce a culture in which two dilemmas are linked: a mimetic imagery in relation to medicine and a female imagery of submission and inferiority. Currently, this cultural production of nursing seems to indicate an increased approximation of these professionals with theoretical, technical and discursive medical equipment, despite their differentiated knowledge and practice[11].

Prejudice perceived during the nursing undergraduate program

Some participants perceived prejudice as they entered the nursing program as the following narratives reveal:

...and at college, friends would ask if I was almost a physician or would I only change diapers and give injections (E12).

...some friends studying in other fields would say, you're studying nursing, you should do something else, why didn't you studied another year and tried medicine?…why didn't you try medicine at the beginning […] some relatives would say 'but you're so smart, why are you studying nursing? Why don't you study a little more and learn medicine? (E17).

Nursing professionals need to seek strategies that break these servile roots, acknowledging their competence to enunciate their own precepts and thus integrate with the health team as a constituent part of it, in equal conditions with other professionals to decide about their own practice and health practice[12].

The experiences of participants concerning prejudice during professional practice

The participants' experiences in relation to prejudice permeates the universe of professional practice, in which perceptions about this issue are manifested in different moments of professional practice as we can see in the following subcategories:

• The myth that physicians are better qualified than nurses

...(patient) Aren't you a physician? and I said no. He kept saying: …'cause I heard the man calling you doctor… I explained that I was a doctor in nursing and he said: ...you know so much that I thought you were a physician (E4).

...the physicians would ask in a more imposing way... they'd belittle the program (nursing program) (E12).

We can observe in these excerpts a certain exaltation of medical knowledge to the detriment of the nurses' knowledge, underestimating it through a belief that scientific technical knowledge is not necessary to practice the nursing profession.

The evaluation of the practice of a competent nurse has been generally considered, as a parameter, close to that of a physician's[12] competence, thus explaining certain usual distortions in comparisons carried out between competences of physicians and nurses. Thus, the fact that nursing shares a knowledge close to that of medicine does not exclude the possibility of constructing a specific object of its body of knowledge.

• The idea that nurses perform inferior activities in relation to other health professionals

I realized that there were references like 'the nurse who works with me' as if I could be compared to his secretary (the physician's secretary), so I identified it as prejudice; it was evident (E6).

They (people) find it strange (...) because I chose something that deals with bad aspects of the human being: feces, urine (E8).

These reports revealed that some participants perceived the manifestation of prejudice in relation to their professional practice, they were seen as inferior or *lesser*. Such perceptions are in agreement with what was previously unveiled in relation to the medical myth of knowledge/power because nursing activities were perceived as less important or inferior, probably they were less important in relation to the activities of other health professionals.

References to the lack of social *status* and to professional and salary devaluation allied with the characteristic of the profession being predominantly female, with no autonomy of decision-making, submissive to the institutional-physician power, with no established limits of work and undefined functions, show in a certain way, the incorporation of a more critical discourse disseminated in the last years that also shows a certain feeling of impotence and pessimism in the face of the course of the profession[13].

The boundaries of profession in the health field are not always clear and oftentimes raise doubts in nursing professionals about what their functions are and which are other professionals' functions. There are ethical dilemmas in nursing work about what the exclusive competencies of nurses, nursing auxiliaries and technicians, as well as conflicts inherent to specific or exclusive and shared attributions of nurses and that of other health professionals.

In the process of health structuring, historically profound political, social and economic changes made nursing

knowledge and practice subordinate to medical practice and knowledge. The scenario that emerged showed a country in transformation, which later adhered to the capitalist system of production, strongly dependent on central countries and passing from the monarchical regime to republican ones[14].

• The nurse seen as a sexual symbol

The current nursing social representation is the result of a long historical path, which influenced the fetish of nurses as sexual symbols in the media and in other social communication means, as the following reports show:

> nursing is still very linked to the idea of fetish. *Look the hot nurse*... The most emblematic of all is a musical band that had a dancer dressed as a nurse [...] sexual symbol... it appeared in the media so many times, as nurses, and the effect of it is so bad, because we have to deal with little jokes from users of the health service...It is really bad... (E17).

> There was one [medical student] who said 'I came to know my new lovers' like, he entered the class and said to everybody he came to know his new lovers and he was from the medical program, so you get the label of *easy woman*, nurses (E8).

These reports reveal the perception of some participants about prejudice in relation to nurses being seen by some people as sexual symbols. This type of prejudice seems very current in social communication media. The fact that nursing is currently practiced predominantly by women requires that this issue be analyzed considering gender inequalities in which the female figure is an object of social, political and sexual injustices corroborated by the current neoliberal logic, which commercializes her image and sexuality, diminishing it to the condition of woman – sexual object.

Another aggravating factor is that nurses being *knowledgeable and experienced, as opposed to prostitutes, would be seen as a safety island, quality suggested by the uniform's whiteness and by the professional aplom*b. This interpretation would help

> to explain the frequency of sexual harassment cases against nurses perpetrated by both physicians and male patients and the stereotyped image of the young and attractive nurse as an available sexual object or that of male nurses as homosexuals[6].

Coping with prejudice

In their reports, the participants reveal coping strategies to cope with prejudice they experience when they chose the nursing profession, during both their academic education and during professional practice, as the following reports reveal:

• Disseminating what nursing is?

> ...you explain what you do and that there is a foundation for what you do and this argument by itself is sufficient, at least it is for me, so that people understand that the place you're occupying is legitimate and what you do is legitimate, so this has been the my most important coping strategy in these cases (E17).

> we had to explain what we were, why we were there, that we were not attendants, that we had not left the janitor service to become an attendant, then nurse, that it doesn't happen that way [...]nowadays prejudice is not so strong in terms of acknowledging nurses' value, to know that there are other categories, but I think prejudice is still real and it still happens (E10).

Participants revealed their concern with the coping strategies they had to use in the face of prejudice regarding their professional choice, during academic education and/or professional practice. They stressed that it is important to disseminate what nursing is and what nursing professional activities are to the population in order to minimize the problem of prejudice. Participants believe that only when people have better knowledge about what nursing is – what a nurse is and what nurses' tasks are – will they be able to discern their value and respect these professionals. We agree with the idea that it is necessary to produce analysis that explains, controls and transforms the image of nursing based on the game of opposites. Thus, antinomies fabricate traps that aim to domesticate differences as they reduce the complexity of the totality to fragments in order to divide and control them. Therefore, one has to oppose the representation of the *nurse-angel* to the technique, committed (or lost) in small detailed tasks in the search of efficiency. To the sexual symbol, an asexual, serious nurse, replacing all joy of life with the aridity of super-artificial honesty. To the physicians helper, the administrator, with status and defined role in the technical bureaucracy and most importantly competing with the physician in terms of competence[15].

• Working with competence

Another way to cope with prejudice was constructing their own professional competence as the following reports reveal:

> my coping strategy was always embedded in professionalism. I guess that what I've always tried to make clear that, regardless of gender and of being a predominantly female profession, we had to work together and our professional relationship had to pass through professional aspects and we faced it arguing issues in an emotionally balanced way and with technical-scientific arguments that were necessary (E11).

> Competence originated in the way we positioned ourselves, in our professional attitude b(E23).

Participants deemed competence an essential attribute for nurses to position themselves and be respected by other professionals through knowledge. Thus, their reports revealed the importance of nurses being competent, capable of skillfully dealing with situations and with technical-scientific knowledge, contributing to minimizing prejudice and creating value for their professional role.

Thus, discourses show the difficulty of clarifying the technical divisions of work in practice and the difference between a nursing professional and a nursing worker. The boundaries of professional practice in the health field are not always clear and often times raise doubts in nursing professionals about what is their role and what are others' roles. There are ethical dilemmas in the exercise of nursing about what the exclusive competencies of nurses and of nursing auxiliaries and technicians are, as well as conflicts inherent to specific areas of responsibility or exclusive and shared areas of nurses and of other health professionals.

• Showing the importance of teamwork

Teamwork can be an important tool in the nurses' struggle for being acknowledged, aiding in coping with prejudice:

> But you collect experience, gain respect, learn that nursing auxiliaries know more than you do in the field, you learn with them, if you show them respect, they respect you (E1).

> And others who discuss in equal conditions have a degree, I mean, attend graduate programs and you can discuss with the physician, social worker, with all colleagues in the health field. So, I guess that the coping strategy is to be sure of the knowledge you have (E16).

The participants deemed the collaborative spirit of teamwork and inter-professional respect important in improving the image of the nursing sector in the eyes of other professionals. The importance of ethical relationships in addressing patients and the multiprofessional team, the ability to dialog and assume ethical commitments in the face of the challenges of the profession are based on the exchange of experiences, linking professional actions in the work sphere.

Teamwork consists of a modality of collective work that contrasts to the independent and isolated mode with which health and nursing professionals usually perform their work in the routine of health services. However, the proposal of teamwork was consolidated as a discourse and not as a predominating practice. Thus, the current functional model was kept: work focused on tasks, which leads to reflection on the importance of work that permeates multiprofessionalism, which in practice might be only a group in which workers from several fields work in the same environment. Rather, the actions of these professionals need to be integrated and connected, given the multiple dimensions of the health needs of individuals and social groups[16].

• Demystifying interprofessional relationships

Interpersonal relationships should value the demystification of prejudicial ideas with information about what nursing is.

> ...I guess that it is about making a difference, I guess we have to be honest all the time, honest, serious and responsible, because then you gain trust, the thing is that it is hard to keep it, because if you slide, if you do it wrong one time, what you've constructed in 20 years, trust is lost (E4).

> Today, it seems that things have changed a lot; there is more respect for nursing, because people are acknowledging the value of nursing. Nursing is necessary. So, even physicians don't think that it is about subordination, it is partnership. At that time, prejudice was worse (E21).

These study's results allowed better understanding of the need for acknowledgment and valorization of the nurses' role in society, considering that this achievement is intrinsically linked to a historical-social past, but is also present and constant. Thus, ethical-political attributes, such as nurses' competencies, include respect, professionalism, collaboration, trust and honesty, which are important elements in the discussion about inter-professional relationships. In this way, medical practices are on the other pole of the relation of otherness that the nursing professional develops in the process of constructing identity references[11].

Adopting a posture in the face of prejudice

The behavior in the face of prejudice should encourage changes of social stereotypes promoting social ascension and acknowledgement of the nurses' role in society.

> ...so I think it is like this, if you put it in a scientifically, politically and ethically correct way, people start to admire you… (E15).

> ... there is a myth in which nurses are submissive to ...(physicians); it is possible to overcome this, but needs an incorporated posture, you have to be corporatist… you have to aggregate with arguments, technical arguments, arguments that have to do with the development of your work, it is the results, it is the range of your actions, you should be talking about it (E17).

In relation to data previously mentioned, participants showed coping strategies in the face of prejudicial situations. A *good* education, based on the acquisition of knowledge and competencies can be an essential element for professionals to position themselves to cope with prejudice.

However there are people who hold that nurses' education has not contributed to changing behaviors, and consequently, to changing the image of nurses. Nursing education still carries the perception that nurses should be disciplined and obedient, not valuing the development of a critical posture in their teaching activities[17].

Participants report gradual changes in the attitude of people in relation to the studied phenomenon. The ethical values attributed to nurses, such as a good education associated with knowledge, discipline, and responsibility are elements that contribute to minimizing or reducing prejudicial behavior; professional ascension and power, which aggregate competencies, academic degrees and opportunities also collaborate with it. However, potential causes of prejudice against nursing might be linked to deficient education and to the large number of nursing schools. Poor professional

education has repercussions in the social representation of the profession. When nurses talk about knowledge as a value necessary for their actions, they consider scientific knowledge that originates solely from the biological sphere; however, human and social sciences knowledge is also needed to enlarge their understanding of human nature[18]. Even today in undergraduate nursing programs, emphasis is generally given to the biomedical model and therapeutic and technological procedures are a priority, which should be administered as specific content in the courses and use techniques to provide tools to students in their future profession to teach them to identify and deal with routine situations. There is a perception that what is taught today is insufficient or poorly linked to ethics and reflections of values[18].

CONCLUSION

The findings of this study reveal differences in the perception of participants, who graduated in different decades, about the studied phenomenon. Thus, some participants experienced certain manifestations of prejudice in relation to their choice of the nursing profession, in the academic environment or when inserted in the professional world. Others, on the contrary, did not perceive it at any point in their lives.

The participants are a group of the population of nurses highly differentiated in terms of education and participation in professional associations. They have, in the majority, nursing graduate courses and some acquired other bachelor's degrees before and after graduating in the field. Thus, their backgrounds might have influenced the perception of potential causes of prejudice, coping strategies and minimization of prejudice in relation to nurses.

The study of nursing history can be an instrument for the search of acknowledgement and the construction of autonomy since we can understand the current conjuncture of the profession as a result of a reality socially and culturally constructed, thus, possible to be changed in terms of negative aspects that we might identify. This study revealed that the dissemination of what nursing consists of is a way to cope with prejudice in relation to what it is and what nurses do. It is a way to fight for social acknowledgment, which will be achieved through competent work and teamwork. It is crucial that we appropriate the role of transforming agents and contribute not only to the construction of a more valued, cohesive and autonomous category, but also contribute to a practice that ensures citizens their right to health.

The content of these reports shows that there is an erroneous perception about the nursing professional, that there is a relation of inferiority in relation to other professionals in the health field. On the other hand, the manifestation of prejudicial attitudes originates not only in people in general, but also in people who belong to the health field.

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