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NURSE'S PROFESSIONAL IMAGE: PERCEPTION ACCORDING TO ITS STAKEHOLDERS

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Abstract: The objective of this research was to find out what image stakeholders have of the Nursing and the nurse from the cognitive, functional, symbolic and emotional. Therefore, a qualitative, descriptive and field research was carried out, together with 38 stakeholders in the Metropolitan Region of Belo Horizonte, Minas Gerais. Were selected for convenience and accessibility (Nursing professionals, professors, students, related professionals and/or competitors of nurses and patients in side dish). The interviews were recorded and later transcribed, the stakeholders were volunteers and were able to express their opinion freely and spontaneously, there is no risk to the participants. Data analysis followed the stages of collection, treatment and interpretation, with content and enunciation. It was found that there is no uniform conception of the perceived image of nurses, their way of acting and their concern with care. The professionals devalue and, even with knowledge and skills, the class does not know how to act, cannot convey the realities of contemporary Nursing practice and translate its importance to the public. Although there have been some changes over time, the almost all the images of the profession are negative, imprecise and perpetuating stereotypes.

Keywords: Nursing; Nurse; Professional Image; Stakeholders.

INTRODUCTION

The professional image refers to the identity of the profession, related to its characteristics and meanings. This image/identity relationship is configured in a contradictory, multiple and changeable totality (CAZA; CLEARY, 2016).

From this perspective, “the construction of the image of Nursing is permeated by historical, socioeconomic and cultural aspects” (ÁVILA et al., 2013, p.103) and not only in Brazil. The professional figure still faces challenges that have been consolidated over time and

are not yet completely overcome (BECK et al., 2009) because marks of devaluation of the historical trajectory of the nursing profession can be identified to the detriment of its technological and scientific evolution. For Backes and Erdmann (2009), these marks can be perceived by the persistent image of professional submission to other members of the health team and the erroneous image of a charitable service.

Understanding the professional image that different audiences have about a particular profession, and about professionals in the area, constitutes a competitive advantage in terms of directing strategies, as well as constituting an effective communication tool that favors a good positioning of this professional in the market.

In this context and also considering the history of low consideration and multiple stereotypes related to the nursing profession, this work starts from the following question: How have nurses been perceived by their *stakeholders* in contemporary society? And, as a general objective, to find out what image *stakeholders* have of Nursing and nurses from the cognitive, functional, symbolic and emotional dimensions.

LITERATURE REVIEW

PROFESSION, IDENTITY AND IMAGE

A profession is an occupation characterized both by the possession of a specialized set of knowledge and by the commitment to service (SARANGI; ROBERTS, 1999; FERREIRA; MOURA; SOUKI, 2014; 2016).

It can be understood, then, that professions involve different means and forms of organization of work and workers and in different work relationships, compared to organizations. Professional values emphasize a common identity based on competencies (produced by education, training and

socialization of learning) and sometimes guaranteed by licensing. “Professional relationships are characterized as team participation, mutual cooperation and solidarity. Trust relationships characterize practitioner-client and practitioner-employer interactions” (EVETTS, 2011, p.409).

For literature, people have long converted their identity into images that signal how they see themselves or expect to be seen by others (GECAS, 1982; AIKEN, 2012). In other words, by observing their own behavior through the reactions of others, who accept, reject or renegotiate these public images, people maintain or modify their self-concepts (FERREIRA; MOURA; SOUKI, 2014; 2016).

However, there is no pre-established definition of image or what can be described in a single meaning, which generates interest in carrying out studies in several areas of science, among which, Semiotics, Marketing and Psychoanalysis (MARTINEAU, 1958; DOWLING, 1986; JOHNSON; ZINKHAN, 1990).

Some authors could say that identity and image are different, but organizational dimensions interpenetrate and emerge with the process of conversation between internal and external organizational actors (GIOIA; SCHULTZ; CORLEY, 2000; AIKEN, 2012). In fact, professional identity and professional image are two interrelated constructs (ROBERTS 2003; CAZA; CLEARY, 2016).

Webb (2015) notes that professional identity is an ongoing process of interpretation and personalization shaped by contextual factors in the workplace. Therefore, a professional identity is therefore created and recreated through professional discourse. In this respect, identity formation is seen as more interactive and more problematic than the relatively simple adoption of the role or category of any given profession.

Based on reflective assessments of the *self*, professional image is defined as “the aggregation of key constituents (...) and perceptions of competence and character” (ROBERTS, 2003, p.687). A person who builds his image as a competent professional is seen by his *stakeholders* (former colleagues, superiors, subordinates, competitors and clients) as being able to meet the technical and social requirements of his activities (IBARRA, 1999; ROBERTS, 2003; AIKEN, 2012; FERREIRA; MOURA; SOUKI, 2014; 2016).

In practice, professional image has important consequences in terms of social reward and career success (IBARRA, 1999; IBARRA; BARBULESCU, 2010) since, as noted by Roberts (2003, p.687), “people who build viable professional images are perceived as being able to meet the technological and social demands of their work”. The processes of building a professional image are, therefore, crucial to achieving and preserving legitimacy and social reputation.

The image of a professional is perceived in many ways, as it is the consequence of the interaction of ideas, beliefs, feelings and impressions formed by people (*stakeholders*) about a certain object (GRASSELLI, 2007; PINTO JÚNIOR, 2015; DIAS, 2016). As Ferreira, Moura and Souki (2016, p.1009) rightly state, “to cultivate an appropriate image and maximize its intrinsic value, the image must reflect a good product, a good company, a good person or A good job”.

IMAGE AND THE ELEMENTS OF ITS FOUR DIMENSIONS

An image is formed by elements of several dimensions that can be classified as tangible or intangible, measurable or not, mutable or immutable (MAY, 1974), and characterized as cognitive, symbolic, emotional and functional according to Dobni and Zinkhan (1990), De

Toni, Milan and Schuler (2005) and Ferreira, Moura and Souki (2014; 2016).

Cognitive dimension

The cognitive dimension is treated as an external entity and mental construction, which includes ideas, feelings, attitudes, mental concepts, understanding and expectations (LEVY, 1981), and can be described by the prior knowledge that an individual has about an object, product or service., which may have influences based on beliefs (DIAS, 2016).

Thus, it can be applied both for service providers and for professionals who are directly involved in this customer service process (MARTINEAU, 1958; DOBNI; ZINKHAN, 1990; DE TONI; MILAN; SCHULER, 2005; FERREIRA; MOURA; SOUKI, 2014; 2016). The cognitive elements assess aspects related to the service provider (company and direct contact personnel) and transactional (cost-benefit ratio).

Nursing images in popular culture often seem to focus on negative stereotypes of domineering or sex appeal matrons, but Jaeger (2007) argues that this is unrealistic, comes from cinema, entertainment, and has little impact on the public's perception of nursing. However, this opinion is refuted by other studies such as those by Arnold et al. (2003) and Brodie et al. (2004). who investigate the perceptions of Nursing students who often express beliefs about the work of the activity based on these media images.

Symbolic dimension

Milan and De Toni (2008, p.104) state that "the mental images that are configured from the perception of each individual constitute the basic cognitive element of human thought, being responsible for directing people's behavior". From different views, an image is a set of representations, impressions, convictions and networks of meanings of

something stored in memory in a holistic way (FERREIRA; MOURA; SOUKI, 2016; CAMPIOLO, 2016).

The symbolic value of an image is the extension that enhances the person's value in his own eyes (self-esteem) and in the eyes of others (*status*). When using a service from a particular provider, the individual can not only make use of the physical facilities and other resources, but also identify with what the company can offer him to increase his self-esteem, provided that this aspect represents a strong symbol of *status*. according to studies by Martineau (1958), Levy (1981), Aiken (2012) and Dias (2016).

EMOTIONAL DIMENSION

The emotional dimension brings the basic feelings into a set that can be expressed in fear, hate, anger and joy towards a product or service provided (DE TONI; MILAN; SCHULER, 2005) as the consumer interacts with the production and service experiences. consumption of services.

In practice, images and perceptions are significant because they can lead to feelings, attitudes and trust and, consequently, to specific behaviors on the part of others. Attitudes can be understood to be closely related to the formation of an image, and the strength of attitudes generates an impact on how people react to incidents (AIKEN, 2012). This way, personal interest, social identification and values can generate an impact on the magnitude of attitudes (CAMPIOLO, 2016).

For Bradbury and Liechtenstein (2000) and Almeida, Lopes and Pereira (2006), adopting a relational conception means accepting that the work of an organization takes place in the interaction space of its members. Campiolo (2016) proposes that the relational approach allows the study of the intersubjective and interdependent nature of organizational life, when relationships are considered as

something that does not reside in just one individual, but as patterns of reciprocal influence that emerge and evolve over time.

Functional dimension

The functional dimension can be described as an arrangement of visibly presented information, translated from a series of physical characteristics of the services, giving them tangible evidence, such as support facilities and facilitating goods, expressing the usefulness of the service itself and allowing consumers to attribute a value to the services provided (STERN; ZINKHAN; JAJU, 2001; ALMEIDA, 2011; PINTO JÚNIOR, 2015; CAMPIOLO, 2016), as well as in the personal presentation of the professionals who perform a service (DE TONI; MILAN; SCHULER, 2005; GRASSELLI, 2007; AMORIM, 2009; DIAS, 2016).

According to Levy (1981), functional attributes are as important as symbolic attributes. Products, like people, present a personality image, which is not only determined by physical characteristics, but also by other factors, such as advertising, price and other psychological associations. It is also necessary to consider that the image is an interpretation of the information received, a set of inferences and reactions about a product, service or organization. Thus, its formation does not depend only on the messages rationally issued in the communication strategy, but also on the way in which the consumer will recreate the meaning of the messages he receives through ideas, feelings and attitudes (AMORIM, 2009; DIAS, 2016; CAMPIOLO, 2016; CAMPIOLO, 2016).

In this sense, it can be said that the image is the impression that remains in people's minds, whose functionality will be in different areas and always qualifying what

is being observed. Zielke (2011) exemplifies that the perception of the profession that can have a result in which people value or devalue that practice, evolving into products, companies and brands that will be related to aspects of how people see corporations, their relationships with their competitors according to the products found on the market.

METHODS

A qualitative approach was chosen, in which the researcher has direct contact with the situation being observed and, thus, has a better understanding of the phenomena through the individuals studied (GODOY, 1995). This qualitative phenomenological paradigm occurs through an inductive process, with "mutual formation of factors" and "linked to context" (COLLIS; HUSSEY, 2006, p.55), being interested "in understanding human behavior from the reference structure of the participant" (COLLIS; HUSSEY, 2006, p.59).

The research has a descriptive nature. Lima et al. (1996) cite the study by Herskovits, in 1963, for whom field research consists of addressing the target audience, listening to conversations, attending rites, observing habitual behavior and questioning trajectories in order to obtain, through direct knowledge of their ways of life, an overall view of their culture.

Thirty-eight (38) *stakeholders* linked to professionals with a degree in Nursing (nurse) were analyzed, and the choice of participants was made for convenience and accessibility.

Therefore, to achieve the objective of ascertaining the image that *stakeholders* have of Nursing and nurses from the cognitive, functional, symbolic and emotional dimensions, the 38 subjects of this research described in Table 1 responded

to instruments that aimed at homogeneity, relevance, objectivity and productivity of the questions.

The script used was tested and validated by other dissertations on the same topic: Architecture (GRASSELLI, 2007); Psychology (MENDES, 2008); Physiotherapy (AMORIM, 2009); Speech Therapy (ALMEIDA, 2011); Pharmacy (FERREIRA, 2014; FERREIRA; MOURA; SOUKI, 2016), Accounting (PINTO JUNIOR, 2015) and Aesthetics (DIAS, 2016). This made it possible to adapt the same script for Nursing.

Five interview scripts were used, divided into eight parts, consisting of questions related to general aspects (personal information, contextualization, profile and trajectory of

the interviewee), image, training of nurses, professional shadowing, Marketing, regulation and class representation, in addition to the figure drawn and described by the interviewee. For each group of *stakeholders*, topics related to the reality experienced were raised, for example – choice of activity, relationship with professionals in the same profession, clients and professions in the same space, as well as the respective limitations as described in figure 1.

The interviews were recorded and later transcribed, and the *stakeholders* were not identified. The estimated time for responses was 20 (twenty) minutes. As it is an opinion poll, the participation of these research subjects was voluntary and did not involve

INTERVIEW SCRIPT	SUBJECTS OF RESEARCH	NUMBER OF SUBJECTS
Nursing Professionals	Active nurses	6
	Nurses not working	4
	COREN tax nurse	1
	Union Nurse	1
	Nursing Technicians	two
Professors in the area of Nursing	Nursing undergraduate coordinator	1
	Nursing undergraduate professor(s)	two
Course candidates/students	Candidates for the Nursing course	two
	Undergraduate Nursing Students	two
Related professionals and competitors of nurses	Doctors	two
	physical therapists	two
	Psychologist	1
	Biomedical	1
	Occupational Therapists	two
	Pharmacists	two
	Elderly Caregivers	two
patients under treatment	patients	5
	Total	38

TABLE 1 - Research subjects - *Stakeholders* of nurses.

Source: Research data, 2017.

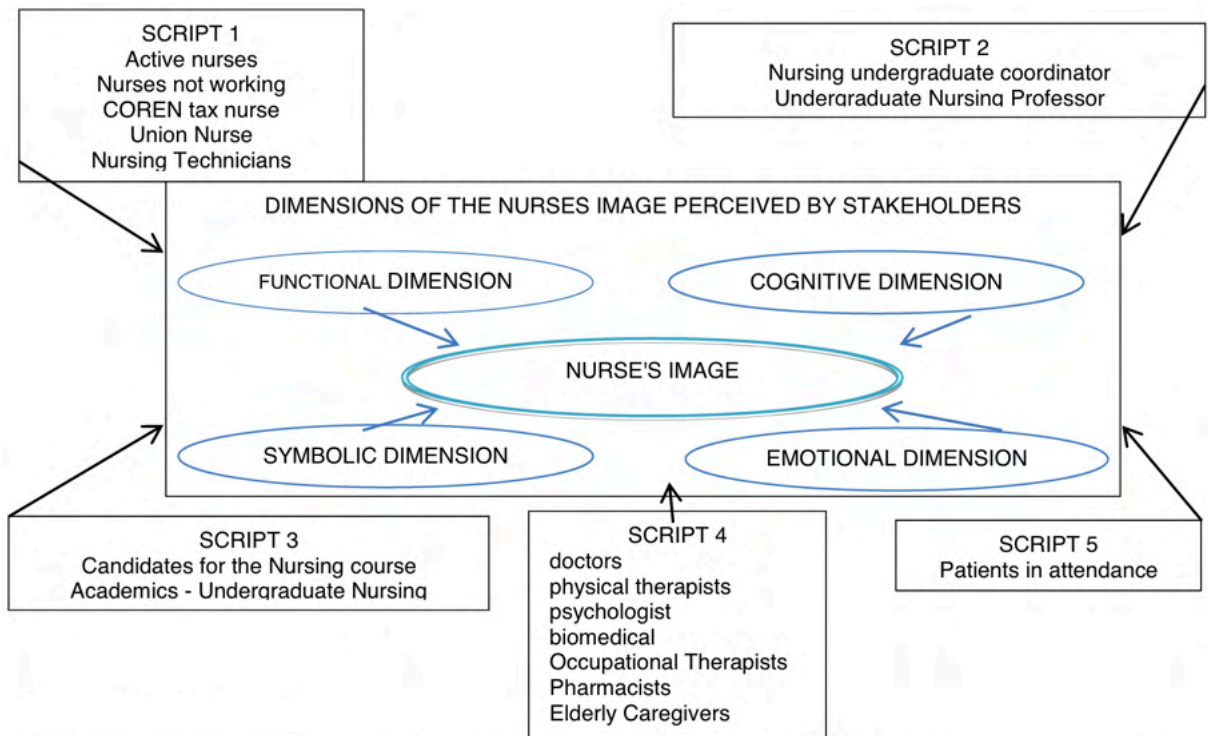


Figure 1 - Model for evaluating the Image of the Nurse by interview script.

Source: Research data.

any type of risk for the participants, as they only answered if they wanted and what they wanted, freely and spontaneously.

Data analysis was performed according to Bardin, considering the stages of collection, treatment and interpretation, whose sequence made the justification and discussion meet the research objectives. Content analysis was chosen considering the “study material as data, that is, an immobilized, manipulable, fragmentable utterance” (BARDIN, 2016, p.218).

Thus, a qualitative analysis (content analysis) was carried out, focusing on the messages that form the results. Initially, all questions were classified by relevance based on the four dimensions (cognitive, functional, emotional, symbolic). Then, they were grouped by similarity and frequency of placements, choosing the most relevant ones.

RESULTS AND DISCUSSION

To contribute to the understanding of this analysis, the image of the Nursing profession and professional was identified according to its *stakeholders*. For this purpose, we used the perspective of dimensions proposed by De Toni (2005), De Toni; Milan; Schuler (2005) and De Toni; Schuler (2007). It was noticed that the 38 *stakeholders* sought, despite the rush and some lack of interest, to position themselves in a manner consistent with their perception of the image of nurses in the four dimensions. There was approximately 7% of non-response on some requirements, that is, (141) responses from the 2014 total were ignored.

SOCIODEMOGRAPHIC DATA

Thirty-eight people were interviewed (Table 1), 09 of them male and 29 female;

aged between 22 and 67 years, with an average age of 35.3 years. Of the total, fourteen (14) are Nursing professionals, three (3) are course coordinators and professors, two (2) are candidates for the course and two (2) are Nursing students, eleven (11) are related and competing professionals of nurses and six (6) are patients in follow-up. Twenty are married or in common-law relationships, one is divorced and seventeen are single. As for education, seven (7) have high school, one (1) has a technical course in Nursing, nine (9) are graduates, two (2) have an MBA, thirteen (13) are specialists in different areas (most in Nursing), three (3) are masters, one (1) is a master, one (1) is a doctoral student and one (1) is a doctor in Nursing.

There is no established salary floor, but the average salary for nurses in Minas Gerais is R\$2,445, that is, 11% below the national average (INDEED, 2017) and the national average salary is R\$3,092.00 (CATHO, 2017). 2017). In the interview scripts, information on family income was requested, but, in the case of working nurses, the researcher wanted to know the average individual salary, which was R\$3,000.00. It must also be noted that the research was carried out in a hospital, mobile emergency care and a long-stay institution for the elderly, all in the Metropolitan Region of Belo Horizonte.

The sociodemographic data presented support the analysis of the study, especially those referring to the remuneration of professionals.

PROFESSIONAL IMAGE OF NURSES

A common question in all scripts, respondents were asked to inform, in three words, the image of Nursing and nurses that came to their minds. From the perspective of the 38 different subjects, some terms were common: *overload, fatigue, care, dedication, protection, devotion, commitment* and

trust, leaving the impression of a very real characterization, most of which reflect a positive idea of the profession.

Cognitive dimension

For Aiken (2012), the nursing staff is a diverse group of professionals and, therefore, it is difficult to capture their multiple roles across the different fields and environments in which they work. Care is claimed to be its essence, but this is not yet distinct from other social and health care functions, that is, it is not explicit. Its dominant images are located only within the hospital environment.

It can be seen from the analysis of the cognitive dimension how important it is to characterize the image of Nursing and nurses. The profession is so multifaceted that not even the *stakeholders themselves* have full information about its complexity. As a legal basis, Decree No. 94,406 of the Federal Nursing Council (COFEN), of June 8, 1987, which regulated Law No. 7,498, of June 25, 1986, providing for the Practice of Nursing and establishing the private and integrative tasks of the health team of professionals, in its art.8º.

When the description of the activity was requested, there was a repetition of the defining terms, such as *prevention, care, dedication, knowledge* and also *teamwork*, but it can be seen that the professional breadth proposed by Cofen is of limited knowledge. to few *stakeholders*.

For *stakeholders*, the search for a nurse is due to the following reasons: *help; respect to your qualification; your affection; its ability to intervene in some situations; for the concern with the services and for being a good listener.*

when asked if they would recommend nurses to family and friends, the responses were positive given the information related to *trust, competence, knowledge, respect and admiration*. Testimonies emphasized the

positive image of nurses, finding expressions such as *qualified professionals, humanized side and differentiated clinical judgment*.

Were considered weaknesses of Nursing in this dimension: the *lack of working conditions* mentioned 20 times; *lack of autonomy* (16 times); *the intense working day* (6 times); *the overload* (15 times) and the *financial devaluation* (12 times).

Another important point was the questioning about the preparation of students for the course in their different areas of activity, as the testimonies revealed that there is a generalized awareness that general basic training and three years of professional experience are not enough or provide maturity for students to interpersonal relationships are impregnated by humanistic values and care based on knowledge of the person, health and the environment in which the subject is inserted. This result involves emotions, empathy, understanding, authenticity, active listening, reciprocity, intuition and availability also described in the studies by Teixidor (2005).

In this context, the testimonies reveal that training in Nursing has not contributed to the change in posture and, consequently, in the image of nurses. Nursing education still carries the concept that nurses must be disciplined and obedient, without valuing in their teaching activities the development of a critical posture, giving priority to aspects of conduct and morals (LIMA, 1994).

The reports also emphasized that the devaluation of the image of this profession is also perceived during the course, which eventually promotes abandonment. It can be seen from the testimonies of this research that personal fulfillment and vocation appear as important aspects that guide the choice of a career at similar levels, as other health professionals, but, in the case of Nursing, the rapid insertion in the job market it also

appears as a weighty factor in contrast to the precarious working conditions encountered by these professionals (WHO/OPS, 1999; GUEVARA; MENDIAS, 2001).

Dingwall and Allen (2001) suggest that courses train for work that is not standardized, has never been expressive and may not be in the future either. This opinion is exemplified in the research by Maben, Latter and MacLeod-Clark (2007), with newly graduated nurses, whose disillusionment with the reality of practice after their qualification stems from the incompatibility between the ideals and values taught and the organizational restrictions found in the experience. professional.

In the opinion of some *stakeholders* of this research, there are professions that currently compete with Nursing: physiotherapists, caregivers, pharmacists, biomedical and even doctors. For an academic, the Nursing professional presents differentials in relation to competing professionals because Nursing manages to encompass the level of knowledge of three health professions together (Physiotherapy, Pharmacy and Biomedicine), but the opposite does not occur.

According to Salvage (2002), Nursing is obliged to develop or change its functions to meet the demands of a service. Thus, as the largest occupational group in the health area, Nursing must have the ability to respond to this demand, demonstrating its value, but there is a lack of comfort in attempts to confront these stereotypes.

The dissonance between beliefs and reality has often resulted in frustration and stress, contributing to high rates of attrition in Nursing and, consequently, abandonment of the profession, as Nursing is seen as a profession with limited career opportunities (BENNATAN; BECKER, 2010; AIKEN, 2012). In addition, there are concerns around the disparities between theoretically constructed Nursing and its practical reality.

In this research, regarding the cognitive dimension, the following situations were found that are in line with the cited literature, namely:

- For Nursing professionals, the image implies devaluation by third parties, work overload, insufficient staff, lack of support, low remuneration and this image is dependent on the employing institution. The courses fail to emphasize practical activities, which generates insecurity and failures, promoting the abandonment of the profession or personal dissatisfaction.
- For professors and nursing course coordinators, the image of nurses also implies devaluation by third parties, work overload, non-compatible workload and low pay. Courses fail due to learning disabilities.
- For students and candidates for the Nursing course, the image denotes humanized work, quality, affection, diverse abilities, but the work structure is unsatisfactory. There is no established salary floor, the salary is low and promotes the abandonment of the profession. There is no autonomy, in addition to the fact that the courses do not offer a practical basis. There is a good concept regarding the profession, high expectations, but relative dissatisfaction when professionals assimilate reality.
- For related professionals and nurses' competitors, the image denotes humanized work, quality, affection, diverse abilities, but there is a perception of work overload, stress in contact with the team and patients, professional and salary devaluation. The statements '*the nurse who was born for this is a great professional*', '*this guy saved my life*' and '*the nurse knows how to explain it*

to me in better language' characterize a frequent reality.

- For patients, the image denotes respect, affection, vocation and quality of care.

Symbolic dimension

According to Mendes (2008), in the symbolic dimension, services are evaluated by what they represent or mean to the individual, that is, the image means a set of representations, impressions, convictions and networks of meanings of something stored in memory in a holistic way. (MILAN; DE TONI; BARAZETTI, 2004).

It was asked how Nursing is viewed, obtaining terms and expressions as *a symbol of security, opportunity to do good to others, a very beautiful profession, a symbol of trust*. When asked how nurses are seen, the testimonies showed terms such as *reference* (4 times), *problem solver* (2 times), *strong professional* (2 times), *strength and courage* (1 time), *symbol of kindness* (2 times), *gratitude* (4 times), *security* (15 times), *a bridge between the doctor and the patient* (three times).

Comparing the image of nurses with other professions in the symbolic dimension, it was found that for the image of Psychology it was presented as a personal achievement of the professional and for the other *stakeholders* as a help, a cure, a solution to problems (MENDES, 2008). For the profession of Physiotherapy (AMORIM, 2009) and Speech Therapy (ALMEIDA, 2011), the most relevant meaning was help, which makes these professions more caring and emotional. In the case of the pharmacist, the study by Ferreira (2014) showed that the most important meaning was the reference in medicines and, for Ferreira, Moura and Souki (2016), the pharmacist has meanings that are assistance representations and refer to the professional as a reliable source of information. In the Architecture profession, the contracting of

services is entirely related to the interest in *status symbols* that this type of service offers to the individual (GRASSELLI, 2007).

In this study, according to the statements regarding the meaning of the work developed by nurses for clients/patients (symbolic dimension), it was found:

- For Nursing professionals, the image reflects security, healing, problem solving, help, trust, respect.
- For professors, Nursing course coordinator and patients, the image simultaneously reflects anxiety, fear and comfort.
- For students and candidates for the Nursing course, it was interesting to observe the welfare stereotype (*an act of kindness*) and the doctor's servant (*a bridge between the doctor and the patient*). It is inferred that the positive positions are still utopian, not experienced, and do not reflect the breadth of the profession.
- For related professionals and nurses' competitors, the image is one of dignity, humanity, well-being, recovery of life, affection and trust, security above all, although this image depends on the people and the institution.

In summary, it can be considered that, for the other *stakeholders*, the symbolic dimension of the Nurse and Nursing image is the representation of safety, healing, problem solving and assistance, which promotes both trust and respect as well as fear and anxiety.

Emotional dimension

The emotional dimension brings the basic feelings together that can be expressed, for example, in fear, hate, anger and joy in the face of a product or service provided (DE TONI; MILAN; SCHULER, 2005). This concept is similar to that of De Toni and Mazzon (2014), in which the emotional dimension

refers to a feeling or affective state that a certain product/service causes to attract the consumer. Emotions can be both positive (joy) and negative (fear). Positive emotions favor a more proactive consumer behavior, approaching or activating in relation to a particular brand or product/service. In other words, the image of the professional in the emotional dimension concerns the emotions evoked before, during and after the provision of a service (FERREIRA; MOURA; SOUKI, 2016).

According to the statements regarding the feeling or affective state that the service provided by nurses causes (emotional dimension), it was found:

- For Nursing professionals, the image of nurses reflects bureaucracy, insufficient practice, possible aggressiveness on the part of patients, negligence on the part of some, work overload.
- For the professors and coordinator of the Nursing course, the image of nurses reflects possible carelessness, insecurity and anxiety, which generates stress, but, on the other hand, also reciprocity and trust. The professional needs to minimize negative feelings in relation to knowledge, security, comfort, clarity in relationships and also the provision of care.
- For academics and course candidates, the image denotes utopia: on the one hand, the nurse is perceived as a -super human being-, although patients are uneducated and so are nurses they introduce themselves no empathy. Humanized assistance is lacking, needing a lot yet to have a good relationship.
- For related professionals and competitors of nurses, the image is clear and the view of relationships differs between environments (ward,

apartment, public service). In general, trust, complicity, understanding, a demanding relationship on the part of the patient and, at the same time, an offer of cordiality and humanization on the part of the nurse.

- For patients in follow-up, the perceived image 'varies a lot, some are very helpful and nice, but others are too dry'. In addition, the perception of the level of professional capacity implies the feeling (on the part of the patient) of security or of feeling hostage to the professional.

Functional dimension

The functional dimension is represented by a series of characteristics perceived by users during the service provision process, such as physical installations of the environment, equipment, people's appearance, printed material and other visible indications, expressing quality through tangible elements (DE TONI; MILAN; SCHULER, 2005).

Several testimonies illustrated the functional dimension in this research. However, the statement " I believe that in any profession a neat and clean appearance is essential, as well as the quality of the equipment or space used in its performance", by the Psychologist summarizes the different ideas presented in the other statements.

Some testimonies made reference both to the hospital context and to the professional's clothing and posture, realizing that the functional image of Nursing characterizes reality, as the environment is perceived simultaneously as harmonious and tumultuous, complex, ideal, clear and silent. The professional was perceived as complying with norms, active in humanized and team work; clothing and appearance were considered to be based on workplace guidelines, eventually falling short. Others referred to the difference between the public

and private environment of Nursing, since several *stakeholders* (subjects of this research) work in both environments.

Almost all interviewees addressed the fact that nurses must wear white clothes. Uniform colors to differentiate employees and identify the quality of services were defended by some *stakeholders*, who consider them an important part of the image of Nursing. However, other testimonies showed that this color coding in groups of individuals can reinforce hierarchical behaviors within Nursing and affect the relationships between its members.

The symbols emphasize the Nursing brand because they offer an indication of values that are inherent to its services. the cap and the uniform are commonly recognized symbols and were mentioned and designed in reports by various *stakeholders* in line with studies by Dominiack (2004) and Aiken (2012), with the cap being specifically identified as a signifier of pride and cleanliness in appearance.

According to the statements of the *stakeholders*, regarding the functional dimension, it was noticed that:

- 'being a nurse' (vocation) guides their entire profile, organization and image, denoting posture, seriousness and leadership;
- the structure is eventually deficient due to the institution's lack of resources (generally public scope);
- there is no standardization of clothing or standards for sobriety (there are variations among professionals), but, in general, it is white.

CONCLUSIONS

There was a low evaluation and a restricted concept about the nursing profession. The reports show that *stakeholders* perceive nursing professionals as subordinate to the physician, with limited autonomy and unaware of their own specific functions.

As for the functional aspect, the profession is not yet completely stabilized, because even if its functions, its work environment and its clothing are within a usual standard, they still do not result in a quality vision. The contexts in which the work is carried out are very important for the development of nurses' identity, talent and *expertise*. In addition, it was noticed that the view one has of the nurse is closely associated with the view one has of the doctor, as both professions work with the care and treatment of the individual. Medicine works with diagnosis, prescription of conducts and medications, while Nursing deals with care management, with the organization of space and with the team that provides care to the individual.

The cognitive aspect evaluated revealed that Nursing and its professionals have been misunderstood, especially by Nursing professionals who are unaware of the multiple functions proposed by Cofen for their professional practice. It was found that, for most *stakeholders*, the work of nurses is heavy and with low financial compensation. The level of remuneration was a common approach, confirming the belief that the Nursing is a vocation and therefore money and care cannot coexist. However, this is not a uniform opinion about nurses, their way of acting and their concern with care. Positive perceptions are always conditioned by a professional who seeks continued education, which goes beyond their graduation and daily experience and is related to dedication, promptness and good service.

For *stakeholders*, the symbolic dimension obtained in relation to nurses is diffuse and controversial. It was noticed that the profession is respected, but there is still an image of devaluation of it, making it necessary to have some strategy to clarify the public's understanding of the meaning and importance of nurses. Thus, if professionals

have a negative self-image, the projected/perceived image will be equally negative. Invisibility diminishes your ability to direct change for your own benefit.

Regarding the emotional dimension, some perspectives were found: good nurses fulfill their role talented and correctly, are proactive with patients, are scientifically prepared and more available than other health professionals, in addition to knowing how to combine authority with competence in care. However, there were many criticisms in the different testimonies. The positions of students and candidates for the Nursing course are heavily influenced by family members, friends and teachers and, thus, the practice of care is not fully understood.

It is understood that nurses must strive to communicate their professionalism to the public and need to clarify to society what they really do highlighting patient care as a fundamental value in Nursing practice that needs to be perceived. Thus, it is important to demonstrate to different audiences the various attributions provided by Cofen for the exercise of this profession that transposes what the media commonly portrays – nurses sitting at the bedside of patients, observing them. Current means of communication, especially social networks, could be used so that the Nursing profession and the real functions are presented to the public.

REFERENCES

- AIKEN, S. **Nursing in metamorphosis: the profession and its image explored**. Thesis (Professional Doctorate in Nursing) - University of Brighton, England, 2012.
- Almeida, S. M. (2011). **Marketing em Profissões: um estudo sobre a imagem da Fonoaudiologia**. 2011. Dissertação (Mestrado em Administração) - Faculdade de Ciências Econômicas Administrativas e Contábeis, Universidade FUMEC, Belo Horizonte.
- ALMEIDA, S. O.; LOPES, T. C.; PEREIRA, R. C. F. **A produção científica em marketing de relacionamento no Brasil entre 1990 e 2004**. EMA ENCONTRO DE MARKETING ANPAD. Rio de Janeiro, 2006. Anais.... Colocar nas normas da abnt
- AMORIM, A. A. **Marketing de Serviços: um estudo exploratório sobre a imagem e a identidade da Fisioterapia**. 2009. Dissertação (Mestrado em Administração) - Universidade FUMEC, Belo Horizonte, 2009.
- ARNOLD, J., COOMBS, C.R., LOAN-CLARKE, J., PARK, J. R., PRESTON, D.; WILKINSON, A. J. **Looking Good? The Attractiveness of the NHS as an Employer to Potential Nursing and Allied Health Profession Staff**. Loughborough University Business School, United Kingdom, 2003. Disponível em: <http://www.lboro.ac.uk/departments/bs/lookinggood>.
- AVILA, L. I.; SILVEIRA, R. S.; LUNARDI, V. L.; FERNANDES, G. F. M.; MANCIA, J. R.; SILVEIRA, J. T. Implicações da visibilidade da enfermagem no exercício profissional. **Revista Gaúcha Enfermagem**, v.34, n.3, p. 102-109, 2013.
- BACKES, D. S.; ERDMANN, A. L. Formação do enfermeiro pelo olhar do empreendedorismo social. **Revista Gaúcha Enfermagem**, v.30, n.2, p. 242-248, 2009.
- BARDIN, L. **Análise de conteúdo**. São Paulo: Edições 70, 2016.
- BECK, C.; PRESTES, E.; TAVARES, J.; SILVA, R.; PROCHONOW, A.; NONNENMACHER, C. **Identidade profissional dos enfermeiros de serviços de saúde I**
- BEN NATAN, M.; BECKER, F. Israelis' perceived motivation for choosing a nursing career. **Nurse Education Today**, v.30, n.4, p. 308-313, 2010.
- BRADBURY, H.; LIECHTENSTEIN, B. M. **Relationality in organizational research: exploring the space between**. Organization Science, v.11, n.5, p. 551-564, 2000.
- BRODIE, D., ANDREWS, G., ANDREWS, J., THOMAS, G., WONG, J. AND RIXON, L. **Perceptions of nursing: confirmation, change and the student experience**. International Journal of Nursing Studies, v.41, n.7, p. 721-733, 2004.
- CAMPIOLO, M. R. F. **Medical office management: developing and managing systems with high quality customer service**. [e-book]. New York: Springer International Publishing, 2016.
- CATHO. **Guia de profissões e salários**. 2017. Disponível em: <https://www.catho.com.br/profissoes/enfermeiro/>. Colocar nas normas da abnt
- CAZA, B. B.; CLEARY, S. J.. The construction of professional identity. In: WILKINSON, A.; HISLOP, D.; COUPLAND, C (eds.). **Perspectives on contemporary professional work: challenges and experiences**. Cheltenham, UK: Edward Elgar Publishing, 2016, p.259-285. Disponível em: <http://scholarship.sha.cornell.edu/articles/878>. Acesso em: 10 jan. 2017.
- COLLIS, J.; HUSSEY, R. **Pesquisa em administração: um guia prático para alunos de graduação e pós-graduação**. Trad. Lúcia Simonini. 2 ed. 2ª reimpressão. Porto Alegre: Bookman, 2006. Colocar nas normas da abnt
- DE TONI, D. **Administração da imagem de produtos: desenvolvendo um instrumento para a configuração da imagem de produto**. Tese (Doutorado em Administração) - Universidade Federal do Rio Grande do Sul, Porto Alegre, 2005.
- DE TONI, D.; MAZZON, J. A. **Imagem de preço de produto: proposição de um modelo conceitual**. RAUSP – Revista de Administração da USP, n.48, p.454-468. 2013.
- DIAS, I. T. **Imagem do esteticista: percepção segundo os stakeholders**. Dissertação (Mestrado em Administração) – Centro Universitário UNA, Belo Horizonte, 2016.

- DINGWALL, R.; ALLEN, D. **The implications of healthcare reforms for the profession of nursing.** Nursing Inquiry, v.8, n.2, p. 64-74, 2001.
- DOBNI, D.; ZINKHAN, G. M. **In search of brand image: a foundation analysis.** Advances in Consumer Research, v. 7, n.1, p. 110-119, 1990.
- DOMINIACK, M. C. **The concept of branding: Is it relevant to nursing?** Nursing Science Quarterly, v.17, n.4, p. 295-300, 2004.
- DOWLING, G.R. **Managing your corporate image.** Industrial Marketing Management, v.15, p. 109-150, 1986.
- EVETTS, J. **A new professionalism? Challenges and opportunities.** Current Sociology, n. 59, p. 406-422, 2011.
- FERREIRA, C. L. **Imagem do farmacêutico: proposição e teste de um modelo de avaliação.** Dissertação (Mestrado em Administração) – Centro Universitário Una, Belo Horizonte, 2014.
- FERREIRA, C. L.; MOURA, L. R. C.; SOUKI, G. Q. **A imagem de profissões da saúde sob a perspectiva do Marketing.** Revista de Administração IMED, v.4, n.3, p. 343-355, 2014.
- FERREIRA, C. L.; MOURA, L. R. C.; SOUKI, G. Q. **A imagem profissional: um estudo sobre o farmacêutico.** Race, Joaçaba, v.15, n.3, p.1007-1034, set./dez. 2016. Disponível em: <http://editora.unoesc.edu.br/index.php/race/article/view/7266/pdf>. Acesso em: 12 jan. 2017.
- GECAS, V. The self-concept. **Annual Review of Sociology**, n.8, p.1-33, 1982.
- GIOIA, D. A.; SCHULTZ, M.; CORLEY, K. G. **Organizational identity, image, and adaptive instability.** Academy Management Review, n.25, p. 63-81, 2000.
- GODOY, A. S. **Pesquisa qualitativa: tipos fundamentais.** Revista de Administração de Empresas, v.35, n.3, p. 20-29, 1995.
- GRASSELLI, M. F. **Marketing na Arquitetura: um hiato entre a imagem e a identidade profissional.** Dissertação (Mestrado em Administração) - Faculdade de Ciências Econômicas Administrativas e Contábeis de Belo Horizonte, Universidade FUMEC, 2007.
- GUEVARA, E; MENDIAS, E. **A comparative analysis of the changes in nursing practice related to health sector reform in five countries of the Americas.** Pan Am J Public Health, v.12, n.5, p. 347-353, 2002.
- IBARRA, H. **Provisional selves: experimenting with image and identity in professional adaptation.** Administrative Science Quarterly, v.44, n.4, p. 764-791, 1999.
- IBARRA, H.; BARBULESCU, R. **Identity as narrative: prevalence, effectiveness, and consequences of narrative identity work in macro work role transition.** Academic Management Review, n.35, p. 135-154, 2010.
- INDEED. **Salários de Enfermeiros.** Disponível em: <https://www.indeed.com.br/salaries/Enfermeiro-Salaries,-Minas-Gerais>. Acesso em: 12 jan. 2017. COLOCAR NAS NORMAS DA ABNT
- JAEGER, A. **Stitched up?** NMC News, London, n.21, p. 30, 2007.
- JOHNSON, M.; ZINKHAN, M.G. **Defining and measuring company image.** In: Annual Conference of Academy of Marketing Science, 30, New Orleans. 1990. Proceedings...
- LEVY, S. J. **Interpreting consumer mythology: a structural approach to consumer behavior.** Journal of Marketing, v.45, n.3, p.49-61, 1981.
- LIMA, M. A. D. S. **Ensino de enfermagem: retrospectiva, situação atual e perspectivas.** Revista Brasileira de Enfermagem, v.47, n.3, p.270-237, 1994.
- LIMA, C. M. G.; DUPAS, G.; OLIVEIRA, I.; KAKEHASHI, S. **Pesquisa etnográfica: iniciando sua compreensão.** Revista Latino Americana de Enfermagem, v.4, n.1, p. 21-30, janeiro 1996.

- MABEN, J., LATTE, S.; MACLEOD CLARK, J. **The sustainability of ideals, values and the nursing mandate: evidence from a longitudinal study.** *Nursing Inquiry*, v.14, n.2, p. 99-113, 2007.
- MARTINEAU, P. **The personality of retail store.** *Harvard Business Review*, v.36, n.1, p. 47-55, jan./feb. 1958.
- MAY, E. G. **Practical Applications of Recent Retail Image Research.** *Journal of Retailing*, v.50, n.4, p. 15-20, 1974.
- Mendes, R. L. (2008). **Marketing na Psicologia: Um estudo exploratório sobre a imagem profissional.** 169 f. Dissertação (Mestrado em Administração) - Faculdade de Ciências Econômicas Administrativas e Contábeis, Universidade FUMEC, Belo Horizonte
- MILAN, Gabriel Sperandio; DE TONI, Deonir; BARAZETTI, Lisandra. **Configuração e organização de imagens de serviços: um estudo exploratório.** *Prod.*, São Paulo, v. 15, n. 1, p. 60-73, 2004.
- OMS/OPS. Organización Mundial de la Salud. Organización Panamericana de la Salud. **Enfermería en la Región de las Américas.** Washington: OPS-OMS; 1999. Publicación Científica No. 571. COLOCAR NAS NORMAS DA ABNT
- PINTO JUNIOR, C. A. R. O. **A imagem do profissional contador das pequenas e médias empresas a partir da percepção dos seus stakeholders.** Dissertação. 126p. (Mestrado em Administração) – Centro Universitário UNA, Belo Horizonte, 2015.
- ROBERTS, L. M. **Changing faces: professional image construction in diverse organizational settings.** *Academy of Management Review*, v.30, n.4, p. 685-711, 2003.
- RODRÍGUEZ, C.; PAWLIKOWSKA, T.; SCHWEYER, F. X.; LÓPEZ-ROIG, S.; BÉLANGER, E.; BURNS, J.; HUGÉ, S.; et al. **Family physicians' professional identity formation: a study protocol to explore impression management processes in institutional academic contexts.** *BMC Medical Education*, n.14, p. 184, 2014.
- SALVAGE, J. **Rethinking professionalism: the first steps for patient focused care?** Future Health Worker Project. 2002. Disponível em: <http://www.ippr.org/files/uploadedFiles/projects/Rethinking%20Professionalism%20.PDF?noredirect=1>. Acesso em: 10 abr.2017.
- SARANGI S, ROBERTS C: The dynamics of interactional and institutional orders in work-related settings. In: SARANGI, S.; ROBERTS, C. **Talk, Work and Institutional Order: Discourse in Medical, Mediation and Management Settings.** Berlin: Mouton de Gruyter, 1999, p.1-57. Colocar nas normas da abnt
- STERN, B.; ZINKHAN, G.; JAJU, A. **Marketing images: construct definition, measurement issue, and theory development.** *Marketing Theory*, v.1, n.2, p.201-224, 2001.
- TEIXIDOR, M. (Ed.). **Humanització i gestió.** In: TEIXIDOR, M. *L'exercici de la direcció desde la perspectiva del tenir cura.* Barcelona: Obra Social La Caixa, 2005, p. 53-72. Colocar nas normas da abnt
- WEBB, S. A. Professional identity and social work. V INTERNATIONAL CONFERENCE ON SOCIOLOGY AND SOCIAL WORK: **New Directions in Critical Sociology and Social Work: Identity, Narratives and Praxis.** Glasgow Caledonian University, Scotland, August, 2015. Proceedings...
- ZIELKE, S. *Psychology & Marketing*, v.28, n.4, p. 330-359, 2011.