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Meanings and conceptualizations of nursing: the point of view of students from the nursing degree program at the Universidad Nacional de Lanús, 2008-2010

Significados y concepciones de la Enfermería: el punto de vista de estudiantes de la carrera de la Universidad Nacional de Lanús, 2008-2010

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ABSTRACT This work looks into the meanings of nursing from the point of view of the students in an undergraduate nursing degree program. The research took place at the Universidad Nacional de Lanús using semistructured interviews - eleven individual and seven group interviews - carried out between 2008 and 2010. A content analysis was then undertaken and the most relevant meanings in relation to four themes were selected: reasons for studying nursing, what nursing is, nursing as a profession, and working in nursing. Multiple and diverse ways of defining nursing were uncovered. Utilizing some conceptual developments from the sociology of the professions, the meanings were organized into four conceptualizations that represent ways of understanding nursing: as a vocation, as a profession, with a utilitarian perspective and with a community perspective. The conclusions reached indicate the need to broaden the debate regarding the types of nurses that are being trained.
KEY WORDS: Nursing; Education, Nursing; Health Professions; Students, Nursing; Argentina.

RESUMEN Se presenta un trabajo dirigido a investigar los significados de la Enfermería desde el punto de vista de estudiantes de la carrera. Fue llevado a cabo en la Universidad Nacional de Lanús, a partir de entrevistas semiestructuradas, once individuales y siete grupales, realizadas entre 2008 y 2010. Se efectuó un análisis del contenido y se seleccionaron los significados más relevantes con relación a cuatro ítems: por qué estudiar Enfermería, qué es la Enfermería, la Enfermería como profesión, y trabajar en Enfermería. Las formas halladas para definir la Enfermería y al personal de enfermería fueron múltiples y variadas. A partir de algunos desarrollos conceptuales de la sociología de las profesiones, los significados fueron organizados en cuatro concepciones, que representan sendas formas de entender la Enfermería: la vocacional, la profesional, la utilitaria y la comunitaria. Las conclusiones señalan la necesidad de profundizar el debate sobre qué tipos de profesionales se están formando.
PALABRAS CLAVES: Enfermería; Educación en Enfermería; Profesiones en Salud; Estudiantes de Enfermería; Argentina.

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INTRODUCTION

In 2009 the Argentine Ministry of Health recognized the "critical situation, shortage, and heterogeneity" of nurse professionals in the country, and submitted a bill to Congress proposing a "National Plan for Nursing Development" [*Plan Nacional de Desarrollo de la Enfermería*] (1), with the intention of ensuring high-quality nurse training (a) and attractive working conditions in order to encourage the incorporation of young people into the nursing profession. In June 2008, the Ministry of Health recorded a total population of 65,806 nurse professionals, 63% of whom were nurses' aides. With this plan, the Ministry of Health hoped to train 45,000 new nurses – both men and women – and increase the proportion of professionally-trained nurses to 60% by 2016.

In this context – a shortage of professionals, increasing demand, and heterogeneous and insufficient training – the need for examining nurse training becomes clear, and the questions that spurred this research begin to surface. What does nursing mean to the students enrolling in the nurse training program at the Universidad Nacional de Lanús? Do they consider it a long-term career choice? A mere job opportunity? What do they know about the profession of nursing? What is their perception of nurse professionals? How do they believe they will be perceived by others? A number of these questions, posed to professors in classes by their students, formed the basis for the objectives of this study: to describe and analyze the meanings and perceptions of nursing among the students of the nursing program at the Universidad Nacional de Lanús (UNLa) from 2008 to 2010 (b).

Data from the 2005 UNLa student census will be cited in order to briefly characterize the environment of the interviewed students. In this census, 5,321 students from all degree programs and levels participated (76% of the total student body that year), 22.5% of which came from the nursing program. The average age of nursing students was 30 years old, 83% were women, 50% held jobs (29% on a full-time, formal basis), and 93% were first-generation university students (2).

MATERIALS AND METHODS

This study employed a qualitative methodology based on group and individual semi-structured interviews. The interviews were recorded and transcribed for analysis (with the exception of one, which was lost due to technical reasons). Upon being informed of the nature of the study and being assured anonymity, all students voluntarily granted their written consent.

From October 2008 to February 2010, a total of 18 interviews were conducted, 11 with individuals and 7 with groups, following an *ad hoc* interview protocol that included topics considered most important *a priori*. All interviews took place at UNLa facilities. Initial interviews were more comprehensive as they covered all topics included in the protocol. As the interviews progressed and some of topics had exhausted the range of answers, questions were focused on specific points related to gender, work experience, relationships with doctors and other professionals, and so on.

Thirty-six students were interviewed, 26 women and 10 men, 11 in individual interviews and 25 in group settings. The distribution according to gender and level of studies was: three female students enrolled in the admission course, eight female and four male first-year students, six female and one male third-year students, two male fourth-year students, and one male and four female students from the supplementary curricular cycle for nurse technicians to get their degree.

The three students from the admission course were included as exceptions as it was considered that their testimonies would enrich the sample without affecting the theoretical or methodological aspects of the study. It should be noted that these three students went on to pass the admission course and followed through with the program of studies. The ages of respondents ranged from 19 to 52 with a mean age of 28.3 years.

As this study was qualitative in nature, random sampling or other probabilistic criteria were not used to define the sample. Overall, the goal was to account for the heterogeneity of the students according to age, gender, work experience, progress in the degree program, and involvement in students' unions. The number of interviews was considered

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sufficient when the range of responses began to demonstrate that the sample had been saturated.

To process data, fragments were selected and classified into topic matrices, identifying each respondent by level of progress in the program and by interview type (individual or group). The selected fragments, the analysis of contents, and the resulting discussion were divided into the following topics: 1) why study nursing?; 2) what is nursing?; 3) nursing as a profession; and, 4) working in nursing.

To protect the identity of the respondents, their names have been changed in the reproduction of fragments throughout the following sections. It should be noted that the respondent's age, the type of interview, and their level of progress in the degree program is indicated in brackets.

RESULTS: PRESENTATION AND ANALYSIS

Why study nursing?

Nursing as a vocation

Some students reported that they had "always" been interested in nursing and that it was what they wanted to do even before becoming fully aware of the professional development possibilities. Carlos, a student with a rare sense of early and unrelenting vocation, expressed with conviction:

> *I've had a vocation for nursing since I can remember; it's not that it started at eighteen. I think that when I was five or six I already knew that I was going to do this.* (Student of the supplementary curricular course, age 45, individual interview)

The current definitions of nursing [*enfermería*] from the Dictionary of the Royal Spanish Academy [*Real Academia Española*] (3), the International Council of Nurses (4) and the World Health Organization do not include the word vocation, which until recently was considered one of the pillars of nursing (6,7). Many students interviewed made indirect references to vocation, while not specifically mentioning the word. Commitment, devotion, and a love for nursing, as well as pleasure, satisfaction, and passion for the profession were sentiments that related to the idea of vocation, whether expressed by the respondents or in relation to others. It was considered that by relating these conceptions of nursing to such sentiments, even when referring to other people, students constructed meanings of nursing through empathy. This empathy may also be produced through the work being performed. Following Testa, "the satisfaction produced by work is an important source of identity (it is said that people 'identify with their job')" (8). This comment can be brought to bear on the sentiments identified by the students, which they incorporated into their subjectivity, and that are intrinsically linked to feelings of social acknowledgment (9-11). Identity and identification with nursing were perceived through descriptions of "being a nurse." That is to say, "being a nurse" was not the same as "working in" or "studying" nursing (12).

The concept of vocation also implies a selfless spirit, closely linked to feelings of altruism and a willingness to serve others (6,13). These virtues were expressed by the students as the desire to help, to feel useful, to provide care, to offer physical and spiritual assistance, to accompany the sick or "to put public health into action" in neighborhoods. Carlos professed:

> *...I feel satisfied, accomplished, because it's not about the money, it's a moral issue. If I do good things, I feel good; if I help someone and they feel better, even if they die, I feel good; I feel personal satisfaction when I help. That's what I feel and it has nothing to do with money.* (Student of the supplementary curricular course, age 45, individual interview)

Vocation understood in this way differs from the sense of vocation that some professions (medicine included) employ to justify their social and economic privileges (14,15). This difference is substantial: while the medical profession seeks to legitimate the privileges and status achieved, the spirit of vocation described by the interviewed students entered in contradiction with – or at least was prioritized over – the economic benefit (13). Citing vocation in order to accept the meager economic reward and social acknowledgment is, to my understanding, characteristic of an ideology

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consistent with the prevailing situation; ideological, in the sense of ideas, conceptions, and theories aimed at the preservation and legitimization of institutions, social integration, and the continuity of the prevailing order (16).

The students interviewed were not emotionally neutral in their definitions. From this point of view affective elements not only *accompany* meanings, but also form an intrinsic part of them. The meaning of what is done in practice becomes what that which is *felt*, which in turn attributes meaning. As Paín has put it, "to feel is, in short, to give meaning" (17). Words would not elicit affective responses if they were not associated with people, that is to say others of significance: mothers, fathers, uncles, aunts, brothers, sisters, and a grandmother – all of whom were involved in or influenced the students' career choices.

Economic reasons

Students' economic interest focused on two aspects: the possibility of rapidly finding employment and of financing the expenses arising from their studies. Job opportunities were one of the most objectively substantiated reasons to study nursing, given that once a nursing license is obtained there is a high likelihood of finding work as a nurse professional almost immediately. Another repeatedly mentioned aspect was the length of the program, which related to the expectations of finishing studies and starting work in a relatively short period of time. Ailén, who was initially unsure of whether to study psychology or nursing, said:

> *...I began this program because it was short, which I like, and I know I'll have job opportunities, and then I will enroll in a few classes at a time in the program I really like, and take my time. My idea is to take my time*. (Second-year student, age 19, individual interview)

Other aspects that respondents mentioned were proximity to the university, availability of study material at the university's library, the fact that there is no tuition, and the availability of scholarships and grants; that is, all aspects related to the costs associated with studying and the ability of affording them. It is worth mentioning that based in previous research on the health conditions, perceptions, and needs of 2005 UNLa students (18), the percentage of satisfactory results of the objective quality of life index was 64% for the general population at UNLa, but only 30% among nursing students.

Nursing may seem to be a more accessible alternative compared to the difficulties involved in other degree programs. Local newspaper *Clarín* published an article in June 2009 entitled "La Plata: students failing out of medicine program may be admitted into other degree programs" (19 p.38). The subject that was taken up by this article may have reflected how the difficulties in accessing some degrees may be the source of the differences among professions. Program selection is not based on natural intellectual ability, but rather it is related to other factors such as educational opportunities, economic resources, and quality of prior education. Educational inequities are consistent with an unequal distribution of economic and professional opportunities, which contribute to the reproduction of given social situations and determinants, leading to the creation of first- and second-class professional categories. In this context, students find that their path is not only determined by their preferences or their economic, social, and cultural backgrounds, but also by the limits imposed by institutional mechanisms.

What is nursing?

Women's work?

Only a few of the interviewed students took up the issue of gender. Only one student commented that men do not have the "*motherly instinct*" that women have for providing care. The only reference to gender as a central issue in the relationship between nursing and medicine was made by Fernando:

> *...nursing was associated with the women assisting the doctors, who actually treated the patients. They would make breakfast, reply 'yes, doctor,' put towels in the bathrooms, and strive to provide the doctor with everything necessary*. (Second-year student, age 36, individual interview)

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This double subordination contributed to an emphasis on the weakness of nurse professionals constituted through relations of continuous submission, very difficult to overcome. Thus Fernando proposed, with some level of sexist bias, a masculine solution: "*as more men start to go into nursing, the gender issue will start to change*."

Similarly, several of the women accepted that the responsibility for raising and taking care of children and the sick was a natural and logical component of their gender. Eliana said:

> *I lived through all this with my grandmother. She was hospitalized for three months, and we – my mother, my aunts, my sister, and I – took turns staying with her so that she wasn't alone. We would turn her over because after lying in bed for such a long time she would have developed bedsores, you know? So, we bought creams and... took care of her. This made a lasting impression on me.* (Student of the admission course, age 31, group interview)

Displaying neither opposition nor resentment, but rather pride in fulfilling her duty, she expressed:

> Eliana: *I love this* [nursing] *and I have never done it before.*
> Interviewer: *Why?*
> Eliana: *Well, because of my kids, I've got three children. I didn't have time...*

This case demonstrates how she took on responsibility with full conviction, as she considered it to be an obligation. Marisa, who made similar statements, said:

> *I think vocation starts at home when a family member dies or gets ill. And well, in my case, I had an uncle who was sick for a long time.* (Student of the supplementary curricular cycle, age 39, group interview)

Another respondent, Ivana (a student of the supplementary curricular cycle, age 28, in a group interview) noted her experience with helping to take care of an aunt after a complicated surgery immediately after finishing secondary school. All of these students mentioned that these situations were decisive reasons for their career choice, as if those "amateur" experiences had exposed them to the possibility of taking up nursing as a profession. Chamizo Vega (20) reminds us that the situation in Spain is not that different:

> It was a socially established fact that women were made to take care of children, the elderly, and to do housework. In this way, duties were assigned and roles were institutionalized for both men and women. (20 p.40) [Own translation]

My view coincides with the perspective that posits that care, and by extension nursing, are not innate to women, but a historical and socially imposed construction, which has determined (among other things) the differences and inequalities that distinguish them from non-feminized professions (21).

On a different note, a reproachable moral laxness is attributed to female nurses. Alba, searching for the least offensive terms possible, said:

> *People have wrong ideas about what a nurse is, whether male or female. They think we're... let me see, what did someone tell me once? Something about nurses being "easy," in a word.* (First-year student, age 19, individual interview)

A condemnatory prejudice of this kind represents a moral attack within a context of discrimination against women in general and nurses in particular. According to Lorente Molina:

> ...gender is one of the structural and structuring factors that define the social status, the recognition, and the value of the practice of a profession. (22 p.39) [Own translation]

Espino Muñoz *et al*. (23) observed that in Argentina the issue of gender was central to explaining the relative weakness of the sector. It comes as a surprise that gender was not mentioned as an issue by the female students interviewed. This type of silence is significant but not uncommon. With reference to the differences in terms of gender, special emphasis should be

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placed on the differences between nurse professionals and doctors or other professionals, considering that nursing is a socially gendered profession, or more specifically one that has been historically "feminized" (22) – a profession in which the roles and cultural stereotypes usually attributed to women have been naturalized (22,24). It can be understood why female nursing students, as students of a typically feminized profession, would not perceive gender as a relevant issue. Although it may be inappropriate to interpret what is not said, based on what was said, for the interviewed students things are the way they are naturally, and therefore there is not much to say about it.

A scatological profession?

Placing emphasis on the scatological aspects of the profession expresses and perpetuates many of the prejudices against and devaluation of nursing. Paula (a second-year student, age 26, in an individual interview) said, "*...there is this outdated idea that all nurse do is change patients' bedpans and nothing else.*" The idea that the nursing profession is solely about cleaning patients' waste was not exclusive to those who hold disparaging views of nursing. Paula assured that among her classmates some students justified the low levels of dedication to their studies with daunting sentiments such as: "*why study if you're just going to wipe asses*?" This sentiment, despite its vulgarity, calls into question professional training policies with a cynical harshness. Professional training, regardless of the cost and effort that it implies, involves expectations regarding a certain manner of working and potential contributions to the health of individuals and the community. These expectations are not fulfilled for a large number of graduates, as they have to accept jobs which do not require the training they have received, salaries that do not correspond to the degree they earned, and quite frequently they are exposed to scorn and abuse, situations not exclusive to the field.

Nursing as seen by "others"

The majority of patients do not know the difference between a professional nurse and a nurse's aide. Ivana (a student of the supplementary curricular cycle, age 28, in a group interview) commented that it is not uncommon for patients to ring the assistance bell as if it were an emergency, and it turns out that "*...they just wanted to change the channel on the TV or have the curtains opened a little.*" According to Marisa, not only are patients and families unaware of the differences, but also sometimes those in charge of the institutions turn a blind eye:

> *They don't acknowledge your effort or your dedication, neither the people at the institutions nor the patients.* (Student of the supplementary curricular cycle, age 39, group interview)

Alba (first-year student, age 19, in a group interview) stated that, although nurse professionals and doctors have specific areas of competence, doctors always have the final say, not because of their knowledge but due to their authority. She held that, if nurse professionals were assigned more responsibilities, it would help to balance their relationships with doctors. The literature generally supports her statement. Several authors (2,28) have posited that the differences between doctors and nurses are more often related to gender differences and to the conditions imposed by the hierarchy rather than the differences in the specifics of their jobs. Paula (a second-year student, age 26, in a group interview) held that nurse professionals should be more autonomous, not with respect to the decisions that should be made by the doctor, but in their own area of work. She also thought that nurse professionals were limited by their own mentalities: "*...until nurses change their minds, they will keep on being submissive to the medical profession.*" For her, this meant "standing up" to arbitrary decisions and the abuse of authority on the part of doctors, and not only for the purpose of accumulating knowledge. The submission and subordination of nurse professionals to doctors is based on day-to-day practices, and is not solely related to administrative hierarchies, but also to prestige, prejudice, and other social and economical variables (inequities) that sustain them (27-29). The perception of the interviewed students regarding people's views of nurse professionals was not unique or isolated, as they resembled the findings of other studies conducted in Brazil, which demonstrated how the

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social imaginary assigns different negative images to nurses: the evil, hostile, or aggressive nurse (28); or alternatively the sexually eager nurse, lacking inhibition and morality. According to this extremely disparaging perspective, nurses were considered "loose women," "sexual objects," or "doctor hunters" (21,28,30).

Before and after

The following are perspectives that the students had on nursing before starting the program and during their progression. Sandra confessed that for her nursing was

> *...a second-class job. I thought that nurses were* [...] *just doctors' assistants, only a figure to fill the workplace.* (Second-year student, age 37, individual interview)

Fernando (a second-year student, age 36, in an individual interview) defined nurses as "*the ones who vaccinate and clean, nothing more than that. That was my view of nursing.*" This disregard is neither uncommon nor exclusive to Argentina. According to the Spanish General Nursing Council's *White Book* [*Libro Blanco* del Consejo General de Enfermería] (31), a poll of 60,000 nurse professionals conducted in Spain showed that regarding their professional status, nurses considered themselves to have lower status than other professions of a similar academic level, such as primary school teachers, podologists, social workers, and physical therapists.

At the beginning of the degree program, the students' enthusiasm often led them to believe that the objectives of the nursing program could be easily achieved. Facing reality proved to be disappointing for many. Nursing was not what they had been taught. The working conditions and the way in which work was carried out were not what Lucía had expected:

> *...the ideal nursing job doesn't exist. I mean, what they teach us and what we read in books isn't the case, you end up administering drugs and that's it. Some patients might need to be bathed, but that's it. That's where nursing starts and ends in all the hospitals we visited. There was no emotional support to patients or their families. There was no educating.* (Third-year student, age 26, group interview)

In light of this situation, some students believed (with some naivety) that generational change would be sufficient to make a difference in this situation. Others understood that it would require deeper political, social, and cultural changes. There were also others who, based on what was said in the interviews, clearly resented what nursing represents, what society demands from nurses and what it offers them in return.

Nursing as a profession

Recognizing nursing workers as professionals

Rosa (a student of the supplementary curricular cycle, age 49, in a group interview) thought that nurses were not recognized as professionals because of the antiquated perception of practical nurses still held by society, in which they served as maids trained to have direct contact with patients by other nurses who had learned in the same way. Tales of resolute, hard-working, and tough-stomached maids becoming nurses, combined with the indiscriminate mixture of professionals and nurses' aides may lead to confusion, blur boundaries, and conspire against the image of nursing as a profession. However, being recognized as a professional (that is, holding a professional degree) has its advantages, at least regarding the possibility of accessing certain jobs. But this is not always the case, as Fernando insisted:

> *...for the government of the Province of Buenos Aires and the Ministry of Health, we are physicians' assistants, and in fact we are, since we're paid assistant salaries and we're not recognized as professionals.* (Second-year student, age 36, individual interview)

In this case, professionalization would mean assigning responsibilities to nurse professionals while not recognizing them as professionals nor paying them as such. The acknowledgement of an individual by others represents the relational dimension of identity, the mirror in which individuals see and recognize themselves. In this

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space, symbols and values interact, and professional identity is forged and established (8,21,32-34). In this sense, the attitudes of others, whether coworkers, patients, or authorities, become essential.

The monopoly on practice

The existence of a field of work exclusive to the profession was not a topic that the students considered fundamental; in fact, it was not mentioned as an inherent component of the profession until the issue was specifically raised in relation to the tasks performed by nurses' aides. The students (as well as employers) considered holding a professional license to be very important. Rosa (a student in the supplementary curricular cycle, age 49, in a group interview), referred to knowledge as the key characteristic of professionals, quickly adding: "*...and the license, of course. We are licensed*." Obtaining a license was not synonymous with being a professional, nor did it assure that in practice there would be a difference between professionals and those who were not. The lack of professional associations and the inadequate regulatory control of the registration of professionals were two determining factors for this situation, according to a document issued by the Argentine Federation of Nursing [*Federación Argentina de Enfermería*] and the Argentine Association of Nursing Schools [*Asociación de Escuelas Universitarias de Enfermería de la República Argentina*] (35), which acknowledged the weakness of professional nursing associations, and with the aim of highlighting the pressing need to encourage young professionals, proposed the following:

> The promotion of know-how, close contact with students, and their participation in professional associations throughout the course of their program of studies. (35 p.10)

Professionalization and professional attitude

Professionalization is a process that may either refer to professionals themselves or to the profession. The former refers particularly to the academic training of professionals, and the latter to the consolidation of the profession in its environment. Fernando thought that, although the University had the intention to professionalize the student,

> *...it seems that the purpose of professionalization is based on giving the student more theoretical knowledge and not a professional profile.* (Second-year student, age 36, individual interview)

Fernando explained that being a professional has to do with a certain way of behaving, reacting, taking action, and expressing opinions in certain circumstances or in the presence of certain people. This could be referred to as "attitude" (16). He reaffirmed this statement using his bodily posture to illustrate:

> *...It has to do with this, it's about the way I stand in front of a patient. It has to do with how I introduce myself to the patient. I know what my job is like; I know what my limitations are and are not.* (Fernando, second-year student, age 36, individual interview)

In a study conducted in Chile, González and González (32) evaluated what they referred to as the "professional attitude" of nurse professionals. They took into account whether nurses considered the profession to be essential, if they appreciated professional organizations as a source of information, if they bore the risks of decision making, if they felt as if they were the only people qualified to judge the ethical behavior of their coworkers, and if they privileged professional commitment and personal satisfaction over economic reward.

Knowledge and training

Scientific background and specialized training were the most frequently mentioned topics when defending professional status.

> *Nursing is a profession that is based on scientific principles* [...] *everything we do, everything in nursing has a scientific basis.* (Felisa, third-year student, age 44, group interview)

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Lucía (a third-year student, age 26, in a group interview) added "*...you study for three years, and you have to justify every action you take here*."

Most of the interviewed students showed a special concern for the knowledge related to hospital practice, privileging biomedical subjects such as anatomy, physiology, and pharmacology. José (a first-year student, age 23, in a group interview) believed that some semester-length subjects should become yearlong subjects. The rest of the respondents in the group generally agreed with this sentiment and considered that humanistic coursework is overemphasized and that the degree program should prioritize biological subjects and professional practice. The type of knowledge that they expected to receive demonstrated, to a certain extent, the type of work that they expected to do and the perception that they held of nursing and its context. The medicalization of health and the hegemony of the allopathic paradigm are present at all levels and in all health professions (36-39).

The letter of the law and social reality

A common claim among the students interviewed, especially of those already working in nursing, was the fact that neither "society" nor "people" recognize the professional status or the importance of nursing. It was clear that this situation was difficult for them to accept, perhaps due to the fact that beyond the injustice it represented, it evidenced a void within the profession. Such weakness was not only corroborated in Argentina, but also in others countries such as Spain. Regarding this topic, Gálvez has noted:

> A profession that is looking to be recognized socially tells a lot about its nature, such as, among other things, a lack of definition of its purposes. This feeling creates uneasiness, since the demand for acknowledgement often turns into a desire for self-determination rather than a desire to show and reinforce what the profession offers and represents. (24 p.13) [Own translation]

The absence of social recognition is not independent from the absence of self-recognition; they are mutually reinforcing and permanently feed into each other.

Working in nursing

Where to work

Although many students expressed a preference for working in the public sector, most of them questioned this due to economic factors. Regarding autonomy, an alternative for escaping the controls of medical work was to seek employment in home-based healthcare. In this sense, autonomy implied the costs of working alone, which appeared as an advantage rather than an obstacle for those who intended to work individually and independently, showing some similarity to the liberal practice of medicine (40).

To work, to work a lot, to work too much

The availability of jobs was the factor that ultimately convinced many students. Certainly, nursing is a field in which there are real job opportunities. Furthermore, it is possible to hold more than one job. However, the negative aspect of this is that in order to earn a viable salary, it is often necessary to hold more than one job. Lucía stated,

> *...a lot of people study nursing because of the job opportunities and they think, 'wow, this guy has three jobs and he makes a lot of money!' But, is it necessary to have three jobs in order to earn the salary you expect?* (Third-year student, age 26, group interview)

Similarly, Carlos (a student in the supplementary curricular cycle, age 45, in a group interview) commented on his colleagues who hold two jobs and wondered how they did it. But, even through he worked every other night, he confessed that he also worked as an on-call nurse on the days that he did not attend classes at the University. How is it possible that nurse professionals are forced to work double in order to earn enough money when the demand for nurses is so high and the supply so low? The high demand for nurses has arisen from the population's need for care, and the low salaries paid for nursing work can be attributed to the fact that it is often performed – unsatisfactorily – by doctors, students, nurses' aides, inexperienced workers, or simply not performed at all. Mario Testa highlighted that

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this is not a new phenomenon. For more than fifteen years

> ...the deficit in nursing has been covered by a surplus of doctors and nurses' aides with little or practically no training. This is a characteristic situation in many Latin American countries. (41 p.123) [Own translation]

The most relevant consequences of this issue can be observed in the way in which practices and duties are adapted and redefined according to the situation. This context has not changed substantially; moreover, as a consequence of the aforementioned shortage, as well as the lack of modern regulation and trained professionals, in recent years the healthcare field has been "invaded" by a variety of workers with little training, who work with practically no supervision as "nursing assistants in homes or in home-based care," "therapeutic companions," and so on (23). In light of this situation, many nurse professionals feel forced to accept the salaries that they are offered and to agree to perform tasks like cleaning or doing housework, in addition to the work for which they were trained.

Fernanda (a first-year student, age 25, in a group interview), who stated a preference for working in the public sector, commented, "*I like hospital work, but they say that the private sector pays better, I know that the private sector pays better*." And Amalia (a first-year student, age 23, in a group interview) complemented Fernanda's doubts: "*if you have to support a family*..." Apart from the issue of low salaries, there was also a problem regarding the undifferentiated salary scales among professionals, undergraduates, and nurses' aides. Marisa stated:

> *Where I work, nurses' aides, professional nurses, and undergraduates all do the same jobs, earn the same salary, and are treated in the same way: inadequately. I mean, nurses' aides, professionals, and undergraduates have the same salary, and it's a bad salary*. (Student of the supplementary curricular cycle, age 39, group interview)

To work where the pay is better, wherever possible, for as long as possible, and doing whatever must be done even if it is not the job of a nurse. What does this type of job mean for someone who is studying nursing? What feelings arise from this? What moral and ethical values may survive this situation? How does reality correlate to the plans they developed while studying at university?

Theoretical discussions of professional identity, image, and self-esteem of nurse professionals are possible (22,28,34,44,45), but such discussions are unrelated to nursing itself. These aspects are built through social interaction, the objective and subjective ways of being treated and taken into account; these are relations in which meanings are consolidated or modified. Sociology may define professions (10,42-44), but the meanings that these professions have for those who practice or study them do not depend on those definitions or on the definitions of professional organizations. They depend on how meaning is acquired in daily practice, through the interaction with clients and their families, with other professionals, and especially with employers, whether private health organizations or the public sector. The economic factor mediates and influences these relations, without detriment to a sense of vocation, given that, as Campos states:

> Money talks, explains, and persuades. Convictions are created and destroyed in terms of the circulation and distribution of money. This is both a reality for the people in typical market situations as well as the people linked to institutions theoretically antagonistic to the rationality of profit. (45 p.111)

If the distribution of money creates and modifies ideas, it also affects meanings. Thus nursing, as a constant and lived social process, is always being rebuilt and redefined by the distribution of money, in addition to other factors.

The choice of working in the public or the private sector reflected to some extent the antagonistic distinction made by some students between vocation and economic reward. However, these two factors are not incompatible: vocation is one of the principles put forward by well-established professions to demand recognition from society, including workplace and economic privileges (14,15). However, vocation is a concept that

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is (still today) applied to women in general and nurses in particular; it is a synonym for sacrifice, abnegation, generosity, and resignation. All of these ideas serve to justify exploitation and discourage attempts to seek economic benefit. To provide a service and to feel useful should constitute a benefit important enough to compensate for low economic reward. Similarly, in their study of professional attitudes among nurse professionals in Chile, González and González (32) considered that vocation

> ...reflects the dedication of professionals to their jobs, rendering services mainly for personal satisfaction rather than for economic reward. (32)

The practical consequences of insufficient salaries tend to be longer working hours and less rest, leading to decreases in efficiency and poorer performance. Moreover, people work where salaries are higher and not always where they would like to work or in the line of work they would like; therefore, they are unwilling and unmotivated to work, or accept any working conditions, achieving the quality of work that such conditions allow.

Opting to work in the public sector usually implied hospital work, and in many cases providing services of higher technical complexity. This trend points to the hegemonic relevance of biomedical thinking (36,37,39) and confirms that the ideas of dominant groups are the dominant ideas within society as a whole (8,16,36,38). The most advanced students in the degree program already knew the difficulties involved in accessing these positions. With regard to the Argentinian Ministry of Health's "Nurse Training Project" (1), Felisa (a third-year student, age 44, in a group interview) strongly questioned the project's objective of training 45,000 nurses without articulating the needs, possibilities, and demands for labor market insertion: *"...they are training nurses for the private sector,"* because, as she explained, entering into the public sector is nearly impossible. The efforts to train nurse professionals and the difficulties in finding work at public hospitals constitute a contradiction that the authorities in charge of health policies should consider.

The reality of work was not always consistent with expectations. Daniel gave the example of a colleague who worked at a psychiatric clinic:

> *...he has to prepare tea and he's a professional, with a degree and a license, and he's still required to get the tea, which is not a nurse's job.* (Fourth-year student, age 23, group interview)

This is the situation in many clinics, psychiatric facilities, and nursing homes. Putting professionals in charge of duties that do not require training can be contrasted with the much worse decision of putting nurses' aides in charge of duties that require training they do not have. These absurd circumstances, which those designing health policies are aware of, form part of the work and economic conditions that nurse professionals are exposed to and that impact not only their quality of life but also the quality of the health services provided. This situation is neither recent nor is it unknown, and it has been previously reported in different settings (23).

DISCUSSION

Meanings

The term "nursing" is ambiguous and polysemic, like many other terms that cannot be easily framed in practice within the limits of legal or institutional definitions. Likewise, the term "nurse" also has different connotations depending on the frame of reference. The different meanings that students ascribe to these terms result from (among other things) the transformations that nursing is experiencing in Argentina – as is the case in other countries – and the transformations that the students have experienced in the course of their training.

These meanings, which may coexist within one individual or among different individuals, might have their origins in theoretical training or in personal or work experience, and they relate to different emotions and feelings: anxiety, hope, passion, happiness, joy, pride, fear, frustration, disappointment, indignation, distress. These emotions and feelings are expressed with more or less intensity and in different proportions, thus producing varied levels of tension and conflict depending on the compatibility between expectations and experiences.

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Conceptualizations of nursing (beyond meanings)

Focusing on conceptualization implies an attempt at organizing the different meanings identified in the interviews and articulating them with conceptual developments from the sociology of work. These frameworks were built on the basis of certain topics that were considered fundamental: reasons for studying nursing, the issue of gender, knowledge, the monopoly on practice, and the question of where to work.

The students' answers to these questions allowed for the identification of points of tension expressing certain points of view characterizing different conceptions. Vocation or economic reward? Questioning or naturalizing the treatment of gender? Prioritizing theoretical or practical knowledge? Technique or empathy? Competing against nurses' aides or doctors? It should be noted that these conceptualizations do not purely represent the opinions of each student. However, we have identified in each of the students a more or less evident approach to these conceptualizations.

Conceptualization of vocation

According to this conception, the recognition and respect earned through disposition and empathy were as (or even more) important as that which had been earned through the application of techniques and knowledge. At the same time, the satisfaction arising from such recognition was more valuable than better economic compensation. This conception was somewhat gendered: the accounts of the women interviewed revealed that, in their opinion, providing care (to children, the elderly, the sick) is a "natural" function of women (49). Some other characteristics of this conception include: accepting the fact that physicians have a higher level of knowledge and responsibility, prioritizing practical knowledge over theoretical knowledge, and praising "old school" nurses, practical nurses, and nurses' aides. The development of local and institutional ties and the preference for the public sector – where they feel more useful – were characteristics of this conceptualization, resembling in a way the "traditional" model identified in Spain's General Nursing Council's *White Book* (31).

It seems that naturalizing the issue of gender or economic aspects constitutes an ideological position that is not neutral with respect to its consequences. On the contrary, it preserves the conservative status quo characteristic of this vocational conceptualization, in accordance with some features of what Etzioni (44,50) called semi-professions: those with restricted professional autonomy, subject to the supervision of other professional and senior co-workers, few employee benefits, and lower status in comparison with other well-established professions. Nursing, considered one of these semi-professions, has specific limitations because as it does not handle therapeutic aspects, it is not involved in life and death decision-making. Furthermore, since practicing nursing does not require private or confidential information in order to be carried out, it does not have a privileged position with respect to patient communication. Additionally, nursing displays precarious levels of professional organization, relatively low external recognition, and a generalized lack of consensus over its object of study (23,44,50,51).

Differences between dominant professions (e.g. medicine) and subordinate professions (e.g. nursing), which are legitimized in the attitudes and recognition of the community and the workers themselves, also reflect gender-based differences (49). Lorente Molina (22) has stated that these differences constitute both structural and structuring factors of the status and value conferred upon professions. In addition, Molina states that this issue also becomes apparent when describing male knowledge as scientific, abstract, analytical, and transcendent, while female knowledge is referred to as commonplace, trivial, unsystematic, and supplementary, constituting a taxonomy that embodies both a description and a judgment.

Professional conceptualization

There are several ways to adopt a professional identity that has not yet been consolidated. Two main positions were identified within the vast network of meanings related to nursing as a profession: the *nurse model* and the *doctor model*.

The *nurse model* is characterized by a tendency to prioritize the technical aspects of the

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profession, to base actions on knowledge, and to conceive of autonomy as independence from physicians' supervision. In addition, some other features of this model include a marked differentiation between nurse professionals and nurses' aides, an exclusive performance of nursing based on training and a nursing license, and judgments regarding "old" and "new" nurses made without considering social and historical contexts. Argentina's "Exercise of Nursing Act," (Act No. 24002) (52) provides the basis for this model, and as many students stated, "*the law says that nursing is a profession that requires the appropriate training of those who pursue it*."

On the other hand, the *doctor model* is characterized by a strong demand for economic remuneration that corresponds with a professional status, proposing arguments that link vocation for service with specific occupational skills. Nurse professionals within this model are emotionally detached from their patients and tend to take a defiant stance before physicians. Regarding the question of gender, this model reproduces the domination/subordination relationship between doctors and female nurses in the internal relations among nurse professionals (37,38,40,53).

These two models have some features in common: the appreciation of individual initiative and personal skills, the search for high-prestige workplaces and technological complexity, and complaints about a lacking recognition of nursing's professional status.

The professional conceptualization assumes an individualistic tendency that articulates the concept of service with the rules of the economic system. This tendency is consistent with trends attributed to liberal professions, focused on capturing and closing the market to other occupations by means of a professional identity capable of exclusively satisfying labor market demand. According to Larsson (14,15,54), professions understood in this way represent ideological constructions, a type of "false consciousness." Blinded by this view and satisfied with achieved status, professionals are subordinated to prevailing economic powers and the bureaucratic State without offering any resistance. The economic benefits and social status enjoyed by professionals mask the true relations of exploitation (14,15,40,42,55,56). Ideological interpretations of professions justify a system of power that perpetuates economic reward based on an unequal distribution of education among the members of a community. Cultural differences explain both economic and professional inequality in terms of differences among professions and also among factions within the same profession (14,15,40,42,54-56).

Utilitarian conceptualization

Some students interviewed spoke for "third parties" who were not physically present but who were held responsible for certain behaviors or who were considered to have unacceptable, exclusively economic interests. These "third parties" constitute a group that, due to the lack of a more appropriate term, will be referred to here as "utilitarian." However, it should be noted that this is not a reference to the school of thought developed by Jeremy Bentham and John Stuart Mill (57). "Utilitarians" are characterized by making decisions with their own interests in mind, adapting to their places of work, or choosing their places of work based on convenience. Lack of commitment to patient care and a refusal to perform hygienic tasks are the main features of utilitarians who already hold jobs, while a lack of interest and effort in improving their qualifications is characteristic of utilitarian students. This conceptualization of nursing represents a number of attitudes and feelings considered reproachable and undesirable by the "vocational" or "professional" conceptualizations. My hypothesis states that everyone could, to some degree, excessively prioritize personal interests, comfort, or convenience, and thus everyone could be characterized as "utilitarian." However, it must be noted that different personal motivations lead to an adoption of this conceptualization on a more stable and permanent basis. The main feature of utilitarians is subordinating decisions to economic motives. This conceptualization constitutes a description based almost exclusively on comments made with reference to third parties, that is, based on indirect references. Regardless of the questionable moral considerations arising from this conceptualization, it does call attention to a valid dissatisfaction with and rejection of current working conditions in the nursing field.

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Communitarian conceptualization

This conceptualization synergizes several characteristics of the vocational and professional conceptualizations of the nurse model, along with certain social concerns. Such concerns call to mind a number of proposals made by the medical community, originating in the US, and the institutional proposals of the Universidad Nacional de Lanús.

Within this conceptualization, work is expected to take place within interdisciplinary teams. Political action is not rejected; on the contrary, it encourages students to become activists and to get involved by participating, for example, in student unions. Regarding the program of studies, topics related to the social dimensions of health are prioritized. This conceptualization also supports working within the community and the public healthcare system, and the conviction that the health of the population can (and should) be improved through preventive or collective action rather than through individual assistance and case management. The communitarian conceptualization, although it is not biased by the same ideological veils as the vocational and professional conceptualizations (40,56), does however show a certain degree of political naivety, a characteristic also shared with community medicine (59,61).

CONCLUSIONS

The remarkable variety of connotations and references that surfaced during the interviews reflect the lack of definition and ambiguity experienced by students while ascribing meaning and sense to the profession. But, as shown by the literature, this is also the case for active nurse professionals in Argentina and abroad. We found that many of the interviewed students were fully inscribed within one of the conceptualizations proposed in this article, while others held positions that did not fall within one of the specific models. Nonetheless, a prevailing conceptualization was detected in all cases. Among more experienced students, a greater resoluteness and inflexibility was noted, which did not always correspond to greater coherence. On the other hand, among students with little or no work experience, discourses were more heterogeneous, consisting of theoretical and conceptual references, along with anecdotes related to their personal backgrounds and professional practice. The references made in these discourses were consistent with different conceptualizations, which does not necessarily invalidate them. These conceptualizations are hypothetical constructs, points of reference for analysis, comparison, and debate, related to meanings and ideologies. Tensions and contradictions within or among them are not undesirable. On the contrary, once identified, analyzed, and clarified, they constitute potential opportunities for the enrichment of nurse training. It is interesting to note the fact that some features present in the nursing students at UNLa – such as the naturalization of gender differences or the lack of a representative nursing identity – have also been observed in other countries such as Brazil, Chile, and Spain (22,29,31,44,51,62). This situation indicates that these problems are not only local in nature.

The results of this study have demonstrated the need to advance beyond meanings and conceptualizations and to delve into a critical analysis of the professionalization process (both for teachers and students), nurse professionals and nursing within a context of a shortage of nurse professionals, and inequalities in the distribution of knowledge, jobs, health, and benefits. Furthermore, the role of nursing (that is to say, what it is, what it could be, and what it should be) must be analyzed within debates on the type of health and society we want to create. With reference to this last point, it seems that the conclusions and questions arising from this research could contribute to the debate on what kinds of nurse professionals are being trained and for what purposes. It appears that the way in which jobs within the healthcare field are distributed, organized, and compensated constitute a pending debate not only for nurse professionals, but for society as a whole, especially workers (63). In this sense, some of the approaches and questions posed by students could be an appropriate starting point for that debate.

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ENDNOTES

a. Terms such as "nurse professionals" were utilized instead of the more common "nurse" [*enfermera* or female nurse in Spanish], in order to stress the fact that nursing is not a "feminized" profession even though women constitute a majority within the field.

b. This article was based on the thesis "*Significados de la Enfermería. Escuchando a los alumos de la carrera. UNLa, 2008-2010*" [Meanings of Nursing: Listening to students from the nursing program, UNLa, 2008-2010], supervised by Dr. Laura Recoder and defended on July 12, 2011 for the Master's Degree in Epidemiology, Management and Health Policy offered by the Universidad Nacional de Lanús.

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