Learning to be a Nurse. Professional Identity in Nursing Students

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Abstract:
The main aim of this article is to present particular aspects which have been referred to by research-based literature as being important to the understanding of how nursing students structure their professional identity. These elements have emerged from a theoretical research study, prior to the current investigation, (under the PhD in Education Sciences, in the specialized Adult Education area of the FPCE-UL) on the professional identity construction process experienced and described by nursing students throughout their basic training. Up to now, three main theoretical dimensions have emerged: The professional identities of the nursing profession itself and its construction process from a historical perspective; the discourses and practices in the context of teaching nursing and the experience of the nursing students. Finally, some aspects related to the methodology and carrying out of the study have also been mentioned.

Key words:
Nursing Student, Nursing, Professional Identity.

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INTRODUCTION

This study has been developed under the framework of the PhD course in Education Sciences, in the specialized Adult Education area, and sets out to specify a set of dimensions considered central to the study of professional identity construction in students enrolled in the Nursing Degree Course (CLE).

We have based this analysis on the theoretical assumption that the nursing student's experience is, in itself, a process of socialization in the profession and contributes in a determinant manner to the creation of a professional identity. Given that identity construction is a highly relational process, and since its creation is always provisional, it is important, on the one hand, to consider how the structural, macro-sociological phenomena affect the attitudes and behaviors of students as well as the role attributed to nursing students. On the other hand, it is also the aim to unveil the kind of interpretation and use people make of these aspects and the meaning, attributed to their action according to the interpretation of Denzin (2002).

By adopting the perspective of Friedberg (1995), that agents and systems are co-constitutive, it has been the aim of this paper to bring to light some of the aspects that globally frame the experience of nursing students which may serve as a consistent theoretical basis for the proposed research study.

IDENTITY CHANGES IN NURSING

Understanding how any disciplinary field is structured nowadays implies a need to learn about the historical processes which characterize the evolution of the profession and its teaching. This provides a clearer understanding, on the one hand, while also casting light on some more superficially analyzed aspects which may come across as being anachronic or unintelligible. This is precisely why in order to analyze the processes underlying the professional identity construction of nursing students, it is useful to understand the origins of the subject. It was founded in the second half of the nineteenth century, under the crossfire of the health service debate and amidst the increasing power of a lay medical profession which had the force of positivist modern science and the historical religious orders, or charities, on its side. Nurses, having become "lay saints", and in addition to scientific knowledge, were supposed to have "the same moral qualities as those traditionally attributed to the religious saints: vocation, devotion, honesty and the absence of a private life (Carricaburu & Menoret, 2004, p. 66).

This origin, dual on the one hand (from the perspective of professional values) and on the other a professional activity meant for the accomplishment of exogenously prescribed actions (from the perspective of scientific autonomy and its underlying knowledge), has decisively contributed to that which Canário (2005a) classifies as a "difficult construction of the nursing profession".

Throughout the nursing professionalization process, the professional group's high feminization rate (making it a "sexed" activity) has, according to Amendoeira (2006), helped sustain, by means of knowledge and power, a chronic relationship based on subordination to the power structures in the health sector, of which the professional group of doctors stands out. It is here that the division of work in the area of health care provision ceases to occur solely as the result of technological development, the effective needs of health care beneficiaries or research and competencies developed within the professional groups themselves, but rather as the result of externally determined (and accepted) political pressures from the dominating profession over the professional group of nurses, as Carricaburu and Menoret illustrate: "(…) Being unable to do away with the competing activities, the medical profession has obtained the power to control them (...) As in all activities, the medical profession endeavors to keep the more prestigious ones for itself. Consequently, it has delegated the more dispensable ones to the nurses, who, by the same token, reproduce a similar type of behavior towards the auxiliary staff" (2004, p. 65).

Other signs of such polarization between medical and "paramedical" work may also be observed in the analysis of practical contexts. Medical work is strongly associated with a diagnostic activity and the establishment of treatment, so it is mainly cognitive. On the other hand, the work of the nurses is associated with a primarily practical and mechanical field (Carapinheiro, 1998). However, as Carricaburu and Menoret (2004) point out, the contact with "dirtiness" also serves to make clear the position occupied in the hierarchy scale of the services. The dirtiness to which one is exposed is, to a certain extent, inversely proportional to the proximity one has to the top of the hierarchy. Still on the subject of work division, such close (and dependent) development with the work of doctors has also determined that in terms of endogenous differentiation from the professional group, it has also been affected by the areas of medical professional differentiation (Canário, 2005a).

In short, until fairly recently, the nurse had always been expected to show competence, in an entirely dedicated way (and, whenever necessary, with a spirit of self-sacrifice) in the management of domestic aspects and manual dexterity in care provision, and in her compassion towards others and their suffering (Amendoeira, 2006). Furthermore, she was also required to develop social control over patients (Carapinheiro, 1998).

Not so long ago, the integration of nursing in higher education, in the wake of a more gradual development, was seen as a form of scientific acknowledgement and a way of reinforcing the profession, as a contribution to increasing the quality of care provided and definitively opening the doors to research and the production of specific knowledge in the area. Thus, since then, there has been a marked increase in the academic and professional qualifications of nurses, of the processes of knowledge production regarding nursing itself (Canário, 2005a), as well as greater social acknowledgement of the profession with the establishment of the Nurse Association, an entity responsible for professional self-regulation in nursing. As far as Abreu (2001) is concerned, at present this reconfiguration process of the nursing identity has been maintained and should be understood in the light of the processes related to global social change.

The sociology of professions has shown that professional territories are pliable and whenever boundaries exist, they are in a state of constant construction. In the contexts of health care provision, this issue is even more relevant nowadays: if, on the one hand, improved technology and the differentiation of knowledge are in constant progress, with new tasks being accomplished on a daily basis (Carricaburu & Menoret, 2004), on the other hand, these contexts are increasingly more heterogeneous and fragmented and need to be restricted by new professions. According to these authors, the hyper specialization of knowledge brings with it the need for multidisciplinary cooperation. The appearance, the (re)valuing or (re)definition of other agents connected to health care provision, and even those working in direct contact with the nurses have brought about some apprehension within the core of nursing. If this is partly a common process within the scope of professional territories, on the other hand it may be related to a chronic difficulty in specifying exactly what the contours and limits of the nurses' activity are (Amendoeira, 2006).

In sociological terms, nowadays, the understanding of professional identity construction and professional socialization implies adopting a perspective which will relativize the logic of Goffman's *totalitarian institutions* (2003) and Dubet's *institutional program*. These concepts have shaped the integration of individuals, social roles and externally defined standards while simultaneously giving priority to a dynamic perspective of active identity construction on the part of the individual (Dubet, 2002), by articulating and constantly negotiating institutional norms and values (often contradictory), thus, giving expression to what Kaufmann (2005) has referred to as being a "mysterious abstract emancipation of the individual".

NURSING EDUCATION

The explicit aim of Nursing education in Portugal at the end of the 19th century initially involved the preparation of professionals who would follow doctors' orders and carry out the role of being their auxiliaries, by strictly obeying their every word. In the early 20th century, the schools did not have their own regulation system since they were regarded as an integral part of the hospitals and had, therefore, no autonomy (Amendoeira, 2006). Thus, it was possible for the students, as novices, to become hospital workers, without receiving any remuneration, and to be subject to the behavioral demands and standards corresponding to their position in the hierarchy of the services (Soares, 1997).

The teaching of theory, initially conceptualized and run by doctors, was also run by nurses later on. As for the practical teaching, whenever it existed it was, as Amendoeira points out: "(…) performed by nurses who knew very little and did not have the time to supervise students, or, simply were not interested in doing so. Learning was based on imitation and the repetition of daily tasks, without any type of supervision or connection with the theoretical content, thus, being limited more often than not to the observation of the nurses' work" (2006, p. 131).

In this scenario where, as a general rule during the early 20th century, practical teaching in the hospital environment was devoid of any clear or uniform guidelines and students were distributed among the departments without having their work sufficiently supervised and where they were used as a source of cheap labor (Soares, 1997), learning interests were easily relativized or forgotten and there was no clear distinction between the training space and time and the working space and time.

It was in the second half of the 20th century that practical teaching gradually began to gain importance as a learning site with its own logics. It was influenced by the way knowledge and issues regarding educational practice were conceptualized, to which some attention should be given and for which specific, qualified human and physical resources as well as suitable material should be made available. From the perspective of curriculum philosophy, and up to the end of the 70s, training in nursing was clearly dominated by the technical rationality perspective, inherent to the biomedical perspective which is based on the cure of illness and relief of symptoms (Amendoeira, 2006). It was in the early 80s that a change in the configuration of school curricula took place to adopt the *care and cure* perspective, framed by a "paradigm of emerging contemporary nursing" (Amendoeira, 2006, p.34), and renewed importance was given to the curricula of social and human sciences, which had previously been dominated by biomedical sciences.

Throughout the history of nursing education, conditions of access to the course have altered considerably, including, during some historical periods, extra-academic requirements such as being unmarried or widowed without children (Soares, 1997) and the formal recommendation to bar entry to male students (Amendoeira, 2006). Overall, the minimum academic qualifications have gradually increased, and since the 70s, educational philosophy has come to regard the nursing student as a person in the process of construction, who is expected to display a critical and constructive attitude towards reality and not be a mere performer of externally defined duties. On a discursive level, student participation in school life and in the running of educational practices has also gained importance. The process of development of the basic nursing course reached its peak in 1990 when it became integrated in higher education, and in 1999 with its conversion to a nursing degree course, thus, accompanying a

generalized movement on a western world scale (Watson, 2006).

Nowadays, basic training in nursing is mainly developed in two, rather distinct contexts (theoretical/practical in school and clinical in the contexts of care provision), as far as the many aspects are concerned (referenced interveners in training, learning spaces and times, nature of knowledge and competences to be developed, object of student intervention, work expected of the student and evaluation).

As regards the more academic, theoretical context, it is a known fact that it provides the possibility for learning in contexts outside the realm of professional practice. The clinical education contexts, such as hospital departments and health centers, are privileged sites for contact with professional practices, where the student is monitored, thus, bringing about the "social insertion of learning" Canário (2005b), and where he/she develops new competencies, as well as the application of knowledge acquired during the theoretical period. Despite the conceptual and operational evolution of the last decades, nursing education is marked, even today (and inevitably?) by a number of contradictions which are fundamentally related to the connection between the theoretical and practical context.

The conceptual strands of the action suggest that there is a clear and practical incompatibility between the concept of aiding members of the public and student learning, since both roles have different targets with different needs coexisting within the same space and time (Serra, 2005).

On the other hand, the interveners in the process often have different (and diverging) conceptions regarding what their role is supposed to entail. As Rodrigues points out (in a description which, curiously, might be added to another afore-mentioned reference to the contexts of practice in the early 20th century), research has shown that "(...) more often than not, neither the supervisors [professionals] nor those being supervised [students] are aware of the nature or specific place of professional practice in the development of the basic training curriculum. The practices of nursing students are too often perceived as representing a period for observing their performance from a frequently application perspective, geared merely towards professional certification or as a period mainly deriving from the introduction ritual (suffering) to a professional post" (2007, p. 87).

Finally, from the perspective of the CLE curriculum philosophy, and in spite of an institutional discourse placing special emphasis on primary health care, Antunes (2007) concludes through her research that the results obtained reinforce a centralization of the basic training of nurses in a hospitalcentric culture. With a view to inverting this tendency, the same author proposes an investment in training "(...) on the basis of a progressive development of competencies which are shifted from the community to the hospital; in the case of the student, from his/her networks of proximity to technical and specialized contexts" (2007, p. 120). It is the aim of this approach, geared towards initial socialization to the profession, to use the development of competencies in terms of general health care, particularly in the scope of prevention, as the basis for giving value to community health care without relativizing the importance of differentiated health care.

THE EXPERIENCE OF THE NURSING STUDENT

The experience of "being a pupil" determines a transitory status (Coulon, 2005), in that the school is often experienced as a prediction and preparation for the future and not as the present itself (Perrenoud, 1995). Nevertheless, being a pupil means developing a specifically complex know-how throughout the long school years which relates this activity to an *occupation* (Coulon, 2005; Perrenoud, 1995). This is constrained by a series of elements determining the *pupil condition* (Felouzis, 2001), which is characterized by a great heterogeneity of experiences (Sacristán, 2003). Along the same lines, according to Bronfman and Martinez (1996), the learning of the pupil's role is, indeed, one of the early learning experiences the child develops outside the family context.

Historically, a set of specific behaviors associated with the status of being a minor have been expected of the student (Sacristán, 2003), based on the image of the child about to be educated, and has

been mixed up with childhood itself. In this way, the pupil, regardless of his/her educational background, still finds him/herself influenced today by a strong sense of inferiority in relation to something (specific knowledge, a professional activity) or someone (the teacher).

Entry into higher education is determined in students by the demand for a defined area of activity which accepts professional perspectives based on the accounts of known people or social representations of the chosen area, constructed throughout their life process. This passage contains new specificities and competencies requiring further, broader development, given the characteristics of higher education itself, but more specifically, specific competencies in relation to the nature of the training and institution being frequented.

In this sense, Coulon (2005) is of the opinion that the student's initial task on entering higher education should be to learn his student work. Introduction to this new context and its respective rituals lead to a process whereby the status of *pupil* is changed to *student* (Coulon, 2005). This author believes that entry into higher education and becoming a "member", in the ethnological sense of the term, is made up of three, distinct periods, which tend to coincide with other types of passing rituals: a *separation from the past status;* an intermediate stage of *ambiguity;* and a final stage of *conversion*. Felouzis (2001) refers to the student's integration process in higher education as a period of identity (re)construction where, although the huge institutional weight of the school and the student condition apparently do not concede much of a leeway for individual action, students are by no means passive towards their school trajectory. The success, failure and transformations they go through are also the result of a personal action which is constructed in a different way from one person to the next, from one course to the next and from one institution to the next.

As far as the person's life course is concerned, entry into higher education coincides, for most students, with transformations related to their own life conditions which are shaped in the passage from late adolescence to adulthood. This stage in the trajectory of a person's life, which was traditionally seen as a relatively linear transitional process, described by Pais (2001), as being *metasocially* conferred, and including foreseeable, clear and secure points of arrival, (the fruit of factors such as greater difficulty in keeping a job or new forms of parenthood and conjugality) is nowadays described as a phenomenon based on the *de-institutionalization of the juvenile condition,* or *biographical uniqueness.*

The nursing student is naturally a part of this adaptation process to higher education, which has become specific as a result of the particularities inherent to the process of socialization to nursing as a profession.

Since the social image inherited by nursing stems from both a conventual and medical nature (Collière, 1999) and, partly by coincidence, its inheritance of a problematic relationship with knowledge, possessing *peripheral knowledge* in relation to other professionals to whom *sacred knowledge* is attributed (Carapinheiro, 1998), both the training processes of future professionals and the actual organizational process of the school institution are subsequently influenced. Therefore, it is necessary to understand how, as students, these future professionals establish relations with knowledge, with a view to constituting their professional identity. As Charlot defends, the study of people's relationships with knowledge should focus on a broad search: "(…) for relationships with places, people, objects, thought content, situations and relational rules (…)" (1997, p. 91), with particular attention placed on the prior requirement that, "there is no 'knowledge relationship' without a subject" (Ib., p. 35), to use the words of the author. Hence, the study of relationships with knowledge is indissociable from the study of the subjects themselves, where one should not resort to the "economy of subject".

The issue regarding access to the world of work has been a decisive factor in the demand for nursing courses and access to the profession. This is due to the fact that the work market, both traditionally and over the last few years, has absorbed the newly trained nurses, thus, making the degree course in nursing highly appealing in the current scenario, where it is impossible to get a job immediately after leaving higher education. Among the many reasons for choosing a nursing course, the most common refer to the possibility of practicing a "caring vocation" towards one's neighbor and the pleasure

of human contact even though, as Canário (2005a) mentions, initial professional choices habitually focus on the health care services where technology is more dominant. On the other hand, the question of proximity (or inter-penetration) to medical studies, historically sought after by secondary school students, is taken into consideration when making the decision to take a course. Therefore, for some, nursing is openly viewed as a strategic stepping stone towards gaining entry into medical studies a year later.

Belonging to a framework of "relational professions", the literature curriculum covers a strong set of dimensions, not only in the area of interpersonal relations, but also *intrapersonal* relations, both during the theoretical and practical periods, when there is real contact with the members of the public. So, in order to study the experiences of the nursing students, it is absolutely essential to take the *emotional work* performed by them during the course into account, in a *continuum* of emotionally intense experiences which crosses the entire human life cycle. Due to their specificities, moments of birth, death or intense suffering serve as examples.

The role of basic training in communication or in dealing with death, the irreversibility of symptoms and particularly communication in areas such as palliative care has been broadly discussed. As Barbosa (2004), Buckman (2000) and Frias (2003) defend, these aspects of performance are not always the target of sufficient attention throughout the health technicians' basic training processes. Magalhães (2007) mentions that among the health technicians, nurses are the ones who spend more time looking after patients at the end of their lives, so it is on the basis of this reality that nursing students actively participate in this work. In a study that sought to give visibility to some aspects of nursing students' experiences as end of life health carers, the same author refers to the fact that this experience is judged by the nurses themselves as a source of personal development and the instigator of highly emotional moments.

Beyond the specific register of confrontation with death and suffering and what this implies in terms of personal development, the formal CLE curriculum, within the context of competency development from a relational perspective, places great emphasis on the personality of students and, from a psychological point of view, leads them to develop their own confrontational practices with themselves or their teachers. They may not be well received on the part of the students and even experienced as an intrusion of more intimate areas of their personalities (Dubet, 2002). Another aspect which may be shaped in the specificity of nursing students' experiences is the difficulty in moving towards what is expected of them (and behaving accordingly), from the point of view of evaluation, when, what is at stake, in addition to the carrying out of techniques and care protocols or to the evocation and mobilization of theoretical knowledge, is the demonstration of relational competencies and attitudes towards one's neighbor in the most varied circumstances.

In addition to issues regarding the competencies students are expected to develop, on the basis of the formal school curriculum, nursing students experience and construct their identities through other aspects of their academic and school life. So, along with the formal curriculum, students experience a *hidden curriculum* which results from the set of interactions that take place in daily school life (whether consciously determined or not), in the classroom context, or in any other aspect of school life (Santomé, 1995). Among other aspects, they reflect the socio-organizational structure of the school and education (Ribeiro, 1999), or latent ideologies (Sacristán, 2000). From the nursing students' perspective, research in Portugal has not given priority to this dimension of their experience, and refer to the studies of Abreu (2001), Costa (1998) and Fernandes (2007), maintaining the importance of unveiling the daily aspects which intervene in the construction of this hidden curriculum and how they condition the construction of their professional identity.

Given their interventional dimension, the clinical practice contexts, such as hospital services and medical centers, have become privileged sites for *practice.* From the learner's perspective, it is here that the real learning situations, which imply an application of previously acquired knowledge, can be found. Indeed, clinical practices may be an accomplishment of the "social insertion of learning", while simultaneously representing an extension of

the school territory, going beyond school boundaries to become a decisive factor in the construction of meaning (Canário, 2005b). It is through direct contact with reality, often without the immediate mediation of other members of the pedagogical team, or in a purely informal register (Abreu, 2001), giving priority to experience-based learning, that the students construct their own identity frame of reference in a clinical practice context and learn to gain awareness of themselves as professionals. Abreu regards this field as being "(…) the chosen space for students to gradually free themselves of the teacher or tutor's protection, to construct their own identity redefinitions regarding the individual, which are accomplished, as Dubar illustrates "(...) through and in activity with others (...)" (1997, p. 106). Furthermore, Chan (2001) puts forward that students refer to the practice contexts and the professionals they encounter there as being the most determinant factors in the learning of their professional role.

However, the insertion of the *teaching* activity in care provision contexts has given rise to changes which affect both human and physical resources, as well as the dynamics of internal functioning. A process of mutual influence between work practices and educational practices has been registered. By taking on multiple forms, clinical practices take place in a complex, unpredictable environment. A highly routine and mechanical logic of action becomes a determinative obstacle to students' development of reflection *during* the action and *on* the action and does not promote clinical education as a site for reflective practice. (Fernandes, 2007). Due to its frequently invasive nature towards the public in both physical and emotional terms, the provision of health care is another aspect which characterizes clinical practices. The handling of instruments which cause pain or life threatening medication is also a potentially strong source of anxiety for the students (Fernandes, 2007).

From the students' perspective, clinical practice in conjunction with action dominated by uncertainty, by real, constantly changing scenarios and a casuistic approach to situations also reveals a correspondence that is not always pacific, and which is sometimes impossible, between theoretical and practical aspects. Indeed, it creates an almost permanent cognitive conflict, feelings of anxiety and impotence in initial clinical practices. In fact, a dichotomic nature within nursing education, between theory and the actual practice of care has been broadly referred to in literature (Allmark, 1995; Corlett, 2000; Costa, 1998; Eklund-Myrskog, 2000; Fernandes, 2007; Landers, 2000), and is an important aspect in the creation of the nursing students' professional identity and the future relationships they will establish with the school institution. Gallahger (2004), using the term "gap" between theory and practice, suggests, on the other hand, that this concept has become so central and unquestionable in the discourses on nursing education that it has become dogmatic, thus, often rendering new ways of thinking and acting unfeasible.

Clinical practices act as a context for breaking away from the logic of a long-term relationship with the school, along with knowledge and other agents in the school context, which have bestowed some expertise upon the students in the handling of classroom situations, thus, allowing them to frequently attenuate, or even sometimes invert the power differential habitually associated with the teacher-student relationship. Nevertheless, there are also a series of conditions in clinical practices which accentuate this gap. The complexity and unpredictability of health care situations, often characterized by a sense of urgency, and the professional experience that teachers and professionals have often associate the perspective of clinical practices with an ansiogenic experience and look upon training fields as battle fields.

Nevertheless, depending on the contexts and reasons behind the action, it is possible for relations among students, teachers and knowledge to take on other forms, since in clinical practices the teacher ceases to be the (only) knowledge referent, as removal from a regular and permanent practice often leaves him/her at a disadvantage, in terms of psycho-motor competencies, towards professionals in the service. Furthermore, the accounts of more experienced peers, who "have already done" the training course, and who describe their experience (even though short, covering only a few weeks), seems to instill a feeling of inferiority in the less experienced students, distancing them from their peers who have already moved on to the next stage

of training. The older peers also reveal themselves to be privileged informers, since they can speak about the "easier" areas of the training course or the "nicer" teachers and nurses.

METHODOLOGICAL PERSPECTIVE

On the basis of the expected scenarios and aims to be accomplished, a qualitative study of an ethnographical nature, along the lines of what Patton (1990) defends is being drawn up, in which the essence of the main conceptual strands falls in with the search for meaning, which people attribute to their daily activities. An overview of reality should be simultaneously geared towards peoples' actions as well as the meanings they give to them.

This study will be of a longitudinal nature and developed over a CLE at a nursing school of higher education in Lisbon and will focus on the students frequenting the course. The strategy for the selection of participants will be fundamentally guided by quota sampling (Beaud, 2003), (with entry to the course, sex, age, preferential level for entry into the degree course/school at the time of application being the most prominent variables) and serve the aim to obtain individuals whose experience may cast a different light on different forms of professional identity construction in nursing, in the context in question. However, the possible inclusion of new participants in the study, whose experiences may prove to be of importance to the study as a whole, has not been excluded, as long as their relevance is in keeping with what Patton (1990) defines as "*information rich cases*".

The collection of information with a view to producing data for content analysis will focus on three techniques for gathering information: the semi-structured interview, participant observation of theory, practical and clinical lessons, as well as a number of different periods in academic life (both in and outside school), and the critical incident technique.

FINAL NOTE

The nursing student experience encloses a process of professional identity construction within itself, however, this does not stop during the course and goes on throughout the individual's professional life. The actual professional identities of the nurse group and the way they are perceived and interpreted by the students serve as an important factor for understanding this phenomenon. From a different perspective, the way the school, both as a set of curriculum-based experiences (whether planned or not) and as the time and space of personal experiences, is experienced by individuals, it is also impassable in the study of professional identity in nursing.

Bibliographical references

Abreu, W. (2001). *Identidade, formação e trabalho.* Coimbra: Formasau e Educa.

Abreu, W (2003). *Supervisão, qualidade e ensinos clínicos: Que parcerias para a excelência em saúde?* Coimbra: Formasau.

Allmark, P. (1995). A classical view of the theory--practice gap in nursing. *Journal of Advanced Nursing*, 1, 22, pp. 18-23.

Amendoeira, J. (2006). *Uma biografia partilhada da enfermagem*. Coimbra: Formasau.

Antunes, L. (2007). Processos e trajectórias de socialização em enfermagem — uma reflexão sociológica sobre a construção de identidades sociais e profissionais dos estudantes. *In* A. Rodrigues *et al*., *Processos de formação* na *e* para *a prática de cuidados.* Loures: Lusociência, pp. 93-123.

Barbosa, A. (2004). Comunicação com o doente em estado terminal. *In* J. Gomes-Pedro & A. Barbosa (coords.), *Comunicar na clínica, na Educação, na Investigação e no Ensino*. Lisboa: Climepsi, pp. 73-80.

Beaud, J-P. (2003). A amostragem. *Investigação Social.* Loures: Lusociência, pp. 201-232.

Bronfman, A. & Martinez, I. (1996). *La socialisation à l'école. Approche ethnographique* Paris: P.U.F.

Buckman, R. (2000). Communication in Palliative care: a practical guide. *In* D. Dickenson; M. Johnson & J. Katz (eds.), *Death, Dying and bereavement*. London: Sage Publications, pp. 146-173.

Canário, R. (2005a). Ser enfermeiro hoje. *Caderno CE — Currículo e ensino*, V, 8. U.F.R.J. — Núcleo de tecnologia educacional para a saúde, pp. 9-24.

Canário, R. (2005b). *O que é a escola? Um olhar sociológico.* Porto: Porto Editora.

Carapinheiro, G. (1998). *Saberes e poderes no Hospital.* Porto: Edições Afrontamento.

Carricaburu, D. & Menoret, M. (2004). *Sociologie de la santé.* Paris: Armand Colin.

Chan, D. (2001). Development of an innovative tool to assess hospital learning environments. *Nurse Education Today*, 21, 8, pp. 624-631.

Charlot, B. (1997). *Du rapport au savoir.* Paris: Éditions Anthropos.

Collière, M-F. (1999). *Promover a vida*. Lisboa: Lidel.

Corlett, J. (2000). The perceptions of nurse teachers, student nurses and preceptors of the theory-practice gap in nurse education. *Nurse education today,* 20, pp. 499-505.

Costa, M. (1998). *Enfermeiros: Dos percursos de formação à produção de cuidados.* Lisboa: Fim de Século.

Coulon, A. (2005). *Le métier d'étudiant*. Paris: Économica Anthropos.

Denzin, N. (2002). The interpretive process. *In* A. Huberman & M. Milles, *The qualitative researcher's companion.* London: Sage Publications, pp. 349-391.

Dubar, C. (1997). *A socialização.* Porto: Porto Editora.

Dubet, F. (2002). *Le déclin de l'Institution.* Paris: Seuil.

Eklund-Myrskog, G. (2000). Student nurses' understanding of caring science. *Nurse Education Today,* 20, pp. 164-170.

Felouzis, G. (2001). *La condition étudiante*. Paris: P.U.F.

Fernandes, O. (2007). *Entre a teoria e a experiência*. Loures: Lusociência.

Frias, C. (2003). *A aprendizagem do cuidar e a morte.* Loures: Lusociência.

Friedberg, E. (1995). *O poder e a regra.* Lisboa: Piaget.

Gallahger, P. (2004). How the metaphor of a gap between theory and practice has influenced nursing education. *Nurse Education Today*, 24, pp. 263-268.

Goffman, E. (2003). *Manicômios, prisões e conventos*. São Paulo: Perspectiva.

Kaufmann, J-C. (2005). *A invenção de si. Uma teoria da identidade.* Lisboa: Instituto Piaget.

Landers, M. (2000). The theory-practice gap in nursing: the role of the nurse teacher. *Journal of Advanced Nursing*, 6, 32, pp. 1550-1556.

Magalhães, J. (2007). *Cuidar em fim de vida: Uma abordagem qualitativa das experiências dos estudantes do CLE.* Tese de dissertação de mestrado em cuidados paliativos, apresentada à Faculdade de Ciências Médicas da U.L.

Pais, J. (2001). *Ganchos, Tachos e Biscates*. Porto: Âmbar.

Patton, M. (1990). *Qualitative evaluation and research methods*. London: Sage Publications.

Perrenoud, P. (1995). *Ofício de aluno e sentido de trabalho escolar*. Porto: Porto Editora.

Ribeiro, A. (1999). *Desenvolvimento Curricular*. Lisboa: Texto Editora.

Rodrigues, A. (2007). Da teoria à prática: Necessidades de formação dos formadores. *In* A. Rodrigues *et al*., *Processos de formação* na *e* para *a prática de cuidados*. Loures: Lusociência, pp. 77-91.

Sacristán, J. (2000). *A Educação Obrigatória*. Porto: Porto Editora.

Sacristán, J. (2003). *O aluno como invenção*. Porto: Porto Editora.

Santomé, J. (1995). *O Curriculum Oculto*. Porto: Porto Editora.

Serra, M. (2005) Práticas clínicas na formação inicial em enfermagem - Lógicas em confronto. *Revista Portuguesa de Enfermagem*, 3, pp. 11-14.

Soares, I. (1997). *Da blusa de brim à touca branca*. Lisboa: Educa e Associação Portuguesa de Enfermeiros.

Watson, R. (2006). Is there a role for higher education in preparing nurses? *Nurse Education Today,* 26, pp. 622-626.

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