

Nurse educators' perceptions of the way nursing students protect patient privacy*

PERCEPÇÃO DOS DOCENTES DE ENFERMAGEM SOBRE A PRESERVAÇÃO DA INTIMIDADE DOS UTENTES PELOS ESTUDANTES DE ENFERMAGEM

PERCEPCIÓN DE LA FACULTAD DE ENFERMERÍA SOBRE LA PRESERVACIÓN DE LA PRIVACIDAD DE LOS USUARIOS DE LOS ESTUDIANTES DE ENFERMERÍA

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ABSTRACT

The aim of this study was to assess the teaching-learning process related to patient privacy during the care process and the way nursing students' protect patient privacy. Descriptive/correlational study using a qualitative approach and nonprobability sampling of 19 nurse educators from two schools of nursing. Data was collected using semi-structured interviews. Data analysis was undertaken using the SPSS version 20 and *Alceste* 2010 programs. The study complied with ethical standards. Two classes were assigned (protection of patient privacy and care process) with four subcategories (protection, empathy, relational competencies and technoscientific competencies). The findings show the need to adopt a reflective approach to the teaching-learning process by using experiential learning activities and real-life activities. We believe that intimacy and the protection of privacy should be core themes of nurse education and training.

DESCRIPTORS

Privacy
Competencies
Nurse education

RESUMO

O objetivo deste estudo foi perceber como decorre o ensino-aprendizagem da preservação da intimidade do utente durante o processo de cuidar, pelos estudantes de enfermagem. Estudo descritivo-correlacional, abordagem qualitativa. Amostra não-probabilística por conveniência de 19 docentes de duas escolas. A recolha de dados foi feita através de uma entrevista semi-estruturada. No tratamento dos dados utilizaram-se os *Softwares* SPSS versão 20 e *Alceste* 2010. Respeitados os procedimentos éticos. A intimidade foi definida como a classe 3 do corpus das entrevistas. Definimos duas categorias (preservação da intimidade e processo de cuidar) e quatro subcategorias desta classe (preservação, relação empática, competências relacionais e competência técnico-científica). Os resultados apontam para a necessidade de se utilizarem metodologias reflexivas através de vivências e exemplos reais no processo de ensino-aprendizagem dos estudantes. Consideramos que a intimidade e a preservação da intimidade devem ser conceitos centrais da formação em enfermagem.

DESCRIPTORES

Privacidade
Competências
Educação em enfermagem

RESUMEN

El objetivo de este estudio fue comprender cómo la enseñanza y el aprendizaje se lleva a cabo la preservación de la intimidad de los usuarios durante el proceso de la atención, los estudiantes de enfermería. Estudio descriptivo correlacional, enfoque cualitativo. Muestra no probabilística por conveniencia de 19 maestros de dos escuelas. La recolección de datos se realizó a través de una entrevista semi-estructurada. En el procesamiento de datos con el *software* SPSS versión 20 y *Alceste* 2010. Procedimientos éticos respetados. La intimidad se define como la clase 3 del corpus de entrevistas. Se definen dos categorías (de preservación de la intimidad y el proceso de atención) y cuatro subcategorías de esta clase (preservación, habilidades relacionales, empatía y experiencia técnica y científica). Los resultados apuntan a la necesidad de utilizar metodologías reflexivas a través de ejemplos y experiencias reales en el proceso de enseñanza-aprendizaje de los estudiantes. Creemos que la preservación de la intimidad y la intimidad debe ser conceptos centrales en la educación de enfermería.

DESCRIPTORES

Privacidad
Competencias
Educación en enfermería

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INTRODUCTION

Protecting patient privacy is one of the ethical considerations related to nursing care. The right to privacy is related to the concept of dignity and is affirmed in a number of official national and international documents, namely the Declaration of Lisbon on the rights of the patient, the nurses' deontological code and the Portuguese Constitution.

Privacy and intimacy are deeply related. The term intimacy is complex and has been explored by a number of different authors⁽¹⁾. Some conceptualise intimacy as a cognitive and evaluative process of self-disclosure or in terms of interdependence and behaviour, while others suggest that it is related to the characteristics of relationships, such as trust, commitment and affection. The fact that intimacy involves interpersonal relationships is common to all these concepts, meaning that nurse-patient relationships that develop during the care process are prone to violations of privacy. The concept of intimacy has individual, relational and general dimensions depending on the nature of the relationship. Intimacy has little to do with the act itself. Rather, it is a question of an individual's quality of presence and the quality of presence in the encounter with the other⁽²⁾. Other authors also mention therapeutic intimacy⁽³⁾, whereby intimacy is inherent to the nurse-patient relationship and essential to a patient's well-being and recovery.

Nursing care "... is centred on the interpersonal relationship between the nurse and a person, or between the nurse and a group of people", while a therapeutic relationship "... is characterised by the partnership established between the client, respect for (the patient's) capacities..."⁽⁴⁾. Article 8.1 of Portugal's Nursing Practice Regulations (REPE, acronym in Portuguese) provides that "nurses are responsible for providing ethical care and respecting the legally protected rights and interests of citizens"⁽⁵⁾. Patient privacy is seen as a basic element of care and should therefore be respected at all times in the nurse-patient relationship and throughout the entire care process, namely during patient hygiene care, assessments, teaching, pre and post operative care, and patient transport by stretcher.

The aim of student nurse education and training is to develop professional competencies which involve an understanding of the ethical dimension of care in order "to promote ethical development, respect for individual autonomy, prudence, critical thinking, awareness of citizenship and of responsibilities"⁽⁶⁾. Thus, the model of nurse education and training should be based on a reflective process that promotes knowledge, skills and professional attitudes and behaviours essential to nursing.

This study aims to assess the teaching-learning process related to this important healthcare topic by interviewing nurse educators to understand their perceptions of the way nursing students protect patient privacy.

METHOD

This study consists of a qualitative descriptive survey of a sample of nurse educators from the School of Nursing at University (A) and the School of Health at Polytechnic (B). This methodology is particularly useful for describing phenomena which cannot readily be ascribed an objective⁽⁷⁾, and is widely used for providing an understanding of human experience and perceptions. Groups were selected using nonprobability convenience sampling, whereby semi-structured interviews were conducted with nurse educators available and willing to participate in the study at the time of the interview.

Nineteen interviews were conducted at the two schools. Questions were asked using an interview guide and each interview lasted an average of 33 minutes. All interviews were recorded. The study was carried out in accordance with ethical and legal standards for research with human beings and approved by the Health and Welfare Ethics Committee at the University of Évora and by the schools A and B. Participants voluntarily signed an informed consent form.

The data obtained from the interviews was explored using the software program "Alceste" 2010 (*Analyse Lexicale par Contexte d'un Ensemble de Segments de Texte*) in order to undertake an unbiased analysis of the data. The content analysis was undertaken using predefined categories based on a literature review and classification of text segments by Alceste.

RESULTS AND DISCUSSION

The majority of interviewees were female (89.5%), aged between 41 and 50 years (average age 47.6 years), had a masters degree (57.9%), held the post of assistant lecturer (84.2%) and had been teaching for between 6 and 10 years (52.6%, average 14.5 years).

The analysis consisted of four steps. First, Alceste carried out an initial analysis of the corpus and created a vocabulary dictionary. Two successive classifications were used: descending hierarchical classification and ascending hierarchical classification. Lexical richness of nurse educator's narratives was 98.94%.

In the second step, Alceste cuts the text into units and selects reduced forms with a frequency of greater than or equal to four⁽⁸⁾.

In the third step, Alceste determines the number of classes. A minimum of 76 Elemental Context Units (ECUs) were established to define each classification and textual data was divided into three different classes using descending hierarchical classification, resulting in a 86% ECU classification rate (Figure 1).

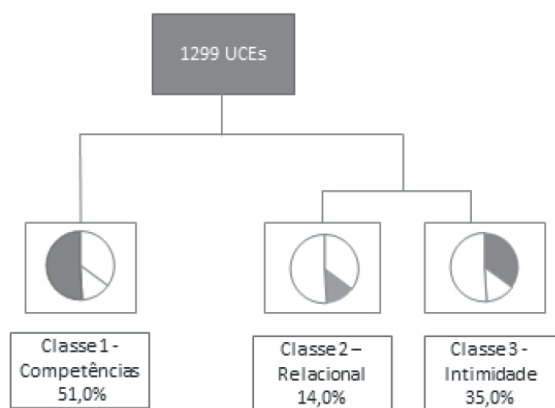


Figure 1 - Dendrogram of ECU classification and descending hierarchical classification (Source: Alceste)

Class 1 comprises 669 ECUs (51% of the total number of ECUs), followed by class 3 with 452 ECUs (35% of the total number of ECUs), and finally class 2 with 178 ECUs (14% of the total number of ECUs). These three classes encompass specific “lexical worlds” entitled: Class 1 – Competencies; Class 2 – Relational; Class 3 – Privacy

This is the most important step in the analysis because it demonstrates the associations between the resulting hierarchy of classes and factor analysis visualised as a dendrogram⁽⁹⁾.

These classes encompass specific lexemes for which chi squared values are calculated to determine the most important lexical roots in each class. The larger the chi squared value, the more significant a word is for the statistical structure of the class.

With respect to the most relevant class to this study - class 3 Privacy - the most significant words were, pers+, care+, intimid+, privacy, preserv+, and the centre was in the root of the word “pers+” (Figure 2).

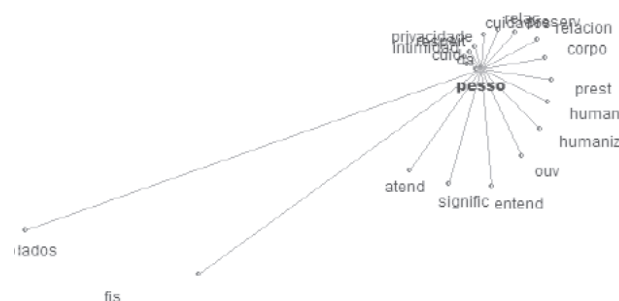


Figure 2 - Network of words for class 3 (Source: Alceste)

The fourth step is a continuation of the previous step whereby the software allocates further characteristics to the ECUs and carries out a descending hierarchical classification of each class (Figure 3), thus allowing an analysis of the relationships between the interclass elements⁽⁹⁾.

Using these variables, it is also possible to verify who contributed most to the presence or absence of the significant terms of each class. With respect to class 3 – Privacy, the absence of specific terms apparently related to class 1 was observed, such as year, teachi+, clin+, compet+, stude+, evalu+. The interviewees that most contributed to the construction of this class were from School A, aged between 31 and 40 years, had a bachelor’s degree, were coordinating lecturers, and had been teaching for between 26 and 30 years, or six and 10 years. Those that least contributed were from School B, were assistant lecturers, had a doctorate degree, had been teaching for between 21 and 25 years, and were aged between 41 and 50 years.

Following this step, the inclusion of each word within the context of each nurse educator’s narrative was analysed to “discover the profound content and true meaning”⁽¹⁰⁾ of each identified word. These categories are considered descriptive⁽¹⁰⁾ since the researcher’s interpretation is limited to assigning names to the classes defined by Alceste, and the subcategories.

Ascending hierarchical classification (Figure 3) resulted in the division of Class 3 - Privacy into categories and subcategories and the observation of differences in the quantity of significant words for each category and subcategory.

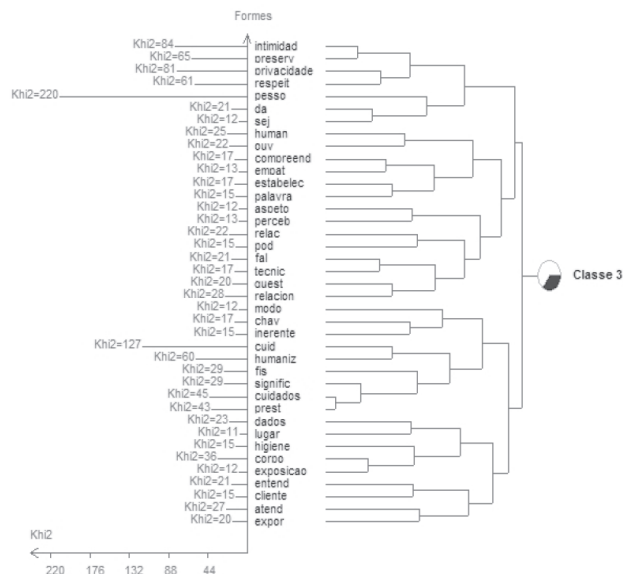


Figure 3 - Dendrogram of the ascending hierarchical classification of Class 3 (Source: Alceste)

The use of Alceste allowed us to carry out an unbiased analysis of the corpus, since it was the program that selected the classes from which the categories emerged, as shown in Table I.

Table 1 - Class 3 categories and subcategories

Class 3 - Privacy		
Categories	Subcategories	Concepts
Protection of privacy	Protection	- Intimacy - Respect - Dignity
	Empathy	- Teaching methodology - Interrelationship
Care process	Relationship competencies	- Humanisation - Care
	Technoscientific competencies	- Privacy - Keeping distance

The sociodemographic characteristics of the nurse educators interviewed through this study are similar to the findings of a study⁽¹¹⁾ which revealed that the majority of teaching staff at polytechnics were female, assistant lecturers between the age of 36 and 45 years, and that 40% of lecturers had a bachelor's degree and masters degree, and only 20% had a doctorate degree.

Another study⁽¹²⁾ observed that 50% of nurse educators were female, the average age of participants was 45.75, and that staff had been teaching for between two and 20 years. The results of a further study⁽¹³⁾ showed that the majority of nurse educators were female with an average age of 49.4 years, and had been teaching for over 10 years. A different study⁽¹⁴⁾ observed the following: the majority of nurse educators were female; 78.6% of teaching staff were assistant lecturers; 57.1% had a masters degree; 42.9% had a bachelor's degree; average age was 49.3 years; and staff had been teaching for an average of 17.6 years.

The variable "nurse educator"⁽¹⁰⁾ was highlighted as one of the most important factors related to student nurse education and training, i.e., one of the most important factors in the teaching-learning process, and one which influences the development of student competencies. The nurse educator has a significant impact on the theoretical and practical outcome of the learning process, which in turn depends on the methodology used and the performance of the nurse educator. In this respect, the main role of the nurse educator is to bridge the gap between scientific knowledge and everyday practice in real-world contexts.

The analysis of nurse educators' perceptions of the way nursing students protect patient privacy based on the corpus analysed by Alceste shows that educators did not associate the concept of intimacy and privacy with *ethical competence*.

Alceste grouped words related to patient privacy and intimacy in class 3 which was named patient privacy af-

ter reading the corpus of the educator's narratives. The most significant words highlighted in this class were those with the root perso+, intimacy+, privacy, protect+ and respect+.

During the interview, nurse educators were asked to describe what protecting patient privacy meant to them, the importance of this factor to care, what influences the protection of patient privacy, and how they address this topic and transmit knowledge regarding protecting patient privacy.

Some nurse educators mentioned that privacy was an aspect of care that required specific competencies, while others suggested that it meant respecting the patient throughout the entire care process, including the care environment. They also highlighted the different forms of communication used (and how they are used) and, above all, that intimacy is not only physical, but present in all the dimensions of the human being.

*" (...) for me protecting (patient) privacy and intimacy is care and is part of the care that we have to provide and is one of the competencies of nursing and therefore protecting (patient) privacy should be one of the competencies of a nurse (...)"*uce n° 110 Khi2 = 5 (uci n° 2 : *suj_02 *id_3 *sexo_2 *grauacad_2 *tempdoc_2 *catprof_1 *loc_1 *K_1)

The category protecting patient privacy was divided into two subcategories: protection and empathy for the patient developed during the entire care process.

The words associated with protection are all directly related to the category care process.

In the opinion of the nurse educators, privacy is extremely important because it relates to the most intimate aspects of a person. They associate the concept with its physical aspects and with intimate details of a person's life or what an individual chooses to tell the other person about himself or herself. They also believe that students should develop specific competencies and be prepared to deal with privacy and be aware of its importance, since it an element of interpersonal relationships and a right which must be protected: "the right requires the following: respect others, even when the person is a stranger to you, promote the common good, not do anything to harm the other"⁽¹⁵⁾. Furthermore, the nurse educators highlight that protecting patient privacy means respecting the whole person, a person who has his or her own ideas and principles and his or her own personality and manner.

Protecting privacy involves the human dimension of care, and can be considered an ethical principle inherent in the care process.

*" (...) a person's privacy, respect for a person and the care process, therefore I think it makes a lot of sense it is inherent in the care process itself so I place a great deal of importance on it it means care for (...)"*uce n° 687 Khi2 = 10 (uci n° 11: *suj_11 *id_3 *sexo_2 *grauacad_3 *tempdoc_3 *catprof_1 *loc_2 *K_1)

*" (...) we have to deal with the person's privacy, something very personal which we must respect and we have to the understand the boundaries try to establish a relationship that makes the person feel more (...)"*uce n° 964 Khi2 = 7 (uci n° 14 : *suj_14 *id_3 *sexo_2 *grauacad_3 *tempdoc_2 *catprof_1 *loc_2 *K_2)

The methodology used by the nurse educators is essentially centred on experiential learning activities and real-life activities. While some nurse educators mentioned that they experienced difficulties in approaching the topic, others revealed that they first address the concept of intimacy and privacy and then stimulate reflection using concrete situations. They also mentioned training on dummies in artificial environments and real-life patient care situations. To reduce the gap between theory and practice it is important to stimulate student reflection on the knowledge gained in theory through real-life care situations in order to enhance the effectiveness of student training and learning⁽¹³⁾.

*" (...) as I said, there is the theory, passed orally, so to speak, sometimes using practical examples, in the practical lessons by showing what can be done and how, namely with respect to personal hygiene care and mobilising patients involving more invasive procedures, obviously we reinforce the idea in the practical lessons and also with examples (...)"*uce n° 784 Khi2 = 0 (uci n° 12 : *suj_12 *id_3 *sexo_2 *grauacad_2 *tempdoc_2 *catprof_1 *loc_2 *K_3)

Another word that the nurse educators associated with protecting privacy is the respect that the nurse should have for the patient during the care process, and some emphasised that the lack of maturity of students hindered understanding of this aspect and that personal development is a major influence on the student's ability to acquire this competency.

Empathy was defined as a subcategory of the protection of patient privacy category. The basis and core aspect of the care process is the nurse-patient relationship, since the patient is in a vulnerable position and requires humanised individual care, which in turn demands appropriate knowledge and attitudes and quality care which combines "know-how" with presence, which is intrinsically related to empathy. Empathy is one of the most important elements of the nurse-patient relationship and is essential to understanding the patient and manifesting this understanding. As a result, it is necessary to respect the patient and therefore patient privacy⁽¹⁶⁾.

*" (...) the respect that a professional has for another person. Deliver humanised care is to understand the patient in all his or her aspects this tells us we are human we are human this now the term humanised has been talked about a lot recently but for me care is (...)"*uce n° 451 Khi2 = 8 (uci n° 7 : *suj_07 *id_3 *sexo_2 *grauacad_2 *tempdoc_2 *catprof_1 *loc_1 *K_3)

Empathy also demands that students deliver humanised care. To respect a patient is to effectively accept his or her own reality and show unconditional positive regard

for the patient, and accept him or her for what he or she is: a unique being.

Two subcategories were defined for the category care process, relationship competency and technoscientific competency. Within this category, care is considered a process constructed through interactions between a number of competencies to meet patient demands⁽¹⁷⁾. Therefore, understanding the patient's perspectives of the care process requires not only technical competencies, but also an ability to understand and accept the patient for who he or she is, their world and personal identity⁽¹⁸⁾.

Care delivery cannot be detached from the wider patient context and his or her specific needs. Thus, it is necessary to consider the whole patient and his or her physical, psychological, social, and spiritual needs.

*" (...) good service delivery and as a whole therefore we cannot divide care delivery into parts or assess the performance of a specific student, the overall service delivery of a specific student to patients and we realise that he or she handles the technical aspects well and also handles the relational aspects well therefore two aspects that should not be separated (...)"*uce n° 294 Khi2 = 9 (uci n° 4 : *suj_04 *id_4 *sexo_2 *grauacad_2 *tempdoc_5 *catprof_2 *loc_1 *K_3)

Some nurse educators highlighted that privacy is essential and inherent to the entire care process. If a nurse does not consider this dimension then he or she is not providing adequate nursing care.

*" (...) so if humanised care should be implicit in care therefore it should not be separated therefore when treating a person it is there therefore for me (the term) humanised care is superfluous there is no care without humanised care (...)"*uce n° 103 Khi2 = 19 (uci n° 2 : *suj_02 *id_3 *sexo_2 *grauacad_2 *tempdoc_2 *catprof_1 *loc_1 *K_1)

Therapeutic boundaries with patients are ambiguous and students often have difficulties in establishing and maintaining these boundaries and invade patient privacy. Although this invasion is often unconscious, the patient is left vulnerable and exposed. Nursing is based on symmetrical relationships in which the student should humanise the care process⁽¹⁸⁾. Therefore, this topic should be included in the curriculum and be one of the objectives of student nurse education and training, since the acquisition of competencies requires, "a previous or parallel grasp and understanding of the theoretical basis of this competence"⁽¹⁷⁾.

*" (...) it is one of the essential things that we cover with students therefore the importance of protecting privacy and respecting the person. Humanised care means care consider therefore caring for a person as a person an individual individual and is therefore not only consider the physical aspects but also in terms of what a person feels when we are delivering (...)"*uce n° 957 Khi2 = 9 (uci n° 14 : *suj_14 *id_3 *sexo_2 *grauacad_3 *tempdoc_2 *catprof_1 *loc_2 *K_2)

The most significant words in the subcategory relationship competencies were those with the root forms key+, inherent, care+, humanis+, phys+, meaning+, care and deliv+. For some nurse educators humanisation is a keyword, since it is inherent to nursing care. As the nurse is responsible for humanising care, he or she has the duty to deliver total care to the patient, including family and community, and create a favourable environment for the development of patient capacities⁽⁴⁾.

The word humanise is related to care. This relationship is clear in the corpus of nurse educators' statements about care which were always accompanied by the word humanise in the narratives.

*"(...) humanised care, humanisation is a keyword and humanise is also a keyword however this concept is associated with personalise and individualise so it is important to get to know the person and get to know a person's needs in order to come up to (...)"*uce n° 347 Khi2 = 16 (uci n° 5: *suj_05 *id_3 *sexo_2 *grauacad_2 *tempdoc_2 *catprof_1 *loc_1 *K_1)

*" (...) humanised care relationship competency in short, and be present for another person and understand another person and deep down the person realise that he or she is being cared for and assisted not just he or she but above all his or her family as well."*uce n° 453 Khi2 = 13 (uci n° 7 : *suj_07 *id_3 *sexo_2 *grauacad_2 *tempdoc_2 *catprof_1 *loc_1 *K_3)

Nursing care should be humanised and consider patient privacy. Some nurse educators stated that care is humanised, while emphasising the importance of privacy, thus distinguishing between humanisation and protecting patient privacy. However, others considered the word humanisation superfluous because it implies care which considers patient privacy.

The most significant words in the subcategory technoscientific competencies were those with the root forms data, setting, hygiene, body, exposure, unders+, client, attend+ and expos. The words with the greatest chi-square values were body and attend+.

Care is a dynamic process that develops based on the interaction between both technical and relational procedures. Without this interaction it would not be possible to meet the patient's needs. Certain authors refer to nurses as "being in a relationship"⁽¹⁶⁾ which means not only physical presence, but also presence of his or her whole self, involving his or her competencies in all their dimensions. For this subcategory, nurse educators state that patient privacy must be safeguarded during all stages of the care process, from the initial assessment through care delivery and evaluation of care. Students should be aware of the importance of respecting patient privacy during care delivery, regardless of the type of care, paying equal attention to the environment, the questions they ask and how they ask them, tone of voice, and stance towards the pa-

tient. Apart from well-developed technical and relational competences, nurses should give due attention to privacy at all times during the care process.

*"(...) relational of interpersonal relationships at all times necessary privacy and I'm not sure if the question refers to storing data I meant to say and that generally privacy and always indispensable whatever (...)"*uce n° 533 Khi2 = 13 (uci n° 8: *suj_08 *id_4 *sexo_2 *grauacad_3 *tempdoc_5 *catprof_2 *loc_1)

The nurse educators' narratives show that one of the most difficult types of care for students is personal hygiene care, because nurses are required to manipulate the patient's body and are concerned with mastering techniques, which hinders their capacity to simultaneously concentrate on the relational aspects of the treatment.

Another feature of the relational aspect of the care process emerges here: privacy and the need to respect the whole patient, and not only the part of his or her body that is being treated, throughout the whole care process. Students should understand that privacy is relevant not only while handling or examining sensitive areas of the body, but during the whole care delivery process and all situations involving direct and indirect contact and verbal communication.

CONCLUSION

Nursing students undergo constant change during the teaching-learning process given that "the act of learning is a term whose complex meaning encompasses processes that involve maturity, thought, behaviour and change"⁽¹⁹⁾ that stimulate learning and influence how it is processed. Learning may be considered as an outcome of the learning method with resulting changes in the behaviour, attitudes, way of thinking and feelings of nursing students⁽¹⁹⁾.

The nurse educators' narratives highlight the complexities of teaching this topic and its implications for the care process, by showing that the connection between protecting patient privacy and adequate care is not made when addressing topics concerning relational competencies or other instrumental components of care.

This highlights the importance of education and training in promoting the development of competencies and mental capacities essential to humanised nursing care⁽²⁰⁾. The inclusion of this topic in nurse education and training is therefore of paramount importance to enable nursing students to internalise the significance of protecting patient privacy during training and throughout their professional career. The teaching-learning process will never be complete if students do not acquire the relational competencies and skills necessary to protect patient privacy throughout the entire care process.

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