

FEELINGS ASSOCIATED WITH TEACHING BY NURSING TEACHERS

SENTIMENTOS ASSOCIADOS À DOCÊNCIA POR PROFESSORES DE ENFERMAGEM

SENTIMIENTOS ASOCIADOS A LA DOCENCIA POR PROFESORES DE ENFERMERÍA

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ABSTRACT

Objective: to understand the feelings associated with teaching from the perspective of nursing teachers. **Method:** Exploratory, descriptive-analytical, qualitative study. We interviewed 18 professors from two universities in the southern region of Brazil. Data collection took place between the months of July and September of 2014, through a semi-structured interview. For the treatment of the data, the open and axial coding was used, as proposed by Strauss and Corbin, with the aid of the Atlasti[®]7 software. **Results:** The following categories emerged: Teaching as hope for the transformation of practice and love; Teaching as embracement; Teaching as concern for the other, the student; Teaching as mothering; Teaching as care. **Final considerations:** The feelings associated with teaching are closely related to the conception of teaching that the teacher has, as well as to the conception of nursing. In addition to a systematic trajectory of training, re-signifying experiences and perceptions can indicate new meanings to the teacher's identity processes.

Keywords: Faculty, Nursing; Nursing Faculty Practice; Emotions.

RESUMO

Objetivo: compreender os sentimentos associados à docência na perspectiva de professores de Enfermagem. **Método:** estudo exploratório, descritivo-analítico, qualitativo. Entrevistaram-se 18 professores de duas universidades da região Sul do Brasil. A coleta de dados ocorreu entre os meses de julho e setembro de 2014, por meio de entrevista semiestruturada. Para tratamento dos dados foi utilizada a codificação aberta e axial conforme proposta por Strauss e Corbin, com o auxílio do software Atlasti[®]7. **Resultados:** emergiram as seguintes categorias: docência como esperança de transformação da prática e amorosidade; docência como acolhimento; docência como preocupação pelo outro, o aluno; docência como maternagem; docência como cuidado. **Considerações finais:** os sentimentos associados à docência possuem estreita relação com a concepção de ensino que o professor possui, bem como com a concepção de enfermagem. Para além de uma trajetória sistemática de formação, ressignificar experiências e percepções pode indicar novos sentidos aos processos identitários docentes.

Palavras-chave: Docentes de Enfermagem; Prática do Docente de Enfermagem; Emoções.

RESUMEN

Objetivo: entender los sentimientos asociados a la docencia desde la perspectiva de los profesores de enfermería. **Método:** estudio exploratorio, descriptivo-analítico, cualitativo. Se realizaron entrevistas a 18 profesores de dos universidades del sur de Brasil. La recogida de datos se llevó a cabo entre julio y septiembre de 2014, por medio de una entrevista semiestructurada. Para tratar los datos se utilizó la codificación abierta y axial, según la propuesta de Strauss y Corbin, con ayuda del software Atlasti[®]7. **Resultados:** surgieron las siguientes categorías: docencia como esperanza de transformación de la práctica y amorosidad; docencia como acogida; docencia como preocupación por el otro, el alumno; docencia como cuidados maternos; docencia como cuidado. **Consideraciones finales:** los sentimientos asociados a la docencia tienen una relación estrecha con la concepción de enseñanza del profesor, al igual que con su concepción de enfermería. Más allá de una trayectoria sistemática de formación, ressignificar experiencias y percepciones puede indicar nuevos sentidos a los procesos identitarios docentes.

Palabras clave: Docentes de Enfermería; Práctica del Docente de Enfermería; Emociones.

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INTRODUCTION

The perceptions that teachers have about their work, about themselves and the group they belong constitute their professional identity and, over time, compose their identity process. These perceptions weave identities and can be grouped into three spheres: those related to the professional activity itself (encompassing received training and professional experiences), those related to the instructional processes of teaching, learning and evaluation (beliefs, conceptions and theories that teachers have about teaching) and the feelings triggered by the teaching task (affective impact produced by teaching).¹

In this last grouping, the feelings associated with the teaching task constitute challenges to think about the identity process, since interpersonal relationships are foundations of the teaching processes and it is not possible to dissociate what one feels from what one does.^{2,3} Therefore, the affective associations that the teacher makes between certain feelings and the beliefs he/she has about teaching are directly related to the way in which he/she chooses, lives and evaluates academic activities.^{4,5}

Educating, by its dialogic relations of teaching and learning, implies respect for otherness in the construction and reconstruction of knowledge.^{2,6} These relationships express feelings, including those that led to the choice of teaching, expressed in the activities inherent to the teacher's work and his/her relationships with peers.

The feelings of the teachers (by students, peers, the teaching task itself, nursing, etc.) are therefore part of their identity process, influence pedagogical decisions, permeate the teaching process, mark relationships with students and constitute a gap in terms of understanding the figure of the teacher in higher education. These feelings are sometimes ambivalent, permeated by affections of love and hate and, if they generate transference by the student, they also generate countertransference by the teacher.⁷ In higher education, these relationships are less noticeable compared to elementary school, but the figure of the teacher occupies space in the student's imagination, being an unconscious and markedly subjective process that affects the relations.⁸

Affectivity has expressive importance in this context and is capable of contributing to the quality of the relations with the other.^{9,10} The feminization of both nursing and teaching ends up implying quite specific characteristics, linked to the feelings attributed to the feminine, which permeate and guide, albeit unconsciously, conceptions in both areas.

It is common that altruism, detachment, docility, dedication, sensitivity and delicacy are characteristics associated to both nursing and teaching, which can be more attributed to the imaginary deeply connected to the religious heritage than to the characteristics of such activities in the contemporary world.¹¹ Historically, these conceptions contribute to accommodate the specific knowledge and practice of the profession, intimately

connected to feelings and behaviors perceived as ideal. The role of caregiver, considered central to the feminine identity, is a mark of patriarchy, which also distances the woman from any rational behavior.¹¹ These interpretations still generate misconceptions about what it is to be a nurse, shape teaching, permeate relationships and hamper paradigmatic changes in nursing.

Historically constructed cultural burdens have implications for nursing and, consequently, in nursing education, through interpersonal relationships and the building of certain knowledge. Thus, we ask: What are the feelings associated with teaching by nursing teachers? Therefore, the objective of this study was to understand the feelings associated with teaching in the perception of nursing teachers.

METHODOLOGY

This is a descriptive, exploratory, analytical, qualitative approach, carried out with 18 nursing professors of nursing undergraduate courses from two universities in the southern region of Brazil, being one federal and one private. The choice of the two universities was random, considering the only federal university in the region. The teaching staff of the two universities comprised 58 professors (28 from the public university and 30 from the private university), who, after contacting the coordinators of the nursing undergraduate courses, received an e-mail with the invitation letter and the Free Informed Form. The theoretical saturation of the data was used to compose the number of participants.

The inclusion criterion were being an effective (in the case of federal university) or contracted professor and having been working for at least one year in the institution. Participants on vacation or sick leave were excluded.

Of the 18 teachers interviewed, 16 were women and two were men. The predominant age group among teachers, for both sexes, was from 35 to 40 years. Of the professors, 10 had a doctorate degree, six had a master's degree (one was a PhD student) and two were specialists and master students; three had a work relationship with exclusive dedication to teaching at a federal university; two had a work relationship without exclusive dedication to the federal university; and five had relationships without exclusive dedication to the federal university, as well as another relationship with a private higher education institution. Among the teachers of the private university, two were dedicated only to teaching and six were linked to nursing assistance, also. Participants' experience in higher education ranged from two to 18 years, with a simple average of nine years. Due to the different types of possible links with the universities, we decided to identify the professors indicating who worked in a university with exclusive dedication (identified by letter F, only); in a federal university without exclusive

dedication and who also taught at a private university (identified by the letters F from federal and P from private); and professors who worked in a private university concurrently to providing nursing care as nurses at any health institution (identified by the letter P from private and C from care). None of the professors working at the federal university (some of them did not have exclusive dedication) worked as care providers, concomitantly. After the letters, a number was added according to the order of interview. Therefore, the coding will be presented as follows: F04 (federal, fourth interview conducted), PC18 (private, care, 18th interview conducted), FP06 (federal, private, sixth interview conducted), etc. Of the 18 participating teachers, eight were linked only to the federal university; four mostly with the federal university and with some other private college/university; and six teachers had a link with the private university and the nursing care in hospital institutions.

As a strategy for data collection, a script was developed based on the theoretical framework adopted¹², which asked participants to express their impressions on three main areas: How they had been trained and what their professional experiences were (concerning the sphere of professional activity); the beliefs, conceptions, and theories they had about teaching (concerning the sphere of instructional teaching processes); and the affective impact produced by the teaching were (concerning the sphere of the feelings triggered by the teaching task).

The selection of the participants was by invitation to all the teachers who made up the teaching staff of the institutions. Data collection lasted four months (July to September 2014). The interviews were previously scheduled, adapting to the possibilities of each participant and held in a private environment in the universities, in order to maintain privacy; they were recorded in a digital archive, lasting 40 to 120 minutes, each.

The interviews were analyzed, and this analysis produced inferences based on theoretical assumptions about the professional identity of teachers.¹² Data analysis was performed using the coding procedure.¹³ This process is related to the conceptual organization of raw data into categories, using two distinct and complementary steps called: a) open coding; b) axial coding.

In order to aid in the coding procedure, the Atlas ti® 7 software was used. In this software, a hermeneutical unit was created, the interviews were inserted in full and a deep reading was made. The codes that emerged were grouped by similarity, concluding the axial coding. At the end of this process, the following categories emerged: Teaching as hope for the transformation of practice and love; Teaching as embracement; Teaching as concern for the other, the student; Teaching as mothering; and Teaching as student care.

The study complied with Resolution 466/12 and had a favorable opinion from the Ethics Committee for Research with Humans in Brazil, approved under the opinion No. 724.391, Ap-

proval Certificate (CAAE) No. 33241314.2.0000.0121, on June 21, 2014. Individuals who accepted participating in the research signed the Informed Consent Form.

RESULTS

TEACHING AS HOPE FOR THE TRANSFORMATION OF PRACTICE AND LOVE

The feelings associated with teaching help in understanding the relationships in nursing, in addition to the way teachers relate to the profession, thus strengthening the identity processes. Teaching as the hope of modifying established practices and attitudes has emerged as a way of thinking, although not intentionally, ways of being in the profession. When considering oneself as an agent of changes, one intends to break with what is in place and advance in order to bring nursing closer to collective or individual ideals.

I always say this to my students, I am in teaching because I like it; it has always been always a desire, but mainly because teaching gives me a huge hope that things will be different in a few years (F04).

Teaching for me is almost an ideology and a desire that has accompanied me. Teaching has always been a hope of doing the nursing I believe in (PC16).

The perception that dedicating oneself to the other and being loving collaborates to reinforce aspects of the ethics (way of being) and of the aesthetic (faculty of feeling) of nursing, reproducing behaviors and postures that are almost dogmatic, culturally and socially constructed.

Being a teacher involves love. It is a dedication to the other, as well as nursing is. There is no way to dissociate, even though I believe that, increasingly, we have improved in producing knowledge (PC17).

In this aspect, the two professions are equal: the two are feminine, the two have an intrinsic relation, this thing of the loving relationship with the patients and with the students. It seems that the object changes, but our role remains connected to that. It is historical; I do not know how we will overcome this paradigm. I understand that affectivity can be something more, but first I am a care professional, a teaching professional (FP09).

The parallel established between teaching and nursing (modeling teaching in nursing) exposes an experience about which lit-

tle is discussed: in which the centrality of care is transferred, keeping the logic of affectivity as a professional foundation.

TEACHING AS AN EMBRACEMENT

Being embraced emerged as a possibility to identify in the profession in the time determined by the subject itself. It shows, to some extent, a conflicting relationship with the technical instrumentality of nursing, evidently theorized, whose difficulty can be dissipated through repetition. The non-identification with nursing work can make explicit the fragile processes of training or distancing with the object of nursing.

I graduated and could not identify with a specific nursing area. I was not a nurse at all, you know? In teaching, I felt embraced; I felt that I could help other people from the beginning to identify with something (FP10).

I have a teacher from my undergraduate years as an inspiration. She had a firm, welcoming look. I remember when I had to make a puncture, I was scared and she looked at me steadily, but at the same time, showing that she was there with me, by my side. I messed up the procedure, but it did not become a bad experience, it was really a moment of learning because she was there with me (F04).

This passion makes a difference. A teacher who is passionate about what he does and is embracing, is contagious in a positive way (F08).

In this sense, embracing or being embraced in teaching generates feelings of belonging and recognition of needs, as it reassures and favors learning through mechanisms of listening, attentive look and presence.

TEACHING AS CONCERN FOR THE OTHER, THE STUDENT

Feeling affection for the students, establishing bonds of respect and friendship with them and understanding the conflictive relations as obstacles to learning constitute, from the point of view of the participants, positive ways of experiencing teaching.

I feel affection for what I do. I feel affection, concern about my students. I have a relationship of respect and affection with them (F01).

I am very close to the students; I actually have bonds with them. That depends a little on the students I have as

well. My feelings may change, but the bonds are usually strong (FP07).

There are teachers who stand around, press the students, make threats. In comparison, for me, the good teachers are those who embrace them, are quiet, who manage, with a firm voice, with touch or look, to reassure them without terror, without panic, without unnecessary suffering (F04).

These bonds are particularly important in the development committed to the human training of a care profession. The feelings of caring expressed towards teaching and the students offer quality to the relations between them, evidencing the humanization as a positive pedagogical choice, mainly by the scenario and historical cultural conceptions of nursing.

TEACHING AS A MOTHERING

The teacher-student relationship involves maternal feelings, through social and cultural constructions. The parallel between nursing and teaching and the maternal/feminine model of teacher or nurse are traditional, but not necessarily impute quality to the relationships, otherwise, they confer character of personality, endorsing the need for embracement, recognition of the difficulties on the part of the student to then generate identification throughout the training.

It is hard not to be like a mother to the students. You end up getting involved, especially during the internship training. It hurts my heart when the student comes to me and says that he could not do an activity because he was working, for example. I am sorry in having to say he did not do it; I leave with a broken heart (PC14).

I realize this, an almost protective relationship. They are very insecure with the nursing techniques, but I do not terrify them, I am like a mother; I advise, I guide them; I understand that they have their time (FP09).

I try not to let my emotional part take over, because it is necessary to show the student that he has responsibilities, he has duties. But this is a characteristic of the profession itself, being motherly (PC18).

This conformation of the teaching practice, strongly connected to the practice of nurses, invokes emotional involvement, although this is a reference that refers precisely to the role reserved for them in gender relations.

In this respect, it should be emphasized that the two male participants in this research did not express dissonant percep-

tions regarding the close relationship between nursing and gender issues and what is understood as the role of women in society in a decisive way. Although they do not position themselves as motherly as part of the female participants, they express concern about the student being treated as an adult and taking responsibilities as they negotiate notes, attendance or when performing some activity in an internship field.

The difficulties are there, some students are more proactive, some less. But when he does not come or does not do some activity, when he is frustrated with a provision of care or a discharge plan or a patient orientation, he has to understand that experiencing this frustration makes part of the process, even admitting that maybe he is not capable of something at a given time. I treat them as professionals, even if they are students in an internship field (PC13).

The latter participant was the only one to refer to the academics in this way, using the word professional to define relations.

TEACHING AS STUDENT CARE

The transposition of the nurse-patient relationship to the teacher-student relationship is a way of perceiving the teaching universe in nursing. A pedagogical relationship implies a symmetry to be stimulated over time. The need for limits in order to impute responsibility to the students shows the decentering of patient care to the student care.

They idealize us very much, just as we have idealized our teachers. My area of work [urgency care] causes enchantment, so I need to set some limits. Because I have a lot of affection for them, but I am not a friend, I am a teacher; it has implications and responsibilities. It is the same relationship that I establish with the patients: I want the well-being of all of them, I take care, but I have to put limits (PC16).

Sometimes I have the feeling that, as a teacher, I transfer the care/affection I have with the patient to the student. The student is the teacher's patient. Is it wrong to say that? That is the feeling. In the hospital, I take care of the patient. In the classroom, I take care of the student, I reach out, I hug, I embrace, I understand their problems (PC17).

The pedagogical relationship keeps unconscious affections in motion. The understanding that they continue to take care not of patients anymore, but of students, strengthens the nursing imaginaries and causes teachers to determine conducts guided by emotion.

It is a bit complicated to deal with these feelings, you know? The student understands that he is your friend and has access to your intimacy through some social network, for example. Then, at some point, you do something that displeases him, like a demand, and that relationship crumbles. I try to keep some distance from the student as well as from the patients. It is healthier (PC15).

The difficulty of establishing limits between what is possible or not in the interpersonal relationship with the student may be anchored precisely in the absence of a formation that allows understanding such relations through the deep understanding of the other's behavior, strengthening and shaping identities.

DISCUSSION

Initially, we thought that the speakers' place of speech would impact in some way their impressions on the teaching but, in the end, the perceptions of professors of the federal and private universities were similar in almost all aspects, differing minimally in relation to the need of experience as a nurse to be a nursing professor. The professors of both universities have mostly recognized the experience as a nurse as important to work in teaching.

When discussing the feelings associated with teaching by nursing professors, we can find a peculiar character intrinsic to the so-called feminine professions, whose characteristics of docility, loving and affection are mediators of the relationships manifested by the teachers and desired by the students.¹⁴

Obviously, it is not a matter of demonizing or annulling the interpretation of the characteristics said as female over the years attributed to both nursing and teaching, but, in conceiving it, there should be a proposition of an inversion of logic in these relationships to be observed, then, by the optics of rationality, complemented by the necessary affectivity to the relationships of teaching and learning (and caring) through the need of pedagogical training for the teaching task.

In contrast to the advance of the technical model in nursing, creativity and relational constructions that surpass methods, techniques or results do not find anchoring in deliberate pedagogical movements, but in broadly affective processes and, sometimes, only conformed by emotions.¹⁵

The feelings associated with teaching in nursing are very much in line with those learned and experienced during nursing training, in which the feminine imagery of submission and inferiority is historically attributed to this profession.^{16,17} The nursing are itself finds a certain difficulty, even today, in articulating its professional capacity, since it is rooted in outdated concepts about its constitution, besides being tied to ambiguities that little contribute to the strength-

ening of professional identity, namely “white angel/prostitute, nursing has no sex/pornographic character, teacher/care provider, dressed in uniform/half-naked with lingerie”.¹⁸ The male participants, although in smaller number, do not reproduce the nursing discourse as a female profession, but also do not reinforce the opposite idea. Although it is complex to dissociate nursing from the feminine by its historical context, it was not part of the initial objectives of this research to deepen such questions. The teachers’ statements ended up highlighting these aspects, since qualitative research has this characteristic and allows the emergence of other questions than those initially proposed.

In fact, the image of the nurse is full of idealizations. Because it is a profession attached to female stereotypes from its beginning (and even today), the nurse is perceived as a mold of mother, religious, sexual symbol (the latter two antagonistic), the doctor’s assistant, without social life for necessary complete dedication to the profession, a subordinate or secondary professional, etc. Some of these stereotypes extend or blend into those of teaching, accommodating identities.¹⁹

In line with this, nursing training has not cooperated positively for a deep change in its image, since it still reproduces conceptions of disciplined and obedient professionals, although some expressive movements that seek to favor a critical, creative and reflexive position have already been present in the guidelines that regulate teaching and in the adoption of new learning strategies.²⁰

Thus, the relation of nurses to teaching reinforces these ambiguities and behaviors, expressed by the transference of the nurse-patient binomial to teacher-student relationship, or even in the ineffable amount of maternal feelings and the interpretation that the students (and the teacher him/herself) need to be embraced and cherished in their difficulties.

Obviously, dissociating cognition from affection distances the teacher from the conception of an empathic educator with the students and their training process, but how beneficial is it in higher education to shape pedagogical relationships based on personal behaviors? The symbolic power of the still almost military rules, of the motherly caring nurse/teacher, professionally driven as a priesthood, silent, affectionate, stereotyped by what is considered feminine stands and tacitly eclipses the criticism or the reflective capacity of the student, who succumbs to the power of these symbols, reproducing and justifying behaviors through affectivity.²¹

The order that defines the social world of teaching in nursing perpetuates dominant stereotypes. The teacher’s ability to advance the educational process of others (and why not, of their own) demands, in addition to pedagogical training, re-composition of the historical models attributed to nursing and teaching, bringing a horizontal perspective of relationships and

leveling responsibilities, enabling them to understand and or reflect ethically.²²

The reinforcement of asymmetries and submissions of one by the other can be overcome by the deep understanding of the need to break with authoritarian and socially constructed structures and to advance in the emancipation of the subjects.^{23,24} In the relationships between teachers and students, mediated by transfers of affection, the latter may occupy spaces that do not correspond to real life, such as of children, patients or someone who needs to be “taken care of”.⁹

The teacher-student relationship has been more stressful, since there are several contemporary movements that contribute to this, such as the use of technologies and generational paradigms. The teacher’s insecurity, who has a previously absent perception that his/her pedagogical formation is fragile, intensifies such tension. These relationships in higher education are confrontational (established between affective irony, interrogating the students to make them aware of their own ignorance and scene games, in which students are never removed from their passive role) and should pass, first of all, by the understanding that one is not subordinate to the other.²⁵

Among the multiple discourses that produce teaching identities, those that reinforce the conceptions of a profession of docile, nurturing, caring and educating women whose manifest world exposes an extension of the home does not exclude the need for affectivity in teaching nursing in higher education, nor do they favor the emancipation of the subjects.^{26,27} Therefore, is not a matter of denying academic affection as necessary in the feelings associated with teaching, but of re-signifying it in such a way that the student can more and more, by improving in his/her training process, dispensing with the teacher.

The main limitations refer to the lack of studies with the same objective and with the same target population, allowing few comparisons with other realities, evidenced by the review made by the authors for the theoretical basis and analysis of the data of this study, mainly in the area teaching in nursing. The exploratory character is also limiting in terms of literature review and comparison of results with other studies.

Teaching in nursing still lacks discussions that provide an understanding of who is the nursing teacher and how to mediate training in a way that allows them to carry out activities with safety, mastery of content and pedagogical knowledge. This study contributes to such purpose, revealing an area perceived, whether latently or not, as secondary in discussions about teaching. The necessary teacher training needs to include what the teacher thinks and feels about his/her activity, besides the development of didactic skills, since the teaching is based on interpersonal relations, in which the emotional experiences are constant.

FINAL CONSIDERATIONS

The cut chosen to address the subjects' statements in this study can be interpreted from other perspectives or discussed through different discursive systems. They explain, however, the desire for a paradigmatic overcoming and an approximation with characteristics of a professionalization of teaching in nursing. Discourses that may destabilize the current order are seen as challenges to nursing and the way it is taught.

We may consider that the lack of training and the pedagogical lack of preparation of the nursing teacher moderate their pedagogical choices and behaviors, causing some confusion or disarranging concepts and attitudes. Therefore, it is essential to understand the feelings associated with teaching by nursing teachers, since they are in close connection with the assumptions of professional nursing, its compositions and expressions.

Not being able to dissociate the teacher from the nurse, the attempt to train or capacitate pedagogically should provide spaces for reflection and discussion about what is intended from nursing in the near future, how to better train nurses and how teachers feel and move in this universe. Beyond a formal and systematic trajectory of training, the one that results from the re-signification of personal experiences and relationships, spontaneously, gives meaning to the teacher's identity processes.

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