NURSING, NUTRITION AND PHYSIOTHERAPY STUDENTS: CAREER CHOICE

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In the perspective of career choice, entering university encompasses meanings of self-accomplishment and social status, which are permeated by concepts and ideals people construct in their lives. This study aimed to analyze regimes of truth that permeate career choice in nursing, physiotherapy and nutrition. This qualitative-descriptive study was carried out with undergraduate freshmen. Data were collected through focus groups, evaluated by discourse analysis from a Foucaultian perspective. The following themes emerged from the analysis: - career choice: crowning a process of social differentiation, - reflexes of professions' history of acknowledgement; - career choice beyond professional projects. Discourse highlights that scientific knowledge acquires status in relations of power between different professions and society and is essential that health professional education is linked to public policies that expand the participation of different professions so as to meet demands in favor of integral care.

DESCRIPTORS: career choice; power (Psychology); nursing; physical therapy (speciality); nutritionist; health personnel

ESTUDIANTES DE ENFERMERÍA, NUTRICIÓN Y FISIOTERAPIA: LA ELECCIÓN PROFESIONAL

Bajo el aspecto de la elección profesional, el ingreso a la Universidad trae embutido significados de autorrealización y de status social, los cuales contienen conceptos e ideales construidos en el vivir cotidiano de las personas. El objetivo del estudio fue analizar regímenes de verdad contenidos en la elección profesional de enfermería, nutrición y fisioterapia. Se trata de un estudio descriptivo, de abordaje cualitativo realizado en los estudiantes que ingresan a la Graduación. La recolección de datos fue realizada en Grupos Focales, evaluados por medio del Análisis del Discurso, bajo el marco teórico de Focault. Del análisis emergieron las temáticas: Elección profesional; Coronamiento de un proceso de diferenciación social; Reflejos de la historia del reconocimiento de las profesiones; La elección profesional – más allá de proyectos profesionales. Los discursos señalan que el conocimiento científico adquiere status en las relaciones de poder entre las diferentes profesiones y en la sociedad, siendo fundamental que la formación de los profesionales de la salud esté articulada a las políticas públicas que amplían la participación de las diferentes profesiones, con la finalidad de atender las demandas en pro de una atención integral.

DESCRIPTORES: selección de profesión; poder (Psicología) ; enfermería; terapia física (especialidad); nutricionista; personal de salud

ACADÊMICOS DE ENFERMAGEM, NUTRIÇÃO E FISIOTERAPIA: A ESCOLHA PROFISSIONAL

Sob o aspecto da escolha profissional, o ingresso na universidade traz embutido significados de autorrealização e status social, nos quais perpassam conceitos e ideais construídos no viver da pessoa. O objetivo do estudo foi analisar regimes de verdade que permeiam a escolha profissional da enfermagem, fisioterapia e nutrição. É um estudo descritivo, de abordagem qualitativa, com ingressantes na graduação. Coleta de dados foi realizada com grupos focais, avaliados pela análise de discurso, sob o olhar de Focault. Da análise emergiram as temáticas: - escolha profissional: coroamento de um processo de diferenciação social, - reflexos da história de reconhecimento das profissões, - a escolha profissional para além de projetos profissionais. Os discursos assinalam que o conhecimento científico adquire status nas relações de poder entre as diferentes profissões e a sociedade, sendo fundamental que a formação de profissionais de saúde esteja articulada às políticas públicas que ampliam a participação de diferentes profissões, a fim de atender às demandas em prol da atenção integral.

DESCRITORES: escolha da profissão; poder (Psicologia); enfermagem; fisioterapia (especialidade); nutricionista; pessoal de saúde

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INTRODUCTION

The fragmentation of health practices is a modern reality, concretized in multiple professions and specializations. In this perspective, each professional in the different scenarios of practice, is responsible for a share of care in which invisible knowledge is used, for example, the naturalization of female and male practices immersed in the various health professions[1].

Modern scientific development was essential for the emergence of professions like nutrition, physiotherapy and nursing[2-4]. The construction of nutrition science was stimulated by the European industrial revolution (18th century), and became visible as from World War I, due to the need for studies and research and also because of the need to train professional experts, culminating in the creation of the first nutrition control and intervention agencies[3]. The development of this area in Latin America became more systematized as from the mid 19th century and was integrated into medical knowledge. Physiotherapist resources integrated medical treatment[2] in Brazil in the 19th century. Increased physiotherapist demands as from World War II required non-physician professionals to deliver physiotherapy care. Nursing was born in England in the mid 19th century with Florence Nightingale, whose model was influenced by British disciplinary conceptions, with rigid rules based on military and moral customs recommended in monasteries. Based on statistical bases, her knowledge and concerns with sanitary, nutritional and environmental measures led to the reformulation of military hospitals and army health administration. Being a reference in sanitarian issues, she participated in the elaboration of internal and external health policies, laying out the bases for nursing as a profession worldwide[4].

These brief historical fragments reveal the close relation of these professions with the medical area. These were developed as from medical needs or demands for specialties. In this social construction, the naturalization of occupations ranked under social practices in health[1] becomes clear.

Every society possesses *regimes of truth*[5], which establish identities, determine rules, legitimate or disregard practices, determine or impose different social valorizations. *Regime of truth* is what is established by means of knowledge-power devices capable of registering in reality something that becomes the truth, which will be the result of discourse, practices and knowledge[5].

Entering university reports to career choice, which encompasses the meaning of self-accomplishment and economic autonomy, permeated by concepts and ideals constructed across the person's life. *Regimes of truth*, which determine hierarchy among health professions, seem to be present in social discourse and academic and health institutions. In this perspective and with the development of modern medicine, medical knowledge shaped social, political and economic relations and became imperative to health knowledge[5].

Discourse is formed in statements, theories and institutions in the way practices are organized and transmitted. The acceptance of a discourse comes from repetition and dissemination of statements. There are many sources of language that build statements and which can be viewed in different forms of social discourse, such as in the media, in the academic and professional areas. These practices tell us about the *truth*, *regimes of truth*, and are strong enough to become unquestionable in power relations, regardless of what is determined by law and what people or groups of people wish. They become naturalized![5]

Integrated in this social structure, this study analyzes the discourse of students entering nursing, physiotherapy and nutrition programs, because they represent a reality where *regimes of truth* are produced on these professions, and which are expressed in social policies, health institutions, the media and institutions.

A study carried out with undergraduate students about professional prestige of 13 higher education professions hints that hierarchy is expressed in the judgment of each profession. In this study, the medical profession was identified as the one with the highest prestige, physiotherapy ranked sixth and nursing eighth, while nutrition was not included in the list of evaluated professions[6]. Another recent study appoints the media's influence on the formation of statements present in the image of professions like nursing, which require these professions to seek strategies to provide more information, visibility and to have a voice in the social scope[7]. Reflections regarding the results of these studies indicate the need to broaden the understanding of the scenario in which the choice of a career and the education of future health professionals take place.

In the analysis of freshmen's discourse, we seek what is naturalized, not questioned, dispersed in different statements, transversalized as materialities of games of truth, which influenced the career choice[5]. Hence, this study aims to instill a critical perspective in students, professors and researchers regarding the social scenario of health professions.

OBJECTIVE

To analyze *regimes of truth* that permeate the choice for nursing, physiotherapy and nutrition manifested by students entering the respective courses.

METHOD

This is a qualitative-descriptive study. Study participants were students entering the nursing, physiotherapy and nutrition undergraduate programs at the Pontifical Catholic University of Rio Grande do Sul (PUCRS). Students were selected among classes at the beginning of the school year semesters (2006/1 and 2006/2), through voluntary participation after a brief presentation of the project. All students who met the inclusion criteria: availability to participate in focus groups, entered university through the required written exam, were attending the first course semester, were invited to participate.

Data collection was carried out through focus groups. The focus group technique has been increasingly used in several areas of research, especially in research using qualitative methods aiming at social investigation. This technique permits the researcher to know the opinion, thoughts, feelings and actions of a given group in relation to a social phenomenon[8]. The seven focus groups with seven to 12 participants were conducted by researchers, with a maximum duration of 90 minutes. The group discussion was based on the following guiding questions: How do you see the professional area you have chosen? How do you see the insertion of this profession in the health area and in society? What do you expect from these areas? Non-verbal information and discussion were registered and tape-recorded with the participation of an observer.

Data were analyzed through discourse analysis in Foucault's perspective[5]. The analysis proposes to describe statements, which might be expressed in different ways: in a phrase, a figure or in an act of language. Social conceptions on the chosen area were analyzed based on the participants' discourse, seeking to put in evidence which *regimes of truth* permeate concepts and practices in these areas.

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RESULTS AND DISCUSSION

Career choice: crowning a process of social differentiation

Entering university, which refers to the career choice, seems to crown a process of social differentiation: [...] *Anything I wanted to study, since I was little, had to do with the health area, medicine, nursing, I even consider psychology [...] (*G5)[*]. The career choice also sustains a social image about a given area in the attempt to materialize the person's wishes and life plan[1].

The process of choosing a career begins at a very young age in modern society[9], but society's and families' expectations about career choice are intensified at the end of high school with the perspective of attending the obligatory written exam, which requires one to opt for a bachelor's degree, that is, a profession: [...] *I didn't have the slightest idea when I was a 3rd year high school student, when I realized it, 'Gosh, what am I gonna do, I'll be out of school, I'll go to university' and I had no idea of what program I was going to choose* [...] (G5).

Families influence adolescents' career choice because projects are constructed in the family through parents' and family members' expectations and wishes: *[...] I didn't pass in medicine but the nursing program called me, they didn't believe I'd study nursing after having tried medicine and they still don't see it as a professional at the end of the first semester [...]* (G2). Thus, the career choice is also an opportunity to show *loyalty* to the family or

[*]The groups are identified by the letter "G" followed by the group's number.

the concretization of a collective family project: [...] *when I said to my dad that I wanted to study nutrition, he said "you're going to be a cook?" he wanted me to study medicine, to be a doctor [...] but I'm enchanting him, when I get home I tell him about my classes, about what I've learned, related to medicine and he's encouraging me more* [...](G7). In another study[8], students reported the strong influence parents exert to the extent of generating doubts in the decision-making process. Oftentimes, the family wishes to find, through the student's choice, their own social projection, which can lead to demands and even greater indecision.

The process of choosing a career does not cease with the student's ingression in the chosen program. At the beginning of their academic trajectory, students reevaluate their options in view of their experiences and knowledge acquired on the profession, which can reaffirm their choice or put it in question[10].

Career choice: reflexes of professions' history of acknowledgment

In a way, the career choice also evidences the historical process of each profession, its struggles, preconceptions, and perspectives of social acknowledgment: *[...] my first option was medicine but I started to see that not only medicine, but also nursing, nutrition or any other related to the health area would give me great pleasure, to be dealing with patients, and present in every moment, in each situation*(G4).

The historical process of health professions contains the struggle one has faced to enter higher education as a strategy in search of legitimacy, autonomy and social acknowledgement. Nutritionist education in Brazil was idealized by the first generation of nutriologist physicians at the start of the 1940's with the creation of new technical courses[3]. The struggle to have the nutrition program acknowledged as a higher education profession began in the 1950s and was only won in 1962. In this historical process, a considerable enlargement of professional areas was evidenced, as well as the crescent process of specialization/division of nutritionists' object of work/study, with the development and qualification of technical-scientific skills and competences. However, this struggle seems to be currently ongoing: *[...] I guess nutrition has the same value as medicine* [...](G5).

The acknowledgement of nursing as a higher education degree began in the 1930s, when women's work began to expand in Brazil. However, it was only concluded in 1968 with the University Reform. Because nursing education was viewed as a female, domestic and auxiliary profession, students with a level of education lower than the remaining students were accepted in higher education for many years[11]. This particularity was reverted in 1962 with the Law of Basic Tenets and Guidelines of National Education, which required the completion of high school to enter university in the same way other areas required it. Until the 1960s, nursing schools in the process of nursing education were attached to Medical schools attending the need for specialties. Nursing was a subject in the medical area, called paramedic profession. Only in 1968, with the University Reform, were nursing schools acknowledged as academic units in the university context. Preconceptions in relation to nursing are present in social conceptions, from the process of career choice up to academic education and professional life. Professors and students from other areas frequently express preconceptions regarding the qualification of nursing knowledge[10].

Physiotherapy, also in the struggle to achieve social acknowledgement as a health profession, was admitted to higher education in 1964, though at the time it was seen as an auxiliary profession, subject to medical guidance and responsibility[2], which seems to be present in the following discourse: [...] *everyone thinks that physiotherapy is only clinics; there's a lot of things in physiotherapy, like in a basic health unit, which a physiotherapist can do, not only the physician. People don't know that* (G4). The acknowledgement of physiotherapy as a higher education profession is one of its main accomplishments because the development of multiple demands is evidenced, entailing greater social visibility[2].

Although the highlighted historical facts focus only on nutrition, nursing and physiotherapy, they maintain a certain similarity with the struggle of health professions in higher education, like the search for social acknowledgement, autonomy and emancipation of practices. In this perspective, the physician is still seen as the main health agent, which implies the secondary participation of the remaining professionals in the scope of health practices[12].

In the historical process of the health area, medicine became the knowledge matrix, establishing itself as what Foucault calls biopower. This knowledge broadens and comprises the different nuances of human life, in their habits, customs and cultures,

constituting social practices. When medicine acquires such a social dimension, it grants professionals a .differentiated status in relation to other health professionals. The social status conferred by medicine is probably one of the main reasons this area is still the most chosen in public and private universities[1]. Such differentiation mobilizes relations of knowledge/power in career choice.

Entering a medical program gives the student the status of physician, that is, the selection itself becomes a strategy in the knowledge/power relation that distinguishes future medical professionals from the remaining professionals, which integrate to this status (pre)conceptions that rule as regimes of truth: more intelligent and instructed students, who received differentiated education, are able to enter the most desired programs and are therefore the best professionals, which maintain the differentiated status of this profession, turning it into authority of knowledge. [...] *the physician thinks that just because he's studied medicine and is treating the human body and medicating, he thinks he's the best and what happens is that he rules things* [...] (G6). The regime of truth that grants a differential to the student entering the program ranks the entrance of students in health programs, which is permeated by socioeconomic and cultural differences that also permeate these professions[1].

The high demand for the medical area makes many candidates choose other health professions as a second option. In a study with students registered in a nursing program, 70% chose this area because they were not able to classify in another; medicine was the first option for most of them[11]. We observe that this phenomenon is also present in other health professions according to the following discourse: [...] *physiotherapy, because everyone wants to study medicine, because the demand is high and it's difficult [...](G4). [...] you're studying nutrition because you wanted to study medicine but didn't manage to be accepted* [...] (G5).

Career choice beyond professional projects

It seems that entering certain areas goes beyond professional projects, that is, these choices happen as occasional choices of someone who knows little about the area, but brings concepts and values that circulate in society*: [...] I was kind of taken aback because it wasn't exactly what I wanted but then I changed my mind, because I was going to study dentistry, but I passed in my second option, nutrition, 'I'll do it and see if I like it', and I'm loving it now, don't want to change it anymore, I want to study nutrition* (G5).

A study with students from the health sciences area[12] revealed that, among motivations that led students to choose a certain area, there was the "impossibility of studying their first choice", especially medicine and dentistry, which also appears in the following report: *[...] physiotherapy was my second option because I wanted dentistry but I like the health area very much and, since I couldn't do dentistry, I chose physiotherapy [...]* (G4). The study indicates some degree of frustration in these students who, even after attending a large part of the program, regret not having accomplished their life plan. Regarding professional expectations, students report professional acknowledgement, which includes professional and personal realization, "win professionally, overcome obstacles, gain recognition from patients and professionals and practice their profession with dignity, applying the acquired knowledge"[12].

Some aspects that facilitate entering the medical professional[13], such as high family income, parents with higher education, attending good high schools, attending preparatory courses for the written exam required to enter university, having family members who are physicians, show the relevance of several socioeconomic factors in determining career choice: *[...] my family pressured me 'ah, go study medicine' [...] I'll study physiotherapy because I'd been a patient, I've liked it a lot. My uncles who are physicians were like 'but physiotherapy is so much alike medicine'* (G7). This reality does not seem to be the same in professions like nursing, nutrition and physiotherapy, in which the number of undergraduate programs in the regional and national scope is enormous. There were 415 undergraduate nursing[14] programs in Brazil in 2004, 201 in nutrition[15], and 339 in physiotherapy[16]. The number of slots is larger than the number of students entering these programs, as these areas are also marked by significant abandonment rates, massifying the education of these professionals and their entrance in the job market. Another important aspect to be considered is the socioeconomic condition of students who need to enter the job market so as to support

college. We observed in private institutions that 54.4% of the students entering the nursing program, 35.1% in nutrition and 31.6% in the physiotherapy program work. Data regarding family income reinforce the difficulty students have to face: 77.3% in nursing, 70.9% in nutrition and 69.2% in physiotherapy have an income lower than 10 minimum wages[14-16]. This is also a reality for the study participants.

After entering university, future professionals start to experience power relations existent in the health area: *[...] there's a hierarchy, the physician comes first, then the physiotherapist, then the physical educator, so this is what is created. So I felt little in relation to these things, you know, and seeking more knowledge, of course I could do it, I'd get more knowledge in physical education, seeking knowledge in this area, I would get it, it's not about being superior, but let's say, show myself more [...]* (G6). Explicit or silent fights are present so as to authorize or legitimate unconventional spaces and practices. Entering professions in the health area mobilizes *regimes of truth*, which are present in the image of each profession and transversalized in professional education and the professional context. The academic trajectory is expected to permit the construction of a historically constructed professional identity that attends and adapts to certain political, economic and social prescriptions. In contrast, the transformation of knowledge and practices shows that these prescriptions are the focus of struggles between different areas.

FINAL CONSIDERATIONS

The analysis developed in this study revealed that students' career choice was strongly linked to the area's social image and family influence. During education, when nursing, physiotherapy and nutrition students face knowledge in the respective areas, they reaffirm their option or choose other professions. Therefore, it is important that programs promote direct contact of students with knowledge and practices in each chosen profession since the start.

Participants' career choice and academic experiences occur in the context of health professions' power conflicts. Students' discourse revealed knowledge shaped according to medicine, which acquires status in relations of power. Thus, the education of health professionals needs to be linked to public policies that enlarge different professions so as to meet demands, which also implies the (re)organization of policies. These movements grant visibility to professions and their practices, which, linked to scientific knowledge, institute new *regimes of truth*.

The search for professional acknowledgment and personal accomplishment permeated the entry of participants into higher education. For beyond professional and personal projects, the professional identity of nurses, physiotherapists and nutritionists demands the constitution of a new act, focused on an enlarged understanding of health that gives voice to the different professions in favor of integral care.

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