

# Relationship between need for adornments, body image satisfaction and professional self-concept of nursing team

*Relação entre necessidade de adornos com satisfação com imagem corporal e autoconceito profissional da equipe de enfermagem*

*Relación entre la necesidad de adornos con la satisfacción de la imagen corporal y del autoconcepto profesional de un equipo de enfermería*

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## ABSTRACT

**Objective:** To explore the relationship between the feeling of missing not wearing adornments and body image satisfaction and the professional self-concept of the members of the nursing team. **Methods:** Quantitative analytical study. Professionals from a nursing team (n = 46) responded to a Professional Self-Concept Scale, Body Image Satisfaction Assessment Scale and a characterization questionnaire. **Results:** The total mean score for the Professional Self-Concept Scale was 111.6 ( $\pm$  13.3) and for the Body Image Satisfaction Assessment Scale it was 81.6 ( $\pm$  14.1). There were statistically significant differences in the comparison of the feeling of missing not wearing adornments in the dimensions of Realization ( $p$ -value = 0.0074), Self-confidence ( $p$ -value = 0.0386) and Health ( $p$ -value = 0.0109) of the Professional Self-Concept Scale. **Conclusion:** Individuals who are more realized, more self-confident, more perceive the influence of work on own health and more satisfied with their appearance do not miss wearing adornments in the hospital environment.

**Keywords:** Body Image; Nursing; Self-concept.

## RESUMO

**Objetivo:** Relacionar a sensação de falta de adornos com a satisfação da imagem corporal e o autoconceito profissional dos membros da equipe de enfermagem. **Métodos:** Estudo analítico quantitativo. Profissionais da equipe de enfermagem (n = 46) responderam a Escala de Autoconceito Profissional, a Escala de Avaliação da Satisfação da Imagem Corporal e um questionário de caracterização. **Resultados:** O escore médio total da Escala de Autoconceito Profissional foi de 111,6 ( $\pm$  13,3) e da Escala Avaliação da Satisfação com a Imagem Corporal foi de 81,6 ( $\pm$  14,1). Houve diferenças estatisticamente significativas na comparação da sensação de falta de adornos nas dimensões Realização (valor de  $p$  = 0,0074), Autoconfiança (valor de  $p$  = 0,0386) e Saúde (valor de  $p$  = 0,0109) da Escala Autoconceito Profissional. **Conclusão:** Indivíduos mais realizados, mais autoconfiantes, que mais percebem a influencia do trabalho na própria saúde e mais satisfeitos com a aparência não sentiram falta de adornos no ambiente hospitalar.

**Palavras-chave:** Imagem Corporal; Enfermagem; Autoimagem.

## RESUMEN

**Objetivo:** Relacionar la sensación de falta de adorno con la satisfacción de la imagen corporal y el autoconcepto profesional de miembros de un equipo de enfermería. **Métodos:** Estudio analítico cuantitativo. Participaron enfermeros (n = 46) que respondieron la Escala de Autoconceito Profesional, la Escala de Evaluación de la Satisfacción con la Imagen Corporal y un cuestionario de caracterización. **Resultados:** La media de puntos totales de la Escala de Autoconceito Profesional fue 111,6 ( $\pm$  13,3), y la Escala de Evaluación de la Satisfacción con la Imagen Corporal, 81,6 ( $\pm$  14,1). Hubo diferencias estadísticamente significativas en comparación con la percepción de la falta de adorno en las dimensiones Realización (valor de  $p$  = 0,0074), Autoconfianza (valor de  $p$  = 0,0386) y Salud (valor de  $p$  = 0,0109), en la Escala de Autoconceito Profesional. **Conclusión:** Los individuos más realizados, seguros, que mejor comprenden la influencia del trabajo en la propia salud y más satisfechos con la apariencia no sintieron falta de los adornos en el ambiente hospitalario.

**Palabras clave:** Imagen Corporal; Enfermería; Autoimagen.

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## INTRODUCTION

Body image is multidimensional and its representations are composed of body size and appearance, as well as emotional, social and cultural responses and satisfaction in relation to these perceptions<sup>1</sup>. Body image can convey a great deal about people, giving signs of what their behavior and attitudes might be in the face of different situations<sup>2</sup>.

For example, inferences can be made based on hair type, color or aspects. Curly thick hair of those of African descent is a protection against the hot sun, red hair signifies mystery, white hairs are signs of old age, loose hair indicates a more open personality, and hair tied back and only loose at home demonstrates a need for privacy<sup>3</sup>.

More subtle physical facial characteristics are also non-verbal signs that make up body image. Eyebrows clearly express shifts of mood, thick eyebrows accentuate expressiveness and are an attractive masculine trait. Naturally more dilated pupils and shinier eyes invite more acceptance. There are considerable ethnic differences in the shape of the nose due to the environment. For example, a small nose is more child-like and feminine. When we age, the position of our lips tends to reflect the dominant emotion in our lives: happiness, sadness, anger, depression, enthusiasm or tension. Individuals with naturally more protruding and red lips automatically transmit highly sexual signals<sup>3</sup>.

The appearance of parts of the body and their proportions are also important components of an individual's body image. Women's necks are more slender and longer, whereas men's necks are shorter and thicker. Shoulder pads worn by women in their clothes serve to transmit an impression of strength and masculinity, shoulders sloping downwards and arched back demonstrate calm and relaxation, and shoulders hunched upwards and bent forward suggest anxiety, warning or hostility. Large arms are signs of masculine strength. Traditionally, wide hips have been viewed as a symbol of female fertility, also being a strong sexual trait, whereas narrow hips imply naive innocence<sup>3</sup>.

Body image perception is directly related to professional self-concept. Satisfied individuals may view themselves as more competent and realized, while dissatisfied individuals may not manifest much effectiveness<sup>4</sup>. What people think about themselves - whether they feel competent or capable - will be reflected in their behavior in the workplace<sup>5</sup>.

An individual's self-perception is a representation of what others see, reflecting the image as perceived by the individual<sup>6</sup>. The perception and esteem that an individual has in regard to him or herself is directly related to the way others view and assess these aspects, shaping the construction of self-concept<sup>7</sup>. Culture can be decisive for regulating human behavior in relation to beliefs, attitudes, behavior and values<sup>8</sup>.

Self-concept can be defined as the set of attitudes and beliefs regarding awareness and concept of oneself, one's characteristics, feelings and tendencies. Self-concept is formed both by specific perceptions and more global

perceptions that encompass a broader context of an individual's life<sup>9</sup>.

Such being the case, people develop a self-concept to come to terms with the outside world. Through social interaction and interpersonal relationships, individuals try to shun concepts of themselves that cause doubt or anguish related to their competence and worth, and more readily accept positive and value-enhancing concepts<sup>7</sup>.

However, self-concept presents the way in which individuals characterize information about themselves in an evolving manner, being able to reformulate these concepts over time, since an individual's development unfolds through life, based on lived experiences and takes on various aspects as a social, academic, professional, personal and physical being<sup>7</sup>.

The formation of identity is also subject to the influence of cultural stereotypes and widely accepted social rules regarding communication of certain colors, models and adornments in different social situations. The choice of adornments and accessories is guided by the group, status and function of the individual in society. Thus, adornments are also a form of non-verbal communication of the intentions and feelings of people in different contexts<sup>10</sup>.

In nursing, health professionals are forbidden to use adornments during working hours, especially those that enter into contact with biological agents. NR 32, a regulatory standard of ANVISA (the Brazilian National Health Surveillance Agency) defines adornments as: wedding rings, rings, bracelets, watches, necklaces, earrings, broaches, exposed piercings, ties and ID badges with cords. The purpose of NR 32 is to establish basic procedures for the implementation of safety and health protection measures for health service workers and those who provide care or promote health in general<sup>11</sup>.

The objective of this study was to explore the relationship between body image satisfaction, professional self-concept and the sensation of missing not wearing adornments among nursing team members.

## METHODS

This was a quantitative analytical study, with dependent variables of body image satisfaction and professional self-concept and independent variables of age, gender, degree, work unit, length of service, job, shift and missing not wearing adornments.

The study was conducted at the University Hospital of the School of Medicine of Jundiaí (HU-FMJ). The sample comprised 46 professionals: nurses, nursing technicians and nursing aides who met the following criteria: (1) adults from 18 to 60 years of age and (2) working as a nurse, nursing technician or nursing aide in the clinics selected for this study. The exclusion criterion was being a nurse with an administrative function, such as a supervisor or a coordinator, due to the fact that working in higher managerial positions

might interfere with the perception of self-concept and the individual's satisfaction with self-image, creating a bias in the study.

The conducting of this study complied with national ethical research standards involving human subjects and was approved by the Research Ethics Committee, under No. 16977513.7.0000.5412. The nursing team professionals were invited to participate in the study, the objective of the study was explained to them and they each signed a Free and Informed Consent Form.

Three self-administered instruments were used for the data collection: a sample characterization instrument, the Professional Self-Concept Scale and the Body Image Satisfaction Assessment Scale.

The Professional Self-Concept Scale is made up of 20 items distributed among four factors (Realization, Competence, Self-confidence and Health). The Realization factor is defined as the individual's perception of their professional success, aspirations and ideals achieved through work; the Competence factor is defined as the individual's perception of their capabilities, skills and aptitudes to perform their job; the Self-confidence factor refers to the individual's perception of personal confidence to perform their job; and the Health factor is related to the individual's perception as to whether the work and factors related to it affect their health<sup>9</sup>.

The items from the Professional Self-Concept Scale are measured through a Likert scale with five options ranging from "never" to "always". The items from the Health dimension have a reverse code, i.e., to obtain the total score, the scoring for these items needs to be reversed beforehand<sup>9</sup>.

The Body Image Satisfaction Assessment Scale is made up of 25 items distributed into two factors (Satisfaction with appearance and Concern about weight). The Satisfaction with appearance factor defines the level of satisfaction with one's own appearance, in terms of the characteristics intrinsic to body image, as well as the repercussion of this image in the external environment, either through photos or upon other people. The Concern about weight factor focuses on items related to the need to regulate and control one's weight in order to maintain or obtain an ideal self-image<sup>1</sup>.

This scale also has some negative items. Therefore, the scores of items with negative factor loadings must be reversed, before the total calculation of each sub-scale. The total is obtained by adding up the scores obtained in the two sub-scales. The higher the score, the more positive and greater the body image satisfaction<sup>1</sup>.

The Body Image Satisfaction Assessment Scale has the following categorical scoring system in relation to total score: from 25 to 37 points (totally dissatisfied with body image); from 38 to 63 points (dissatisfied most of the time with body image); from 64 to 88 points (sometimes satisfied and sometimes not with body image); from 89 to 113 points (satisfied most of the time with body image) and from 114 to 125 points (totally satisfied with body image)<sup>1</sup>.

The instruments were distributed to the participants and collected afterwards. A descriptive analysis was performed (mean, standard deviation and median), as well as a comparative analysis using statistical tests. The error probability adopted in the tests was  $p < 0.05$  and the software used for the analysis was SAS version 9.2.

Assessment of the internal consistency of the questionnaire was measured through Cronbach's alpha coefficient. Assessment of the domains of the questionnaire according to the independent variables was performed through *t*-Student tests (for assessing two categories) and ANOVA (for assessing three or more categories).

A database input technique was adopted, wherein missing data were replaced by the mode of each affirmative statement (item) in the scales. Participants with over 20% missing data in one scale were excluded from the study. In the sample studied, 16 pieces of data in the Body Image Satisfaction Assessment Scale and 26 in the Professional Self-Concept Scale were replaced by the mode.

## RESULTS

For the sample selected in this study, the internal consistency and validity coefficient was moderately reliable (0.728), i.e., when Cronbach's alpha was between 0.60 and 0.75<sup>12</sup>. Cronbach's alpha was 0.849 in the Realization dimension, 0.625 in the Competence dimension, 0.784 in the Self-confidence dimension and 0.518 in the Health dimension.

The internal consistency and validity coefficient of the Body Image Satisfaction Assessment Scale was also moderately reliable (0.702). Cronbach's alpha was 0.852 in the Satisfaction with appearance dimension and 0.718 in the Concern about weight dimension.

The total sample was 46 professionals from the nursing team with a mean age of 33 years ( $\pm 8.1$ ), mean length of service of 3 years and 7 months and composed exclusively of women ( $n = 46$ ; 100%) (Table 1).

In relation to the highest academic degree of each participant, 69.6% ( $n = 32$ ) had completed a technical course, 17.4% ( $n = 8$ ) bachelor studies and 13% ( $n = 6$ ) a specialization. In terms of their jobs in the institution, 56.5% ( $n = 26$ ) were nursing aides, 19.6% ( $n = 9$ ) were nursing technicians and 23.9% ( $n = 11$ ) nurses (Table 1).

The units with the highest number of professionals from the sample were the Maternity ( $n = 14$ ; 30.4%), Internal Medicine/Surgical ( $n = 6$ ; 13%), Neonatal Semi-Intensive ( $n = 6$ ; 13%) and Neonatal ICU ( $n = 6$ ; 13%). The majority of the respondents worked on the night shift ( $n = 24$ ; 52.2%) and said they missed not wearing their adornments during working hours ( $n = 31$ ; 67.4%). The adornments most mentioned were earrings ( $n = 19$ ; 41.3%), wrist watches ( $n = 16$ ; 34.8%) and wedding rings ( $n = 11$ ; 23.9%) (Table 1).

The total mean score of the participants' responses in relation to the Professional Self-Concept Scale was 111.6 ( $\pm 13.3$ ), above the arithmetic mean of the instrument

**Table 1.** Description of the characteristics studied

Characteristic	N	%
<b>Gender</b>		
Female	46	100%
<b>Degree</b>		
Technician	32	69.6%
Bachelor	8	17.4%
Specialization	6	13%
<b>Job in the institution</b>		
Nurse	11	23.9%
Nursing Technician	9	19.6%
Nursing Aide	26	56.5%
<b>Work unit</b>		
Maternity	14	30.4%
Surgery Center	1	2.2%
Internal Medicine/Surgical	6	13%
Emergency Department	2	4.3%
Neonatal Semi-Intensive	6	13%
Pediatric ICU	4	8.7%
Neonatal ICU	6	13%
Pediatric Emergency	5	10.9%
Adult ICU	2	4.3%
<b>Work shift</b>		
Morning	8	17.4%
Afternoon	14	30.4%
Night	24	52.2%
<b>Misses adornments</b>		
Yes	31	67.4%
No	15	32.6%
<b>Adornments mentioned</b>		
Wedding ring	11	23.9%
Bracelets	1	2.2%
Wrist watch	16	34.8%
Necklaces	3	6.5%
Earrings	19	41.3%
Other	1	2.2%

(28+140/2 = 84), demonstrating a good professional self-concept of these individuals with respect to realization, competence, self-confidence and health (Table 2).

The total mean score of the participants' responses in relation to the Body Image Satisfaction Assessment Scale was 81.6 (± 14.1), above the arithmetic mean of the instrument

(25+125/2 = 75), demonstrating that the participants had good body image satisfaction. However, there was significant variability in the responses as seen by the high standard deviation (Table 2).

Looking at the categorical assessment of the total score of the Body Image Satisfaction Assessment Scale, no participant was "totally dissatisfied" with body image, 8.7% (n = 4) were "dissatisfied most of the time", 28.3% (n = 13) were "satisfied most of the time and most were "sometimes satisfied and sometimes not" (n = 29; 63%).

Comparing the numerical variables of the characteristics of the sample with the participants' responses in each of the dimensions of the Professional Self-Concept Scale and Body Image Satisfaction Assessment Scale, there were no statistically significant associations.

With respect to the comparison between the categorical variables of the characteristics of the sample and the participants' responses in each one of the dimensions of the Professional Self-Concept Scale and the Body Image Satisfaction Assessment Scale (Tables 3 and 4), there was a statistically significant difference in the comparison between the scores in the Competence dimension and the job performed in the institution (*p*-value = 0.0123), revealing that the Competence self-concept is higher among nursing technicians than among nursing aides and nurses in the hospital.

There were also statistically significant differences in the comparison between missing not wearing adornments in the dimensions of Realization (*p*-value = 0.0074), Self-confidence (*p*-value = 0.0386) and Health (*p*-value = 0.0109) of the Professional Self-Concept Scale, showing that more realized, self-confident and individuals more perceive the influence of work on own health do not miss wearing adornments during working hours.

Missing not wearing adornments also had a tendency toward significance in the Satisfaction with appearance dimension of the Body Image Satisfaction Assessment Scale (*p*-value = 0.0512), demonstrating that individuals who are more satisfied with their appearance do not miss wearing adornments in the hospital environment.

## DISCUSSION

Professional self-concept is an individual attribute that can influence the satisfaction of members with their teams and, consequently, influence their effectiveness. Self-concept has exerted an influence on human behavior at work and been an object of interest of researchers in different areas of expertise. The image that workers have of themselves as a professional can make significant contributions in interpersonal relationships in the workplace, mainly in relation to people's feelings toward and satisfaction with the team<sup>4</sup>.

A study was conducted among 373 employees from technology companies, most of whom were male (63.7%) with a mean age of 30.2 years (± 7.4). Four factors from the professional self-concept scale were examined: realization,

**Table 2.** Total score and by dimension of the Professional Self-Concept Scale and Body Image Satisfaction Assessment Scale

	Nº of items	Score variation	Mean	Standard Deviation	Median
<b>Professional Self-Concept Scale</b>					
Realization	8	8-40	32	5.9	33.5
Competence	6	6-30	21.2	4.2	21
Self-confidence	9	9-45	40.3	4.1	41
Health	5	5-25	18.1	3.3	18
Total	28	28-140	111.6	13.3	113.5
<b>Body Image Satisfaction Assessment Scale</b>					
Satisfaction with appearance	18	18-90	60.1	10.1	58
Concern about weight	7	7-35	21.5	5.7	21.5
Total	25	25-125	81.6	14.1	82

competence, self-confidence and health. It was found that men considered themselves to be more satisfied, realized, competent and self-confident than women. Furthermore, men also consider that their work affects their health more significantly than women do. There was a higher correlation between realization and satisfaction ( $r = 0.37$ ) and a lower correlation between health and satisfaction ( $r = 0.15$ )<sup>4</sup>.

Another study explored the relationship between professional self-concept, transfer support and impact of training on work, involving 117 participants from two organizations in the Federal District - Correios (Post Office) and Infraero - who were in training during the time of data collection. The data collection occurred at two specific times: on the first day of training, at which time the Professional Self-Concept Scale (28 items) was applied and three months after the end of the course, at which time the instruments Impact on Amplitude of Training (12 items) and Transfer Support (22 items) were applied. Professional self-concept was not a predictor of Training Impact, but this variable should not be excluded from assessment models, since it may be able to explain the impact of education and career programs. Professional self-concept can be a potential variable for studies on individual career planning<sup>6</sup>.

The development and involvement of individuals in work groups depend on many factors, one of which is how competent the person feels in his or her job. An integrative review noted the predominance of the concept of professional competence based on its constituent elements, namely, knowledge, skills and attitudes; educational strategies and training programs for the formation of competences, such as management actions; and in nursing, the challenge of training competent and committed professionals<sup>13</sup>. The concept of competence linked to skills is very common, so perhaps for this reason nursing technicians considered themselves more competent than nursing aides and nurses in this study, since they are the members of the team who perform most nursing procedures.

Another factor examined in this study that has a bearing on the dynamics of work relationships was the importance of body image satisfaction or dissatisfaction, which directly influences interpersonal relationships. Regulatory Standard NR 32 brought this discussion to the fore when it prohibited the use of adornments.

Clothing and adornments transmit non-verbal signals and can serve different purposes for people: decoration, protection (both physical and psychological), instrument of sexual attraction, self-affirmation, self-denial, group identification and manifestation of status<sup>10</sup>.

Adornments and clothing can have a positive effect, or not, on interpersonal relationships. A qualitative study, which interviewed nursing aides, investigated whether the use of piercings and tattoos affects the care given to adolescent inpatients, in addition to identifying the meaning assigned to these markings. Categories were created in relation to the meaning of the markings: deviant behavior; erotic appeal and consumerism; courageous gesture; risks of illness and mental illness. Religion and family values prevail in the academic knowledge concerning the genesis of concepts related to the meanings attributed to body markings. Reactions of disapproval from family members were reported by most of the interviewees. In this case, tattooed individuals were characterized as problematic, irresponsible or disrespectful. Therefore, the negative view in relation to markings appears to have a direct influence on care. However, other factors were important in the interpretation of the professionals: quantity of markings, location, type, age of the adolescents and definitive/transitory nature<sup>14</sup>.

Individuals continuously construct and deconstruct their own body images, since each constructed image influences the people around them and vice versa, i.e., perception, everyday events and experiences also contribute to their construction. A person's behavior is controlled by individually constructed perceptions over which he or she exercises a certain control, and which also affect interpersonal relationships, to the extent

**Table 3.** Study of the Professional Self-Concept Scale domains according to categorical variables

ANOVA/*t-student test	Realization				Competence				Self-confidence				Health			
	Mean	SD	Median	p-value	Mean	SD	Median	p-value	Mean	SD	Median	p-value	Mean	SD	Median	p-value
Gender																
Female	31.98	5.86	33.5	-	21.15	4.24	21	-	40.3	4.08	41	-	10.54	2.23	11	-
Highest degree obtained																
Technician	31.56	5.78	33.5	0.6187	20.25	4.07	20	0.0799	39.94	4.51	40	0.8034	10.44	2.29	10	0.6541
Bachelor	32	7.11	32.5		22.75	4.56	24		41.25	3.45	42.5		10.38	2.72	10	
Specialization	34.17	4.92	33		23.83	3.43	24.5		41	2	41		11.33	1.03	11	
Job in the institution																
Nurse	33.27	6.63	34	0.2314	23	4.17	24	0.0123	41.18	2.56	41	0.889	10.82	2.36	11	0.838
Nursing Technician	33.67	4.12	34		23.44	3.64	23		40.56	3.64	40		10.11	2.32	11	
Nursing Aide	30.85	5.96	30.5		19.58	3.89	19		39.85	4.74	40.5		10.58	2.21	10	
Work unit																
Maternity	31.14	6.04	31	0.5858	18.36	4.27	18	0.2249	39.71	4.39	40	0.9486	11.36	1.86	11.5	0.9763
Surgery Center	32	-	32		25	-	25		41	-	41		11	-	11	
Internal Medicine/Surgical	32.67	5.32	32		23	3.58	23.5		41.5	3.21	41		10	1.79	10.5	
Emergency	32	2.83	32		19.5	3.54	19.5		42	0	42		10.5	2.12	10.5	
Neonatal Semi-Intensive	30.83	5.71	29		22.33	2.8	21.5		41.5	3.15	41.5		10.67	2.73	9.5	
Pediatric ICU	31.25	12.84	37.5		22	5.48	22.5		38.75	7.27	41.5		11	4.32	12	
Neonatal ICU	34.83	2.99	34		2.17	4.07	21.5		39.33	3.33	40		9.67	1.75	10.5	
Pediatric Emergency	34.2	3.77	35		23.2	4.49	25		41	5.24	43		10	2.55	10	
Adult ICU	.5	2.12	26.5		21.5	3.54	21.5		39.5	4.95	39.5		9	0	9	
Work shift																
Morning	32.63	3.74	33	0.9646	22.38	2.83	23.5	0.5959	40.38	4.5	41.5	0.4637	10.63	2.33	10	0.8404
Afternoon	31.29	8.11	34		21.36	4.62	19.5		41	4.57	43		10.79	2.12	11.5	
Night	32.17	5.02	32		20.63	4.45	21		39.88	3.75	40		10.38	2.34	10.5	
Misses adornments																
Yes	30.42	6.01	31	0.0074	20.65	3.95	20	0.2477	39.39	4.39	40	0.0386	10.19	2.39	10	0.0109
No	35.2	4.04	36		22.2	4.75	23		42.2	2.51	42		11.27	1.71	11	

**Table 4.** Study of the Body Image Satisfaction Assessment Scale domains according to categorical variables

ANOVA/*t-student test	Satisfaction with appearance				Concern about weight			
	Mean	SD	Median	p-value	Mean	SD	Median	p-value
Gender				-				
Female	60.11	10.11	58		21.5	5.71	21.5	
Highest degree obtained				0.8158				0.7551
Technician	59.59	10.18	57.5		21.09	5.53	21	
Bachelor	60.38	10.17	61		22.13	4.67	21.5	
Specialization	62.5	11.15	60.5		22.83	8.38	23	
Job in the institution				0.4037				0.9817
Nurse	62.82	9.59	63		21.27	6.42	21	
Nursing Technician	61.89	11.82	61		21.78	6.28	22	
Nursing Aide	58.35	9.74	56		21.5	5.44	21.5	
Work unit				0.3369				0.72
Maternity	58.57	7.09	55		21.71	4.95	22	
Surgery Center	49	-	49		12	-	12	
Internal Medicine/Surgical	66.33	10.6	64.5		22.5	5.58	22	
Emergency	56	1.41	56		18	4.24	18	
Neonatal Semi-Intensive	54.83	13.11	54.5		19.5	6.75	17	
Pediatric ICU	60.25	9.32	62.5		21.75	5.62	21	
Neonatal ICU	62.5	13.16	61		23.33	6.47	22.5	
Pediatric Emergency	66.8	7.05	67		21.8	7.09	22	
Adult ICU	53.5	16.26	53.5		24.5	7.78	24.5	
Work shift				0.9581				0.7197
Morning	60.25	11.96	61		20.75	6.94	20	
Afternoon	60.71	7.87	58		20.79	4.44	21	
Night	59.71	11	58.5		22.17	6.09	22	
Misses adornments				0.0512				0.6451
Yes	58.1	10.36	56		21.23	6.02	21	
No	64.27	8.43	65		22.07	5.18	22	

that a body image is embraced, also bearing in mind its constant mobility and transformation, thereby establishing a relational interface that is shaped by the image itself and other people, mingling in an exchange of subjective information that will create new body and world images<sup>15</sup>.

"Nursing is not merely technical, not just routines performed in a sequence, but focuses on behavioral aspects (adaptations and independence) and human relationships (nurse/patient interactions, guidelines, dialogues, families...)"<sup>16</sup>. Human relationships are complex and bi-directional processes (depending on both the issuer and recipient) and, taking into account the complexity that providing care involves, studies such as this one are important in order to enhance body satisfaction and the professional self-concept of the nursing staff in the hospital environment.

## CONCLUSION

The nursing team professionals in this study had a good professional self-concept and were, in general, satisfied with their body image. Nursing technicians had a higher self-concept of competency than nursing aides and nurses. Individuals who are more realized, self-confident, more perceive the influence of work on own health and satisfied with their appearance do not miss wearing adornments in the hospital environment.

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