

OCCUPATIONAL NURSING IN PORTUGAL: CONTEXT AND PERSPECTIVES

ENFERMAGEM DO TRABALHO EM PORTUGAL: CONTEXTO E PERSPETIVAS

ENFERMERÍA DEL TRABAJO EN PORTUGAL: CONTEXTO Y PERSPECTIVAS

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Objective: to know the perception of nurses at work regarding the areas of knowledge and intervention. **Method:** quantitative, descriptive and cross-sectional study. It involved a sample of 472 occupational nurses. A questionnaire was used as a data collection instrument, which took place between May and September 2017, based on the core areas of knowledge and competencies of the occupational nurse and on the scale of perception of the areas of knowledge and intervention of the occupational nurse. **Results:** Occupational Nursing was understood by the majority as a transitory professional activity, because it was exercised as a financial complement to the main activity or because they could not be placed in the area of professional practice of their preference. **Conclusion:** the professional practice in the areas of knowledge and intervention was devalued or not recognized and seen by the majority of nurses as transitory, because almost half aspire to work in the future in this area, but only on a part-time basis.

Descriptors: Occupational Health Nursing. Perception. Education, Continuing. Comprehensive Health Care. Program Development.

Objetivo: conhecer a percepção dos enfermeiros do trabalho no que respeita às áreas de conhecimento e intervenção. Método: estudo quantitativo, descritivo e transversal. Envolveu amostra de 472 enfermeiros do trabalho. Utilizou-se como instrumento de recolha de dados, que decorreu entre maio e setembro de 2017, questionário, alicerçado nas áreas nucleares de conhecimentos e competências do enfermeiro do trabalho e na escala de percepção das áreas de conhecimento e intervenção do enfermeiro do trabalho. Resultados: a Enfermagem do Trabalho foi entendida pela maioria como atividade profissional transitória, pelo facto de ser exercida como complemento financeiro à atividade principal ou porque não conseguiram colocação na área de exercício profissional da sua preferência. Conclusão: o exercício profissional nas áreas de conhecimento e intervenção foi desvalorizado ou não reconhecido e encarado pela maioria dos enfermeiros como transitório, pelo facto de quase metade ambicionar trabalhar no futuro nessa área, mas apenas em regime de tempo parcial.

Descritores: Enfermagem do Trabalho. Percepção. Educação Continuada. Assistência Integral à Saúde. Desenvolvimento de Programas.

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Objetivo: conocer la percepción de las enfermeras en el trabajo con respecto a las áreas de conocimiento e intervención. Método: estudio cuantitativo, descriptivo y transversal. Involucró una muestra de 472 enfermeras de trabajo. Se utilizó un cuestionario como instrumento de recolección de datos, que tuvo lugar entre mayo y septiembre de 2017, basado en las áreas nucleares de conocimiento y competencias de la enfermera de trabajo y en la escala de percepción de las áreas de conocimiento e intervención de la enfermera de trabajo. Resultados: la Enfermería Ocupacional fue entendida por la mayoría como una actividad profesional transitoria, porque se ejercía como complemento económico de la actividad principal o porque no podían ubicarse en el área de práctica profesional de su preferencia. Conclusión: la práctica profesional en las áreas de conocimiento e intervención fue devaluada o no reconocida y vista por la mayoría de las enfermeras como transitoria, porque casi la mitad aspira a trabajar en el futuro en esta área, pero solo a tiempo parcial.

Descriptores: Enfermería del Trabajo. Percepción. Educación Continua. Atención Integral de Salud. Desarrollo de Programa.

Introduction

According to the European Agency for Safety and Health at Work, although the number of accidents at work has decreased by around 25% over the last ten years, work-related diseases remain responsible for approximately 2.4 million deaths worldwide; of these, about 200,000 occur in Europe⁽¹⁾.

Nurses are the largest professional group in the health area that provides care in the work context to the active population⁽²⁾, and nursing is seen as one of the most relevant professions.

Occupational Nursing is defined by the American Association of Occupational Health Nurses⁽³⁾ as the specialized practice that provides services and health and safety programs to workers, workers' populations and community groups. In this work context, the promotion, protection and recovery of workers' health are emphasized. Its practice focuses on the promotion and restoration of health, prevention of diseases and injuries and also on protection against environmental hazards. These nurses combine various knowledge that they associate with expertise, balancing the requirements in order to promote a safe and healthy work environment.

Currently, in Portugal, the nursing career is organized by areas of exercise and health care, which, among others, includes the area of Occupational Nursing (art. 6 of Decree-Law n. 71/2019, of May 27)⁽⁴⁾. However, despite being integrated into the legislation, there

is no specialization in Occupational Nursing in Portugal⁽⁵⁾.

The General Directorate of Health, by Guidance n. 009/2014, of June 3⁽⁶⁾, considers the activity of the occupational nurse as directed to the management of the health of workers or groups of workers, focusing on the promotion and protection of health and well-being in the workplace, on the prevention of accidents and diseases related or aggravated by work, for the purpose of promoting healthy and safe working environments. This health authority, through this same orientation, intended to create a register of nurses qualified/authorized to provide occupational nursing care, establishing the criteria and procedures necessary for the recognition of qualification and for the "transitional" authorization for the exercise.

It was in the 1940s that the first occupational nurse organization, the American Association of Occupational Health Nurses, was founded. However, neither the appearance of this organization nor the other impulses mentioned were sufficient for Occupational Nursing to overcome the obstacles that, for decades, had to be part of its characterization, such as the lack of standardization of methods, isolated work and lack of specific training⁽⁷⁾.

Physical well-being and emotional well-being are two inseparable dimensions of Occupational Nursing, since it lies in the establishment of improved health and total satisfaction of

workers in relation to themselves, as well as in their relationship with others and in their training, so that they effectively conduct life and work processes⁽⁸⁾.

It should also be noted that Occupational Nursing presupposes that its executors enjoy professional independence during the performance of their duties. This understanding is based on ensuring that nurses at work are endowed with professional skills that meet the new realities of the economy and are able to respond to the multiple demands that characterize most work organizations of the 21st century⁽⁹⁾.

Despite the problems related to work overload, the work rhythms required of workers, production objectives and rigid pressures for maximum quality in the shortest time, among many others, which workers currently face, cannot be left out of the integrative and favoring view of work environments that Occupational Nursing aims to create. Similarly, Occupational Nursing cannot be indifferent to the problem of interpersonal conflicts that are generated in many work situations, nor to the phenomena of bullying or to the constant technological change to which the work is exposed⁽¹⁰⁾.

In these scenarios so different and, simultaneously, far from the reality of hospital units, occupational nursing professionals work. These circumstances often put us in situations of conflict and difficult to resolve. In fact, the occupational nurse is a health professional who works on a stage where conflicts of interest are permanent protagonists and workers of the dilemma: preserving and promoting workers' health versus not harming the company's efficiency and productivity objectives⁽¹¹⁾.

According to the above, the objective of this study was to know the perception of nurses at work with regard to the areas of knowledge and intervention.

Method

This was a quantitative, descriptive and cross-sectional study conducted with 472 Occupational Nurses. A questionnaire consisting

of two parts was used: the first, contained 22 questions of characterization of the sample; and the second, contemplating the scale of perception of the areas of knowledge and intervention of the occupational nurse (EPACIET), was composed of 76 statements/items, distributed in 8 areas of knowledge and intervention⁽⁵⁾: specialist, manager, coordinator, consultant, health educator, counselor and researcher. In the latter, respondents (nurses) were asked to value their position on a Likert agreement scale from 1 to 5 points, in which 1 corresponded to "strong disagreement" and 5 to "I agree strongly".

This self-completed questionnaire, built in Google Docs (<https://goo.gl/forms/eCUnaY4ZTZVLSK6L2>), was sent to the Occupational Nurses of Portugal. At this stage, we had the precious help of the *Associação Nacional dos Enfermeiros do Trabalho* and the *Direção de Serviços de Prevenção da Doença e Promoção da Saúde da Direção Geral de Saúde*, since these institutions sent, by e-mail, to the occupational nurses considered qualified and/or authorized to practice Occupational Nursing in Portugal, the link to fill out the questionnaire. Data collection took place between May and September 2017. The eligibility criterion was to be registered with the *Associação Nacional dos Enfermeiros do Trabalho e na Direção de Serviços de Prevenção da Doença e Promoção da Saúde da Direção Geral de Saúde*. The only inclusion criterion was to be authorized to practice Occupational Nursing in Portugal.

The nurses who participated in the study were informed about the objectives, and anonymity, data confidentiality and voluntary participation were assured. That is, it was only a study in which the individuals voluntarily answered a self-completed questionnaire, built in Google Docs, which contained questions of characterization and the scale of perception of the areas of knowledge and intervention of the occupational nurse. There were no risks or discomforts for the subjects who participated in it. It should be noted that, in order to complete the questionnaire online, it was necessary to obtain informed consent and voluntary participation.

To this end, they should check the “box” built for this purpose, with a mandatory nature, that, if not, it would make it impossible to fill it out. The identification of the researcher was also provided as a way to enable contact to clarify doubts and attest the veracity of the stated intentions.

Regarding data analysis and processing, a database was built in the computer software Statistical Package for the Social Sciences (SPSS), version 22.0, using descriptive statistics (absolute frequencies, relative and measures of central tendency) and the application of parametric tests (student t), considering a significance level of 5%.

Results

Among the occupational nurses interviewed, 472 were between 22 and 68 years old, with a mean age of 38 years; the highest percentage of participants (73.3%) belonged to the female gender (346). Of the participants, 56.8% had the marital status of married/de facto union, 34.7% were single and 8.5% were divorced or separated. The bachelor's degree was presented by 80.3%, 18.9% had a master's degree, 0.6% had a MSc degree and 0.2% had a PhD degree.

When asked if they had specialized nursing training, most participants (60.6%) answered negatively. Among those who reported having specialization, community nursing education stands out (51.1%), followed by medical-surgical nursing (17.4%) and rehabilitation nursing (16.9%).

The most significant percentage of respondents worked in the public sector (59.3%), followed by those who performed the main activity in the private sector (37.9%). Regarding the areas of professional practice of the main activity, a significant percentage of it was performed in

the hospital area (41.3%), in which professionals who performed main activity as occupational nurses (33.9%) also stood out. The majority had the professional category of nurse (76.9%), followed by specialist nurses (11.9%) and the head/manager nurse, with 7.8%.

The main motivation to work in the area of Occupational Nursing was as a financial complement to another professional activity (42.4%), followed by the participants who claimed to have been the first option (20.3). They worked as occupational nurses 19.0% because they were unable to work in another area. Most respondents (88.1%) considered it pertinent to create the area of specialization in Occupational Nursing. Of these, a high percentage (85.1%) reported that they would like to attend specialization in Occupational Nursing if it were to be implemented.

Table 1 shows the comparison of the scale of perception of the areas of knowledge and intervention of the occupational nurse (EPACIET) according to the gender of the respondents. In this table, it is possible to observe that the means are always higher in the male gender, denoting the trend to greater agreement with the fact that the occupational nurse, in his/her professional practice, has knowledge to intervene in all areas presented. However, the differences were only assumed to be statistically significant in three areas, more specifically in the Manager area ($t=2.870$; $p<0.01$), Consultant ($t=2.302$; $p<0.05$) and in the Research area ($t=2.484$; $p<0.05$). By the means, it was found that the male elements agreed more positively that the occupational nurse should have knowledge and intervene in the areas related to management, consulting and research.

Table 1 – Comparison of the areas of the scale of perception of the areas of knowledge and intervention of the nurse of the work by respondents. Portugal – 2017. (N=472) (continued)

Variables	Gender	Mean	Standard Deviation	<i>t test</i>	
				<i>t</i>	<i>p</i>
Clinician	Male	75.7	11.1	1.724	0.085
	Female	73.5	12.6		
Specialist	Male	82.9	12.6	1.454	0.147
	Female	80.9	13.1		
Manager	Male	84.6	16.0	2.870	0.004
	Female	79.7	16.5		

Table 1 – Comparison of the areas of the scale of perception of the areas of knowledge and intervention of the nurse of the work by respondents. Portugal – 2017. (N=472) (conclusion)

Variables	Gender	Mean	Standard Deviation	t test	
				t	p
Coordinator	Male	82.9	17.1	1.477	0.140
	Female	80.3	17.1		
Consultant	Male	82.1	19.2	2.302	0.022
	Female	77.3	20.5		
Health Educator	Male	86.3	17.0	0.632	0.528
	Female	85.2	17.3		
Counselor	Male	87.1	15.7	0.578	0.563
	Female	86.2	15.4		
Investigator	Male	82.6	16.8	2.484	0.013
	Female	77.7	19.6		

Source: Created by the author.

Respondents with specialized training focused on the various areas identified. However, the areas of *Clinician* and *Counselor* were the ones with the lowest scores. It is possible to verify, in Table 2, that, in the areas of knowledge and intervention of the work nurse related to the *Specialist* area, the respondents with specialized training had the highest mean (Mean=83.3; SD=11.1), and the difference was statistically

significant ($t=2.653$; $p<0.01$). The same happened for the *Manager* area, in which professionals with specialized training manifested the highest mean (Mean=83.3; SD=15.2), and the difference was also statistically significant ($t=2.524$; $p<0.05$), which may be related to the fact that these professionals have management skills transversal to different areas of nursing specialization.

Table 2 – Results of the areas of the scale of perception of the areas of knowledge and intervention of the nurse of work in the function of specialized training in nursing. Portugal – 2017. (N=472)

Variables	Training specialized in nursing	Mean	Standard deviation	t test	
				t	p
Clinician	Yes	75.5	11.5	1.571	0.089
	No	73.2	12.6		
Specialist	Yes	83.3	11.1	2.653	0.008
	No	80.3	13.9		
Manager	Yes	83.3	15.2	2.524	0.012
	No	79.5	17.1		
Coordinator	Yes	83.1	15.6	2.301	0.022
	No	79.6	17.9		
Consultant	Yes	82.7	17.8	3.781	0.000
	No	75.9	21.4		
Health Educator	Yes	88.9	15.2	3.621	0.000
	No	83.3	18.1		
Counselor	Yes	87.0	14.1	0.674	0.500
	No	86.0	16.3		
Investigator	Yes	83.4	17.6	4.116	0.000
	No	76.2	19.3		

Source: Created by the author.

Regarding the comparison of the results obtained with the labor sector in which the respondents were inserted (Table 3), it was

found that, for all areas of the scale, there were no statistically significant differences ($p>0.05$). Therefore, it can be inferred that the labor sector

in which the respondents performed the main activity had no influence on their opinion about

the areas of knowledge and intervention of the occupational nurse.

Table 3 – Results of the areas of the scale of perception of the areas of knowledge and intervention of the work nurse by labor sector of the main activity. Portugal – 2017. (N=472)

Variables	Labor sector (main activity)	Mean	Standard Deviation	t test	
				t	p
Clinician	Public	74.7	11.7	1.254	0.210
	Private	73.2	13.0		
Specialist	Public	82.0	12.6	0.860	0.390
	Private	80.9	13.6		
Manager	Public	81.1	16.8	-0.362	0.717
	Private	81.7	15.6		
Coordinator	Public	81.4	17.3	0.261	0.794
	Private	81.0	16.3		
Consultant	Public	79.3	21.1	0.447	0.655
	Private	78.4	18.5		
Health Educator	Public	85.5	17.6	-0.567	0.571
	Private	86.4	16.0		
Counselor	Public	87.1	14.8	0.815	0.416
	Private	85.9	15.9		
Investigator	Public	80.0	19.4	1.099	0.272
	Private	78.0	18.3		

Source: Created by the author.

When comparing the areas of knowledge and intervention of the occupational nurse perceived with the variable exercise of functions as a work nurse (Table 4), it was concretely at the level of the *Investigator* area ($t=-2.523$; $p<0.05$) that, by the means, those who, at the moment, did not perform as activity as occupational nurses were the ones who most considered that this professional could intervene at the

Investigator level (highest mean: Mean=83.6; SD=18.2). The professionals who performed, at the time, Occupational Nursing were the ones who valued this area of knowledge and intervention the least. In the other areas, there was no statistical difference in the results due to the current exercise of Occupational Nursing professionals ($p>0.05$).

Table 4 – Results from the areas of the scale of perception of the areas of knowledge and intervention of the nurse of work according to the current exercise in nursing work. Portugal – 2017. (N=472)

Variables	Currently executes functions as occupational nurse?	Mean	Standard Deviation	t test	
				t	p
Clinician	Yes	74.0	12.3	-0.474	0.636
	No	74.6	11.8		
Specialist	Yes	81.4	12.8	-0.186	0.853
	No	81.7	13.7		
Manager	Yes	80.7	16.4	-0.854	0.393
	No	82.4	17.0		
Coordinator	Yes	80.7	17.0	-0.859	0.391
	No	82.4	17.5		
Consultant	Yes	77.9	20.6	-1.558	0.120
	No	81.6	18.5		
Health Educator	Yes	85.1	17.3	-0.935	0.350
	No	87.0	17.0		

Table 4 – Results from the areas of the scale of perception of the areas of knowledge and intervention of the nurse of work according to the current exercise in nursing work. Portugal – 2017. (N=472) (conclusion)

Variables	Currently executes functions as occupational nurse?	Mean	Standard Deviation	t test	
				t	p
Counselor	Yes	86.5	15.2	0.266	0.790
	No	86.0	16.8		
Investigator	Yes	78.0	19.0	-2.523	0.012
	No	83.6	18.2		

Source: Created by the author.

Discussion

It is worth noting that, of the occupational nurses surveyed, in relation to the future professional, most of them said that they would like to practice the activity as a part-time work nurse. On the other hand, a smaller percentage said that they would like to work in full-time as Occupational Nurse. Most respondents considered that the creation of the area of specialization in Occupational Nursing was pertinent.

The results of the present study are extremely relevant and expressive. From the opinion of the work nurses interviewed, the potential of Occupational Nursing and the impact that its performance could have on the work environment was evidenced. They expressed a strongly positive opinion in view of the pertinence of the creation of specialization in Occupational Nursing in Portugal, justifying with the specificity and complexity of the context of care delivery, and with the need for valorization, visibility and recognition of this area of intervention. They aspired to training at the level of specialization in nursing, for the provision of quality occupational nursing care, with consequent increase in the functional autonomy of the occupational nurse. They longed for greater investment in occupational nursing education, specifically in the training considered necessary, at the specialty level, similar to the other areas of specialization in nursing, as recommended by the *Federação de Enfermeiros de Saúde Ocupacional da União Europeia*⁽¹²⁾. This institution considers that the development of nursing by different areas of specialization is fundamental to stimulate the

growth of knowledge in nursing and to improve the quality of care provided to the population⁽¹³⁾.

From the discussion about training for occupational nursing, it is explicit that the formative framework appears as a valid basic structure, with the essential core areas, to integrate a formative proposal for the work nurse. However, health promotion, primary, secondary and tertiary prevention, and the assessment of the risk to the health and safety of workers in the workplace are priority core areas to be included in a formative proposal⁽¹⁴⁻¹⁵⁾.

Given the competencies of the occupational nurse, the necessary training must be consistent, specific and specialized, with a body of knowledge of its own, with a view to providing quality care in Occupational Nursing. There is no doubt that this training should be an area of specialization in nursing, namely in Occupational Nursing.

Naturally, the design of a formative proposal for Occupational Nursing, concerning duration and methodology, should be similar to existing training in nursing specialization, attaching relevant importance to the incorporation of internships. It is also clear that the formative proposal, to provide the nurse with comprehensive specific knowledge, has to meet the areas of knowledge and intervention, contributing to a quality professional practice, as well as to the effectiveness of the occupational nurse's performance within the occupational health team.

The formative proposal should aim to train nurses to acquire competencies that allow designing, implementing and evaluating a professional practice in "specialized"

Occupational Nursing, with the support of scientific evidence and research.

Through interventions in the scope of Occupational Nursing, in a context of multiprofessional performance, it is intended that the professional who works in this sphere is able to ensure, to the worker or group of workers in the workplace, the nursing care process focused on the management of the health and safety of the worker in his/her relationship with the work environment, quality of life and work⁽¹⁶⁻¹⁷⁾.

It is necessary to highlight that the elements of the sample that were part of this study considered that the occupational nurse should have knowledge and intervene in all identified areas, because the values were well above the average possible value of obtaining (50 points). However, it was possible to observe that there are areas of knowledge and intervention of the most privileged occupational nurse by the respondents, who are now increasingly in order, regarding the valuation: *Counselor* (Average=86.4), constituting this as the most privileged area; *Health Educator* (Average=85.5); *Specialist* (Mean=81.5); *Manager and Coordinator* (Average=81.0). Although the means were considerable, the areas that obtained the lowest values, therefore, considered less privileged by the occupational nurses, which were the area of *Investigator* (Mean=79.0), *Consultant* (Mean=78.6) and *Clinician* (Mean=74.1).

Conclusion

The analysis of the sociodemographic and socio-professional profile of occupational nurses showed that the devaluation of Occupational Nursing, as an area of exercise, by the interviewed occupational nurses, was concretely due to their motivation, due to the fact that they mostly exercise it as a financial complement to their main activity or because they did not have been able to place in the area of professional exercise of their preference.

The professional practice in the areas of knowledge and intervention was effectively devalued or not recognized and seen by the majority of respondents as transitory, because

almost half of them aspire to work in the future in this area, but only on a part-time basis.

Greater investment in occupational nursing education is necessary and urgent, specifically the training considered necessary at the specialty level, similar to the other areas of nursing specialization.

Collaborations:

1 – conception, design, analysis and interpretation of data: Vitor Manuel Teixeira Machado, Maria João Filomena dos Santos Pinto Monteiro, Maria Helena de Oliveira Penaforte and Vitor Manuel Costa Pereira Rodrigues;

2 – writing of the article and relevant critical review of the intellectual content: Vitor Manuel Teixeira Machado, Maria João Filomena dos Santos Pinto Monteiro and Maria Helena de Oliveira Penaforte;

3 – final approval of the version to be published: Vitor Manuel Teixeira Machado, Maria João Filomena dos Santos Pinto Monteiro, Maria Helena de Oliveira Penaforte and Vitor Manuel Costa Pereira Rodrigues.

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