

Continued professional development in the COVID-19 pandemic: statutory nursing technicians as educators

Educação permanente na pandemia de COVID-19: técnicos de enfermagem estatutários como educadores

Educación permanente en la pandemia de COVID-19: los técnicos de enfermería estatutarios como educadores

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ABSTRACT

Objective: to examine the practice of professional nursing technicians as educators in a technical-operational dimension of continued professional development focused on the disease caused by type-2 coronavirus (COVID-19). **Method:** this qualitative study was conducted with nursing technicians at an intensive care unit, after approval by the research ethics committee.

Results: 20 nursing technicians were interviewed (with no refusal from statutory personnel), 83% of them female, mean age 41 years and averaging 17 years' experience in Nursing, who had to adapt, in this critical period, to the function of educators.

Conclusion: the nursing technicians were found to have to reframe their practice to the specific needs inherent to the pandemic. Professional training and qualification activities tend to be conducted by nurses and, consequently, nursing technicians, as the target public for these activities, are not treated as integral members of the continued professional development service.

Descriptors: Licensed Practical Nurses; COVID-19; Education; Education, Continuing; Health Educators.

RESUMO

Objetivo: analisar a prática do profissional técnico de enfermagem como educador em uma dimensão técnico-operacional de educação permanente voltado para a doença causada pelo coronavírus do tipo 2 (COVID-19). **Método:** estudo com abordagem qualitativa, realizado com técnicos de enfermagem de uma unidade de terapia intensiva, após aprovação pelo Comitê de Ética em Pesquisa. **Resultados:** Foram entrevistados 20 profissionais, sem ocorrência de recusa por parte dos profissionais estatutários, sendo 83% deles do sexo feminino, com média de idade de 41 anos e, em média, 17 anos de atuação na enfermagem, que precisaram, nesse período crítico, adequarem-se à função de educadores. **Conclusão:** evidenciou-se que os técnicos de enfermagem tiveram que ressignificar suas práticas em virtude das necessidades específicas inerentes à pandemia. As atividades de treinamento e capacitação profissional tendem a ser conduzidas por enfermeiros e, conseqüentemente, os técnicos de enfermagem como público-alvo dessas atividades não são tratados como membros integrantes do serviço de educação permanente.

Descritores: Técnicos de Enfermagem; COVID-19; Educação; Educação Permanente; Educadores em Saúde.

RESUMEN

Objetivo: analizar la práctica de profesionales técnicos de enfermería como educadores en una dimensión técnico-operativa de educación permanente con foco en la enfermedad provocada por el coronavirus tipo 2 (COVID-19). **Método:** estudio con enfoque cualitativo, realizado con técnicos de enfermería de una unidad de cuidados intensivos, previa aprobación del Comité de Ética en Investigación. **Resultados:** se entrevistaron 20 profesionales, sin negativa por parte de los estatutarios, siendo 83% del sexo femenino, con media de edad de 41 años y, en promedio, 17 años de experiencia en enfermería, que necesitaban, en este período crítico, adaptarse a la función de educadores. **Conclusión:** fue evidente que los técnicos de enfermería tuvieron que replantear sus prácticas debido a las necesidades específicas inherentes a la pandemia. Las actividades de capacitación y calificación profesional tienden a ser realizadas por enfermeros y, en consecuencia, los técnicos de enfermería como público objetivo de estas actividades no son tratados como miembros integrantes del servicio de educación permanente.

Descritores: Enfermeros no Diplomados; COVID-19; Educación; Educación Continua; Educadores en Salud.

INTRODUCTION

The disease caused by the Severe Acute Respiratory Syndrome Coronavirus - 2 (SARS-CoV-2), called COVID-19, emerged at the end of 2019 in China in the city of Wuhan, Hubei province, showing exponential growth worldwide. As released by the Centers for Disease Control and Prevention, updated in March 2022, there are three main ways for COVID-19 to spread: by breathing in air that carries droplets or aerosol particles that contain the SARS-CoV-2 virus when close to an infected person or in poorly ventilated spaces with infected people; when they fall into the eyes, nose, mouth or mucous membranes, especially through aerosolization; as well as touching the eyes, nose or mouth with the hands if the virus particles are on the surface¹.

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Based on this understanding of the COVID-19 scenario, an emergency permanent education strategy was developed in a University Hospital in Rio de Janeiro. This strategy required implementing and adapting new norms and routines in the hospital environment based on mobilizing managers to new needs of work processes for nursing technician professionals (NTs).

These professionals compose the largest workforce in the health area, remain at the bedside for most of the day and work in the Unified Health System (*Sistema Único de Saúde - SUS*) in Brazil. It is worth noting that despite constituting the largest numerical quantity in Brazilian nursing, nursing technicians mostly work under precarious employment conditions, low wages and job instability².

Permanent education (PE) is defined by a set of educational actions that seek alternatives and solutions for transforming health practices through collective questioning, and was proposed in the early 2000s as a strategy to develop the relationship between work and education, thereby contributing to improve the quality of care. It is an initiative that seeks to complement the idea of continuing education, as it tends to favor pedagogical processes focused on technical procedures, and constitutes a relevant policy for education in and for work in the *SUS*³.

For the Ministry of Health, PE in health is a strong strategy to democratize the management of the health system and to transform management practices, care and social control; in other words, it provides opportunities for producing decentralizing policies that are consistent with the principles of the *SUS*⁴.

The University Hospitals (UHs) are recognized as training centers for human resources and technology development for the health area. In view of the demand for training brought about by the emergency of the pandemic, the NTs at the UH (the setting for this study) made themselves available to participate in an emergency permanent education strategy as educators of the newly hired workers, aiming to promote changes in daily work practices. It was a non-traditional permanent education process, since it is usually the person who formally occupies a nursing position who assumes the role of educator on the team.

The development of this work presents an analysis of a training process for new technicians admitted to a UH in the context of the COVID-19 pandemic, in which other nursing technicians acted as educators. It is understood that revealing intentions and meanings based on the narratives of technical educators and students, in addition to exploring issues and inquiries regarding the role of mid-level professionals in the permanent education processes in health is a way of supporting critical reflections and which value the encounter between education and care through an intersection between learning and teaching in the reality of the service.

Thus, the present study aimed to analyze the practice of professional nursing technicians as educators in a technical-operational dimension of permanent education focused on COVID-19.

METHOD

This is a study with a qualitative approach focusing on the perception and performance of nursing technicians as educators in the face of the pandemic from the perspective of permanent education. The setting was the Intensive Care Unit (ICU) of a University Hospital (UH) in Rio de Janeiro. This UH is linked to the Ministry of Education (ME) and the Unified Health System (*SUS*). Its unit has an Annual Training Program based on a survey of training needs, according to the request and participation of hospital managers and employees.

Data collection was conducted through individual and semi-structured interviews with an average of 30 minutes each, recorded and later transcribed, safeguarding ethical precautions by presenting an informed consent form.

The total number of study participants was 26 nursing technicians, a group consisting of five educator technicians and the rest were students. The collection period took place between September and October 2021, and the interviews were returned to the participants for comments after transcription. The data and discussion of the results presented is only related to the five technicians who acted as educators.

Automatic lexical analysis was applied using the IRaMuTeQ[®] software program (*R Interface pour les Analyses Multidimensionnelles de Textes et de Questionnaires*), which allows different forms of statistical analysis on textual corpus⁵.

A brief conceptualization of the term text segment (TS) is needed, which is understood as word environments constituted by the main textual analysis units which are organized by the software program according to the size of the textual corpus⁵.

Cluster analysis was performed in order to group the words present in the interviews into groups. The result of the cluster analysis is presented in the form of a dendrogram, which shows the most frequent words of each cluster (group). It was also possible to generate word clouds, in which the most frequent ones stand out.

From the analysis of the most common expressions, it was possible to have an overview of recurrent feelings among respondents with regard to the questions asked, which were: how do you evaluate this educational experience (as an educator or student)? What positive and negative aspects would you highlight?

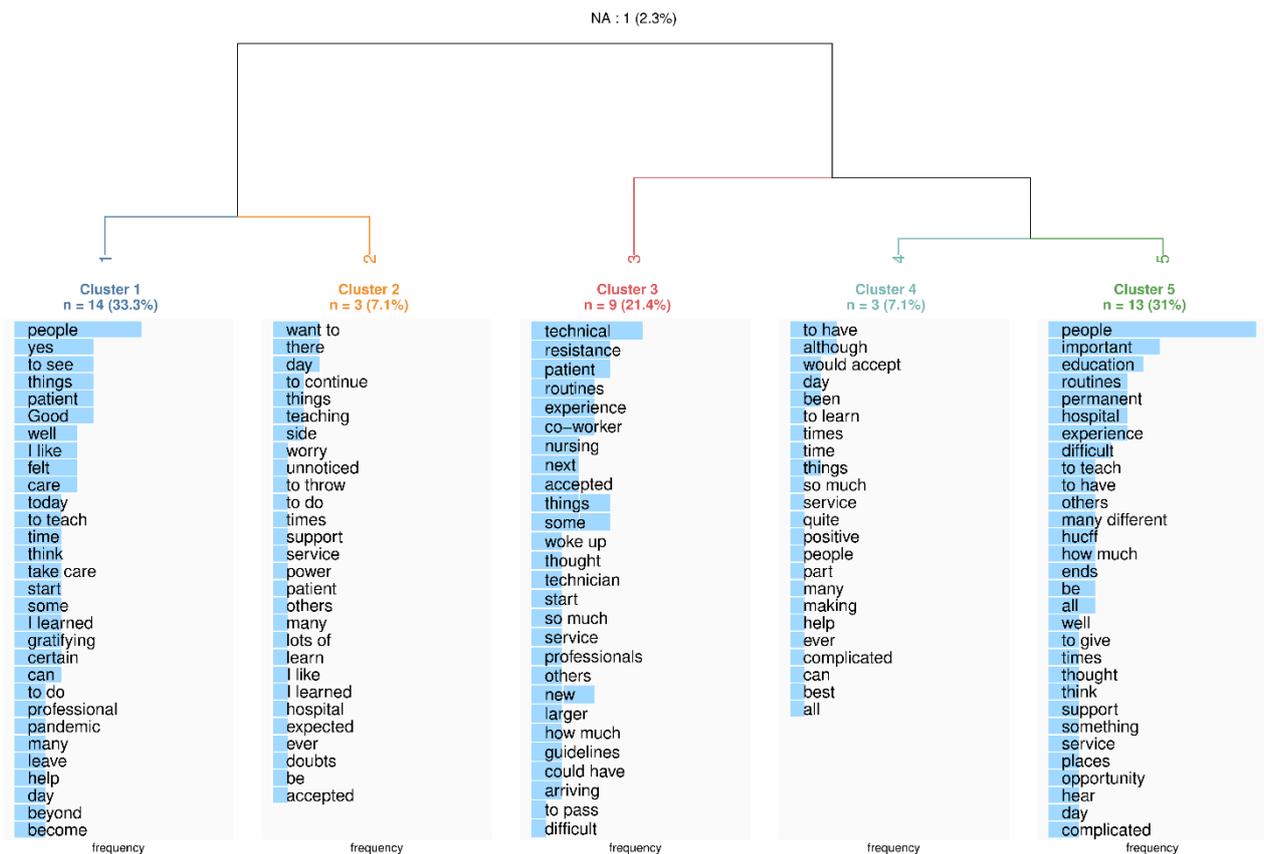
The investigation complied with the rules established in Resolutions 466 of December 12, 2012 and 510 of April 7, 2016, of the National Health Council. The study was approved by the Research Ethics Committee of the institution involved.

RESULTS AND DISCUSSION

Regarding the socio-demographic and work profile of the sample, the majority of participants were female, with an average age of 41 years and an average time of experience in nursing of 17 years. Of the five NTs who acted as educators, four are graduates in nursing.

The dendrogram related to the cluster interview with educators is presented in Figure 1.

FIGURE 1: Cluster dendrogram of the interview with educators. Rio de Janeiro, RJ, Brazil, 2021.



The size of the blue bars in the dendrogram generated from the thematic block organization and classes represents the frequency of the respective word in the text segments.

The *Performance of nursing technicians and educators in training new professionals during the pandemic* thematic block was composed from Cluster 3, *Coping with difficulties and challenges during training* from Cluster 4, *The feeling of belonging to work and appreciation*, and *The job of a nursing technician* from Cluster 1.

However, there is a cruelty that may be implicit in this message of the health worker as a hero, highlighting the contradictions that institutions carry. Being considered as such, they begin to hold the image that this employee is responsible for solving all problems and saving humanity; after all, heroes are fearless, have superpowers and generally act alone. They are not seriously injured and always win at the end of the story⁸. The lack of experience of the newly admitted students generated a feeling of anguish in the statutory servants of the unit, as evidenced in the following educator's speech⁶.

Dealing with lives is a lot of responsibility. There were many people with no experience; the first opportunity is important, but it has to be in doses. In addition to worrying about all the patient's demands, we had to worry about all the professional demands (Educator 6).

Nurses are portrayed as the population category most psychologically affected by exposure to numerous additional stressors, such as: fear of contaminating family members and also of contaminating themselves, misinformation and anger at the government and health systems¹¹.

Fear started to have a name and the debate about insecurities was what led us to a journey of appreciation, mobilizing affections, contributing to the construction of an initial 'map' of fears. The problematization and ideas of the risks and dangers relevant to the work process provided and implied more concrete contours, so that fear took on public faces within the scope of collective PE in health⁹.

More is known about the impacts on nursing work two years after the pandemic, both in terms of overload and change in its process, as well as the illness and death of professionals.

According to a recent study of a systematic review, lowest reported prevalence of anxiety, depression and stress among healthcare professionals was observed (24.1%, 12.1% and 29.8%, respectively). In addition, the highest values reported for the aforementioned parameters were 67.55%, 55.89% and 62.99%, respectively¹⁰.

The greatest professional burden (high number of hours of work and patients, high pressure generated by training) are described by nursing professionals. Overwork seems to promote mental and physical illness in healthcare workers, in addition to facilitating the occurrence of absenteeism, work accidents, medication errors, exhaustion, work overload and lack of leisure. As a result of the increased workload, self-care is reduced given the lack of time and energy, thus contributing to emotional stress¹¹.

The period included in this study's data collection allows a glimpse of the severity of the general health situation, and the importance attributed to the educational process developed also seems permeated by expressions of concern, but also of belonging and shared feelings. Such elements, although not explicit, draw attention to aspects related to the social support dimension in nursing work, constituting a factor which often affects the course of illness at work associated with stress and burnout.

In a study in which indicators of suffering and pleasure were analyzed in health workers on the front lines of COVID-19, critical levels of suffering at work were observed, as well as a state of mental suffering. The indicators highlight serious exhaustion with the excessive demand for work triggered by the pandemic, the lack of recognition, freedom and the perception of low social support, with nursing technicians and assistants being the population with a greater probability of serious conditions, when compared to other categories of health workers. Due to the advance of the pandemic in Brazil and the increase in the number of deaths among health workers, the scenario still requires investigations which include the pandemic and post-pandemic period in order to monitor the progress of suffering in workers and the impact on quality of care provided to patients¹².

Within the perspective of permanent education as a concept anchored in critical pedagogies, it is admitted that professional care practices should not be restricted to technical action only, and are capable of interfering in an attitudinal and relational way⁴. The very term "permanent education" is highlighted in the lexical analysis, although it cannot be inferred whether they were spontaneous expressions or induced by the educational experience itself. In any case, the environment of a service that is also academic, such as that of a university hospital, can enable nursing professionals to expand their understanding of the potential of the educational processes that take place in the service. By asking the technicians to develop user embracement and the initial educational process of other new technicians as an emergency strategy, a more traditional modus operandi was broken, which is the provision of pre-defined training in the which higher-level professionals assume the leading role.

The fact that four of the five educators were also bachelors in nursing may have affected their availability to accept and develop the pedagogical process, since the nurse assumes the role of educator in several areas, including within teams, for permanent education.

Permanent Education is defined by a set of educational actions that seek alternatives and solutions for the transformation of health practices through collective problematization, and emerged as a strategy to develop the relationship between work and education, contributing to improve the quality of care¹³.

The results that approach this theme are positive, showing the transfer of acquired knowledge and skills to the work context¹⁰. However, manuscripts which present nursing technician professionals as an instructor or multiplier of the strategy are not observed in the literature.

Higher-level work in health is articulated with mid-level work, building the immense challenge of articulating strategies together. Creating ties, reducing the technical gap, and maintaining the determinations of the code of ethics is a fundamental way to incorporate other actors and strengthen transversal work in the face of the enormous challenges posed to the health sector¹⁴.

When the word resistance is analyzed in a narrative context, it seems to point to an element of difficulty perceived in the experience:

The resistance of some technicians. They thought that only nurses could teach. Since the older technicians helped both the technicians and the nurses. The resistance of the technicians was very strong, they came with routines from other places and did not accept it. Resistance was the worst thing (Educator 1.)

This resistance draws attention to the historical contradictions that were produced in the social and technical division of nursing work. Rooted in Florence Nightingale's model, in which a poorer working class would take care of menial activities, and those coming from the English elites would be trained to coordinate actions, the technical and social division of nursing in Brazil follows the racial/color and gender divide with regard to the work of caring; it migrates from the private sphere of everyday life in which it was the responsibility of poor black and brown women who took care of domestic services, and passes, after implementing the training of so-called standard nurses, through a "whitening" process, accentuating and reproducing the social order of the country, marked by unequal opportunities between men and women, and, within these, between white and brown/black women¹⁵.

Faced with several obstacles and with the support and articulation of the nursing management and service heads, the dialogue established between the participants allowed this initial resistance to be alleviated, and the institutional culture to be incorporated into the practices as a result of the continuous effort of those involved in the proposal:

It was very challenging because people arrived here with a vision of a public hospital and a mess. So people thought they could do whatever they wanted. And there was already an established routine that made me very anxious, people not caring for the patient and the workplace (Educator 6).

It can be considered that the clear observance of an organized and well-described line of care was essential for the success of the care and the image that the institution wanted to convey. Even so, it should be taken into account that power relations that nurses establish with the nursing team and the power relations that physicians establish with other professionals on the team are reproduced¹⁶ within any hospital institution.

Cluster 4 represented 7.1% of the material classified for analysis and is related to the theme of belonging to work and appreciation. The methodological process of PE in health occurred from discussing problems experienced during the work routine and considering the personal knowledge and experiences of the team members.

Despite the challenges faced during the period, it was possible to maintain the pedagogical activity of the nursing technician educator until the newly entered nursing technicians were confident enough to carry out their activities during the workday with regard to providing care for seriously ill patients and guarantee the continuity of care qualification. The feelings of appreciation due to this performance were expressed in speeches such as the following:

Willingness to continue learning and especially teaching. Because sometimes it goes unnoticed and people think it's just there to do a job, fulfill the role of the day and more than that. We need to worry because although people think they know everything they are doing, sometimes they don't. So we need to be kind enough to understand that they don't know and be empathetic enough to offer help (Educator 2).

Carrying out intelligent management of help-power in the micropolitics of work and providing opportunities for care politics as an emancipatory reference, including the employee in decision-making and in the development of other team members, meant betting on help that prioritizes delegating tasks, deconstructing the chains and enhancing the confrontation of oppressive situations. Thus, it contributes with a transition from technician - reproducer of procedures to agent of change^{17,18}.

The involvement of professionals who participated in PE in health actions may have been influenced by the pandemic scenario, characterized by major changes and uncertainties, but also by the desire to help and support. The final balance was positive, evidenced in the speech of the interviewees, where all informed that they would accept to participate again in this experience.

I certainly enjoyed it. I never saw myself teaching anyone, I felt very good and I am very grateful to HUCFF for the opportunity (Educator 1).

I would accept it because it was very stressful, but something new is really stressful until you make it work, but it was so worth it (Educator 2).

It is important to give visibility to workers' experience and include them in decision-making, focusing on their ability to analyze, define and qualify work processes. These strategies contribute to worker appreciation, increasing the feeling of belonging to the work. In recognition, the Board of Nursing later held a ceremony of gratitude for all Nursing Technician Educators and Students.

Cluster 1 - nursing technician work - represents 33.3% of the material classified for analysis. The importance of nursing care which results in curing and improved health of patients is observed in the speech of the interviewees:

I like caring, seeing the patient leaving. At the beginning of the Pandemic, we saw many patients dying in 2 days. The most gratifying thing is to see the patient leave the ICU, see the discharge, see that I worked for that (Educator 1).

Taking care of organization, I like to do my things well. And leave here knowing that I did my best (Educator 4).

Permanent education prioritizes the teaching-learning process, integrating technical, ethical, political and educational aspects between professionals and educators, prioritizing improvement in the quality of care and team work. The pandemic imposed a different way of problematizing, with an urgent need to structure and redefine the Nursing team's performance strategies for in-service training¹⁹.

In this sense, recognizing pleasure at work becomes important for the individual, as it drives changes in reality, in addition to contributing to pleasant experiences for the worker, favoring social inclusion, acquisition of goods and promoting quality of life. Insertion in the world of work is fundamental for workers' personal and professional fulfillment²⁰.

CONCLUSION

It is concluded that nursing professionals had to reframe their practices due to the specific needs inherent to the pandemic. Professional training and qualification activities tend to be conducted by nurses, and consequently nursing technicians become the target audience for these activities and are not treated as integral members of the permanent education service. Thus, the educational dimension of the work ends up being subsumed to its technical-operational dimension.

It is hoped that this study can contribute to the service and the academic environment, encouraging professionals to rethink and reflect on their continuing/permanent education practices, strengthening their understanding as a primordial tool for quality of care.

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