ORIGINAL RESEARCH

Healthy work environments in the perception of nursing professors and students

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ABSTRACT

Introduction: Healthy work environments are positive for the construction and realization of professional identities. From the beginning of their vocational training, nursing students experience work environments in the area of health, accompanied by teaching nurses. Therefore, the object, the work environment, is important in the analysis of the work and teaching-learning process.

Methods: Qualitative, descriptive and exploratory research. Developed in two Universities in Santa Catarina State, Brazil, with fourteen professors and fourteen students. Data were collected in a semi-structured interview with professors and focus groups with students, through a digital platform with previously scheduled times. The data were analyzed according to content analysis. The study was approved by a research ethics committee.

Results: The findings were organized in the four dimensions that make up the World Health Organization's model of healthy work environments: the physical, psychosocial environment, resources for personal health and the institution's involvement in the community.

Conclusions: Perceptions about healthy work environments are closely related to the conditions and requirements imposed to perform the work. Healthy work environments are the result of the infrastructure of institutions, work management and characteristics specially implicated in the teaching-learning process.

Key Words: Work environment, Higher education, Nursing education, Work nursing, Nursing professors, Assistance teaching integration services

1. INTRODUCTION

Studies on healthy work environments in nursing professional practice have been receiving increasing attention from researchers.[1] In the world scenario, characterized by the scarcity of nursing professionals, strategies that ensure a health-promoting work environment are necessary to retain and recruit both nurses and nursing students, who will make up the labor market.[2]

Research on healthy work environments is often still focused on hospital and primary health care areas. However, the academic environment, professional training and the experiences of professors who experience teaching-service integration, present relationships with the dimensions involved in the healthy work environments model proposed by the WHO.[3]

In the teaching field, it is possible to identify many adversities resulting from the current accelerated dynamics of the edu-

cational sphere. Professors face challenges imposed by the high demands of academic productivity(teaching-research-extension). This fact, added to the structural and organizational conditions of work environments, increases stress and moral distress among workers, harms relationships which is reflected in their health.[4–6]

Similar to nursing professors, students experience the worlds of education and work. The training environments, the overload of academic activities, internships and experiencing the pain and suffering found in the health area are cited by nursing students as stress triggers. Teaching in the health area is connected with health services and involves scenarios that express realities of health care with all its tensions, contradictions and unpredictability.[7]

It is in these scenarios that professors, workers, and students face the realities of health and teaching institutions and their environments. Thus, the objective was to know the experiences and perceptions of professors and students regarding the teaching-learning process in approximation with a construct of "Healthy Work Environments".

Background

Health institutions and workers experience constant changes in the way they work, especially in relationships with users of the system, in addition to productivity and quality requirements, which impact the work context and demand practices that promote a healthy work environment.[8] In a "Healthy Work Environment", workers and managers collaborate in a process of continuous improvement to protect and promote the safety, health and well-being of all, as well as the sustainability of the work environment. The meaning of Healthy Work Environments is considered from comprehensive elements, in addition to issues of biosafety or occupational health, encompassing subjective dimensions of work, conditions and organizations of the work process, the psychosocial environment and ethical aspects that affect the well-being. physical and mental health of workers.[3]

Healthy work environments will be positive for the construction and realization of professional identities, which runs through the entire professional trajectory, from training. Students are challenged early on to express their legitimacy within the academy, developing identity while building the ontological congruence of the Nursing discipline in real work situations.[9] From the beginning of their vocational training, nursing students experience work environments in the area of health, accompanied by teaching nurses. Therefore, the object, the work environment, is important in the analysis of the work and teaching-learning process. In the educational context, the teaching-learning environment has been

considered from aspects related to the psychological, social, cultural and physical environment. In this context, students and teachers interrelate their subjectivities in physical spaces, and relationships are mediated by cultural and administrative norms.[10]

It is assumed that a healthy work environment for nursing professors and students incorporates the positive conditions of the environment for the exercise/work of teaching and learning, that is, it links itself to the learning environment concept. Thus, it should involve all the spaces where nurses are trained, from the classroom to health services, in the ways in which they promote significant learning, acquisition of ethical and technical skills, and human development.

The importance of clinical practice in nursing education is also reinforced, in professional socialization processes that articulate theoretical knowledge, skills and emotions,[11] and whose experience of satisfaction is attributed to environmental factors.[12]

The learning environment has been studied from the perspective of students – such as how it influences their academic motivation, engagement and performance.[13] There are studies about the relationship between students' anxiety and different forms of support from their instructors (relational/care, instrumental, pedagogical) in non-nursing courses.[14] In nursing training, specific clinical scenarios have been studied under the focus of positive learning environments, suggesting the implementation of flexible rostering systems in clinical stages to reconcile academic and personal needs.[15] Research also suggests strategies focus on creating a supportive environment to enhance self-concept and professional competence or the clinical instructor's significant role as an epistemic authority and role model for student satisfaction and resilience in clinical settings.[11, 12]

2. METHODS

A qualitative research with a descriptive exploratory nature, carried out in two higher education nursing courses in two universities in the state of Santa Catarina, Brazil. Data were collected from May to October 2021, through semi-structured interviews for professors and focus group for students.

The main researcher contacted the course coordinators to assist in participant recruitment. The coordinators provided the professors' email address and authorized the researcher's participation. After the first professor participated as a key informant, other professors were invited through consecutive nominations, using the Snow Ball method. Thirty-one nursing professors were invited, however, 12 professors did not return contact to the researcher, three reported being on leave

and two refused.

The interviews were scheduled according to the availability of each professor and took place virtually, through the Microsoft Teams® platform, and lasted an average of 50 minutes each. The semi-structured script was composed of questions about the four dimensions that make up the "healthy work environments" construct described by the WHO: physical work environment, resources for personal health, psychosocial environment and involvement of the institution in the community.[3]

Thirty-seven nursing students who were enrolled in the last period of the course were invited to participate in the study. The group was scheduled for an online meeting day. Twenty-three of the total invited students did not attend as per scheduled.

The interviews and focus groups were conducted after presenting and signing the Free and Informed Consent Form. The reports were recorded using web conferencing platform resources (Microsoft Teams®) and later transcribed. Transcripts were not checked for content accuracy by participants. To maintain participant anonymity, coding was adopted that included the abbreviation D for Teacher, E for Student and sequential Arabic number.

The content analysis process described by Laurence Bardin (2016)[16] was chosen. In the pre-analysis stage, the transcriptions were read and a review of the theoretical concepts used to guide the analysis was performed, followed by horizontal reading to understand the central idea of the data. The codification, data categorization and significant highlights were performed in the exploration of the materials. A Microsoft Excel® spreadsheet was created, grouping reports by themes and categories. This stage analyzed similarities and differences between the participants' reports, creating interpretative connections between the data.

3. RESULTS

Five professors and nine students from the first university and nine professors and five students from the second institution participated in the study, totaling 28 participants

According to the WHO concept,[3] healthy work environments are represented by four areas, in which improvement actions can be adopted. In the context of this work, only Involvement of the Institution in the Community, originally the concept by WHO calls AREA 4: "Company Involvement in the Community", in this study "Company" was replaced by "Institution".

Thus, "Healthy Work Environments" in the experiences and perceptions of professors and students about the nursing learning teaching process approached these four large dimensions according to Figure 1.
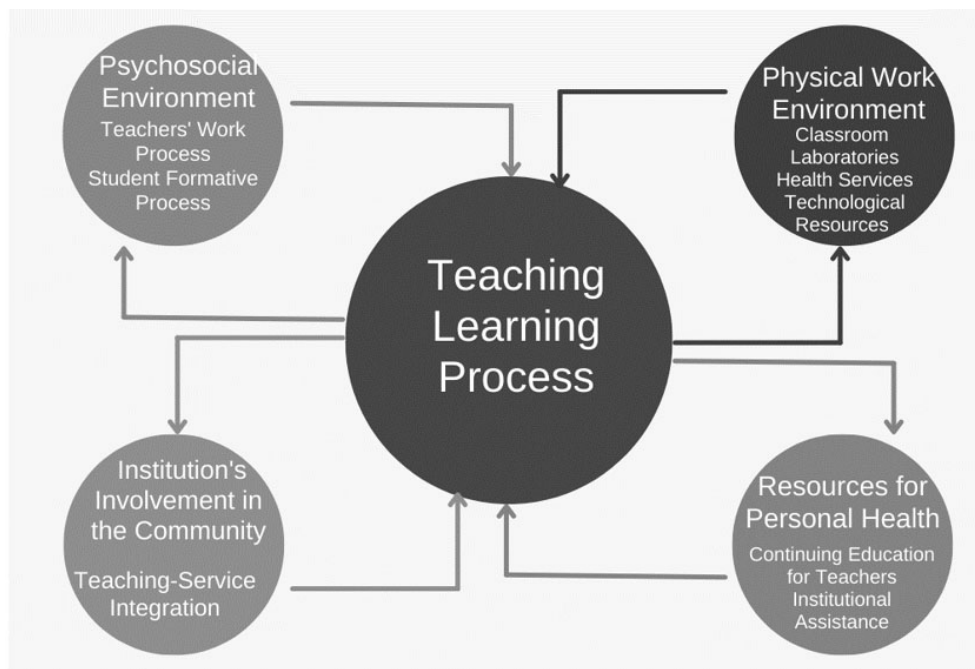

Figure 1. Approximations between the construct "Healthy Work Environment" construct and the nursing learning teaching process context.
Source: Adapted from WHO (2010), for the analysis of this study.

In the dimension "Physical Work Environment" the understandings of professors and students about the structure, especially physical, as well as the material structure of the training environments were analyzed in a unison. The structures of laboratories of active methodologies were pointed out with emphasis. The infrastructure, in general and the classrooms with technological apparatus, of Higher Education Institutions where theoretical-practical activities are carried out were also strongly reported.

We have several types of laboratories, so this allows me to change teaching strategies [...] we have the birth simulators, arterial arms (...) (D5)
[...] I had a little difficulty in relation to the physical space (in health service) [...] sometimes I could make an appointment, but I couldn't because there wasn't room for me (...) (E9)

For the dimension "Psychosocial Environment" that considers the factors that cause emotional or mental stress, two distinct contours were observed, according to the participants' roles. For the professors, issues related to the work process were highlighted, such as academic productivity, means of hiring and plans for positions and salaries. In the students' experiences, the questions specific to the formative process, from academic activities to self-perceptions about the responsibility to assume a profession, were mentioned as sources of satisfaction versus dissatisfaction in the training environment.

[...] the environment ends up being very competitive [...] That thing about producing, I have to write an article, I have to produce, I have to have results [...] (D6)
[...] the university puts pressure on us and activities accumulate [...] all the tests are in the same week, all the deadlines were for the same week (...) (E9)

Another dimension in which a differentiation motivated by role was observed was "Resources for personal health". Professors listed strategies for teacher training, participation in courses and updating events such as conferences organized as promoters of Healthy Work Environments in the teaching-learning process. Physical and/or mental health care actions were also reported in this dimension, as resources that promote Healthy Work Environments, such as health plans and institutional support. Students, on the other hand, do not see actions developed to promote their health.

[...] we have a week of training [...] the university has this concern [...] we learn a lot, make an exchange and I have no complaints (D5).
[...] a health promotion aimed directly at the academic, there is no [...] activity in this sense, focused on physical or mental health [...] (E4)

In the last dimension "Involvement of the Institution in the Community", the perspectives converged to the experiences of teaching-service integration. Teaching, research and extension activities in health services were described as potentialities of professional. The production of bonds, recognition for the attention of nursing professors and students, experiences described as humanization, were aspects repeatedly pointed out as promoters of Healthy Work Environments in the teaching-learning process.

[...] for me this adds a lot of value [...] you know new realities [...] (D4)
[...] from the internship experience [...] I finished last week, I was very sad to have said goodbye to the staff and the patients. (E9)

4. DISCUSSION

In the approximation between the four-dimensional theoretical model proposed by WHO for the analysis of healthy work environments, from the perspective of professors and students, it was possible to identify the objective elements related to the physical work environment, organizational structure, personal health resources, subjective aspects related to the psychosocial work environment and interpersonal relationships and the involvement of nursing education with the community.

In relation to the physical work environment, nursing professors are exposed to environmental risks in university environments and in health services when they supervise practical experiences and internships. There are occupational risks related to the work activity of nurses, in addition to risks due to inadequate working conditions. The infrastructure of teaching work environments and insufficient spaces does not provide a favorable environment for practice. There is still a lack of materials and equipment in the classroom, laboratories and health institutions.[5, 17]

The issues related to physical and technological infrastructure, acquisition and the maintenance of materials and equipment are relevant in the perception of Healthy Work Environments in the teaching-learning process, allied to active pedagogical practices. The study highlighted this impact of active learning teaching methods, especially problem-based learning and simulation, on the physical environment. The literature points out that the adequate infrastructure of simulation laboratories, diverse spaces in teaching and access to technologies promote the development of faculty and student learning.[5, 18] In addition to academic results, the satisfaction of students and professors is also positively impacted by high fidelity simulation practices.[19] At the same time, the

complexity of the topic of technological literacy in nursing education is highlighted, which requires pedagogical models and clarity of the key role of nurses in the introduction, implementation and use of technology in clinical practice in a critical way.[20]

In addition, student protagonism and the construction of knowledge through the contextualization of reality enable the critical analysis of health care, encourage teamwork, decision-making, promote student autonomy and transform them into an active agent in the care process.[21, 22]

The second dimension refers to the psychosocial environment in the teaching-learning process. For the professors, the psychosocial issues that influence the healthy environment were related to the teaching career, earnings, contract types, work overload and competitiveness. Currently, in the Brazilian scenario, there are several forms of hiring and increasingly precarious work regimes, with disparities in rights and protections between public and private institutions. Public institutions are still represented as environments with better working conditions in relation to the teaching career, especially due to the relative stability of contracts. In private institutions, contracts are unstable and seasonal.[23, 24] On the other hand, despite the stability in public institutions, professors feel under pressure regarding academic productivity in the areas of teaching, research and extension.[17, 25]

Teaching work at universities is associated with a series of characteristics that affect the health and physical and mental well-being of nursing professors: - work overload, with demands that continue to invade private lives without moments of detachment and effective neglect; - competitive relationships and productivist demands that capture subjectivities, generating emotional pressure.[5, 17, 25, 26] In addition, it is important to consider the great responsibility that nurse educators have regarding the challenge of the world shortage of professionals, which highlights the new capacities of the educator as a critical factor for a more effective teaching and for a greater impact of the profession on global health.[27]

Despite the difficulties imposed by the production modes in the teaching career, in intersubjective meetings relations of solidarity and empathy that promote satisfaction at work and coping with moral suffering emerge.[6, 28]

The psychosocial dimension in teaching-learning environments received a different connotation by students. Interpersonal relationships between fellow students and professors are the most evident aspect for promotion of an environment with greater or lesser potential to promote health. The importance of relationships formed in the context of training is corroborated by other research.[2, 29] For example, en-

gagement in learning shows relationships with satisfaction and subjective elements built in connections with peers and professors. It is produced when one finds value in an experience and is characterized by attention, curiosity, interest, optimism, belonging, interaction, participation and a sense of autonomy; what can also be achieved in online teaching environments, depending on aspects such as the role of the instructor, the interaction between students, the organization of the environment, among others.[30] Also reported are the effects of engagement and educational environment on the self-esteem of students, which in turn are decisive for competence, motivation and dedication to the career.[27]

A negative aspect of the psychosocial dimension of the university environment is the stress of students caused by the high demands of activities, including evaluations, personal characteristics such as self-demand for academic performance, or family characteristics related to expectations regarding training. Students experience challenges in their training that go beyond the fulfillment of numerous pedagogical activities, they face the multiple demands for productivity and adaptation to university life that cause psychological suffering.[22, 31, 32]

The expressions of doubts about the choice of a profession and disappointment in the face of the realities distant from the idealized are recurrent in the literature. Mechanisms are needed to cope with the dissatisfactions, such as problematization and the critical and reflexive exercise that is permanent in all training experiences.[29, 33]

The study clearly expresses the connection between the four dimensions of the WHO healthy environments model. Subjective components are not separated from objective and material aspects, which is already evident in the literature. In nursing education, organizational variables such as the clinical environment and the educator's workload (number of supervised students) interfere with students' satisfaction with their clinical practices.[34]

In the theoretical model, the third dimension, "Resources for personal health", the universities do not offer actions recognized as promoting or protecting health to the participants. University services for the community, such as psychology centers, physiotherapy outpatient clinics, school pharmacy, can be accessed by professors and students, but they are not exclusive to them. There is evidence of illness in the most varied academic spaces, therefore, there is a need to strengthen activities to promote, protect and care for the health of professors and students.[25]

Promoting self-care actions favors the balance between work, studies and personal life, developing resilience, offer spaces

for sharing and the valuing ideas are possibilities for Healthy Work Environments.[28] Specifically, it would be up to university management to promote institutional projects that offer physical activities, therapeutic workshops, arts and others that promote relaxation, leisure and pleasure, to improve the quality of life of their academic community, in an effectively healthy teaching-learning environment.[35]

The fourth dimension "involvement of the institution in the community" is directly associated with the experiences of teaching-service-community integration, when health services are spaces favorable for learning and critical and reflective development of the student. However, challenges remain regarding the integration of the realities of health services with the objectives of university education. It is necessary to align the pedagogical proposal with the reality of health services so that actions are developed effectively and continuously.[36]

The impacts of teaching, service and community integration materialize interprofessional actions and are perceived as factors of satisfaction for professors and students. The materialization of knowledge built in real health care actions promotes Healthy Work Environments.[37] When inserted in health services, students approach the world of work and the different facets that compose the daily life of health care and care.[28] It favors an expanded view of the needs of providing greater confidence for future professional performance.[36]

The complexity of the theme suggests investments in new studies, which explore the potential relationships of the construct of healthy environments in the educational scenario with other concepts, such as ethical climate, technologies, teaching skills, among others. As an example, there is a growing interest in the phenomenon of incivility in nursing teaching focused on studying the behaviors of students, disregarding the role of the teacher in the problem[38] or the contribution of educational and practical environments.

5. CONCLUSIONS

In the process of professional nursing training, professors, nurses and students have experiences in university environments and health services. Professors experience teaching and health care and students gain knowledge and skills for their future as professionals. Both are inserted in the worlds of education and health care, teaching and work.

The model proposed by the WHO for the analysis of "Healthy Work Environments", in its four dimensions approached the experiences investigated. It is considered that despite a construct often related to the environments of health services, it is possible to reflect the environments of nursing education from this reference.

The perceptions are closely related to the conditions for performing the work of the teacher and opportunities to gain knowledge and develop the professional skills of the students. The characteristics of the economic service sector, the demands of the teaching career, the configuration of the university education model, the socio-environmental conditions, the intersubjective meetings of different subjects and their expectations, whether in university environments or in health service environments, configure the experiences. There is a predominance of experiences that still produce illness, physical and/or psychic processes.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

REFERENCES

[1] Rodríguez-García MC, Márquez-Hernández VV, Granados-Gámez G, et al. Undergraduate nurses' perception of the nursing practice environment in university hospitals: a cross-sectional survey. Journal of Nursing Management. 2020; 29(3): 477-486. PMid:30606232 PMid:33051929 http://doi.org/10.1111/jonm.13184

[2] Liu T, Li S, Yang R, et al. Job preferences of undergraduate nursing students in eastern China: a discrete choice experiment. Human Resources for Health. 2019; 17(1): 1-12. PMid:30606232 https://doi.org/10.1186/s12960-018-0335-3

[3] Who, 2010. Healthy workplaces: a model for action. Available from: https://www.who.int/publications/i/item/healthy-workplaces-a-model-for-action

[4] Sousa AAS, Santiago SA, Carvalho RS, et al. Evaluation of quality of working life of faculty nursing. Arch Health Invest. 2020; 9(6): 601–608. https://doi.org/10.21270/archi.v9i6.4975

[5] D'Oliveira CAFB, Souza NVDO, Varella TCM, et al. Configurations of the world of work and the health-disease process of nursing teaching workers. Revista de Enfermagem da UERJ. 2020; 28(e33123): 1-6. http://doi.org/10.12957/reuerj.2020.33123

[6] Barros AM, Ramos FRS, Barth PO, et al. The process of moral deliberation of university nursing professors in the face of moral distress. Nurse Education Today. 2019; 73: 71-76. PMid:30530138 https://doi.org/10.1016/j.nedt.2018.11.014

[7] Santos RJLL, de Sousa EP, Rodrigues GM, et al. Stress in nursing students: importance of identifying the stressing agent. Brazilian Journal of health Review. 2019; 2(2): 1086-1094.

[8] Penteado RZ, Neto SS. Malaise, suffering and illness of the teacher: from narratives of work and teaching culture to teaching as a profession. Health and Society. 2019; 28(1): 135-153. https://doi.org/10.1590/S0104-12902019180304

[9] Barrow M. Ontological congruence, discipline and academic identity in university schools of nursing. High Education. 2019. https://doi.org/10.1007/s10734-022-00858-0

[10] Rusticus SA, Pashootan T, Mah A. What are the key elements of a positive learning environment? Perspectives from students and

faculty. Learning Environments Research. 2022. PMid:35574193 http://doi.org/10.1007/s10984-022-09410-4

[11] Yang G, Zang X. Development of the Professional Competence and Professional Self-concept of Undergraduate Nursing Students During the Clinical Practice Period: A Cross-lagged Panel Analysis. Nurse Education in Practice. 2022; e103360. PMid:35598431 https://doi.org/10.1016/j.nepr.2022.103360

[12] Suliman M, Warshawski S. Nursing students' satisfaction with clinical placements: The contribution of role modeling, epistemic authority, and resilience-a cross-sectional study. Nurse Education Today. 2022; e 105404. PMid:35598583 http://doi.org/10.1016/j.nedt.2022.105404

[13] Cayubit RFO. Why learning environment matters? An analysis on how the learning environment influences the academic motivation, learning strategies and engagement of college students. Learning Environments Research. 2021. http://doi.org/10.1007/s10984-021-09382-x

[14] Schussler EE, Weatherton M, Musgrove MMC, et al. Student perceptions of instructor supportiveness: What characteristics make a difference? CBE—Life Sciences Education. 2021; 20(2): Article 29. PMid:33938766 http://doi.org/10.1187/cbe.20-10-0238

[15] Brook J, Kemp C. Flexible rostering in nursing student clinical placements: A qualitative study of student and staff perceptions of the impact on learning and student experience. Nurse Education in Practice. 2021; 54: 103096. PMid:34049034 http://doi.org/10.1016/j.nepr.2021.103096

[16] Bardin L. Content analysis (Reto, L. A., & Augusto P, A., Trad.). São Paulo: Editions 70, 2016.

[17] Bublitz S, Beck CLC, Silva RM, et al. Risks of illness of nursing professors working in in post-graduation courses. Revista Gaúcha de Enfermagem. 2021; 42: 1-9. PMid:33787761 http://doi.org/10.1590/1983-1447.2021.20190514

[18] Hirsch CD, Barlem ELD, Barlem JGT, et al. Predictors associated with nursing student satisfaction. Acta Paulista de Enfermagem. 2015; 28(6): 566-572. https://doi.org/10.1590/1982-019420150 0093

[19] Carrero-Planells A, Pol-Castañeda S, Alamillos-Guardiola MC, et al. Students and professors' satisfaction and perspectives on high-fidelity simulation for learning fundamental nursing procedures: A mixed-method study. Nurse education today. 2021; 104: 104981. PMid:34062333 https://doi.org/10.1016/j.nedt.2021.104981

[20] Nes AAG, Steindal SA, Larsen MH, et al. Technological literacy in nursing education: A scoping review. Journal of Professional Nursing. 2021; 37(2): 320-334. PMid:33867086 http://doi.org/10.1016/j.profnurs.2021.01.008

[21] Makuch DMV, Zagonel IPS. Pedagogical approach in the implementation of curriculum programs in nurse training. Escola Anna Nery. 2017; 21(4): 1-9. https://doi.org/10.1590/2177-9465-EAN-2017-0025

[22] Costa RRO, de Medeiros SM, Coutinho VRD, et al. Satisfaction and self-confidence in the learning of nursing students: Randomized clinical trial. Escola Anna Nery. 2020; 24(1): 1-9. https://doi.org/10.1590/2177-9465-EAN-2019-0094

[23] Medeiros ESM, Prestes DRM, Pignata EKAA, et al. Profile of the teaching nurse and their perception of pedagogical training. Scientific Journal of Nursing. 2018; 8(24): 42-53. https://doi.org/10.24276/rrecien2358-3088.2018.8.24.42-53

[24] Francklin A. The precariousness of teaching work in higher education: analysis of the implications of the work of the professor designated at the State University of Minas Gerais. (Doctoral thesis). Federal University of São Carlos, São Paulo, SP, Brazil. 2021. Available from: http://repositorio.ufscar.br/handle/ufscar/14348?show=full

[25] Vasconcelos I, de Lima RL. Work and health-illness of professors in public universities. Katálysis Magazine. 2021; 24(2): 364-374. https://doi.org/10.1590/1982-0259.2021.e78014

[26] Queiróz MF, Emiliano LL. Being a teacher in the 21st Century: working in a Brazilian public university. Katálysis Magazine. 2020; 23(3): 687–699. https://doi.org/10.1590/1982-02592020v23n3p687

[27] Saleh Moustafa Saleh M, Abdel-Latif Abdel-Sattar S, Abdelgawad Elkalashy R, et al. Nursing Students Engagement and Motivational Education Environment as A Requirement to Improve Student's Self-Esteem. Egyptian Journal of Health Care. 2021; 12(2): 801-815. https://doi.org/10.21608/ejhc.2021.171355

[28] Harmon RB, DeGennaro G, Norling M, et al. Implementing healthy work environment standards in an academic workplace: an update. Journal of Professional Nursing 2018; 34(1): 20-24. PMid:29406133 https://doi.org/10.1016/j.profnurs.2017.06.001

[29] Costa M, Zagonel IPS. Student perception of the influence of the educational environment/climate in the teaching-learning process: an integrative review. Revista de Saúde Pública do Paraná. 2020; 21(1): 71-81. https://doi.org/10.22421/15177130-2020v21n1p71

[30] Chan SL, Lin CC, Chau PH, et al. Evaluating online learning engagement of nursing students. Nurse Education Today. 2021; 104: 104985. https://doi.org/10.1016/j.nedt.2021.104985

[31] Farinha MG, Centurion NB, Braga TBM, et al. Talking wheels with university students: prevention and health promotion. NUFEN Journal. 2019; 11(2): 19-38. https://doi.org/10.26823/RevistadoNUFEN.vol11.n02artigo51

[32] Bordignon SS, Lunardi VL, Barlem ELD, et al. Moral distress in undergraduate nursing students. Nursing Ethics. 2019; 26(7-8): 2325-2339. PMid:30760104 https://doi.org/10.1177/0969733018814902

[33] Gonçalves JRL, Santos ÁS, Pedrosa LAK, et al. Perception of nursing students of PET GraduaSUS about their academic background. Family Magazine, Life cycles and Health in the Social Context. 2019; 7(2): 211-219. https://doi.org/10.18554/refacs.v7i2.3735

[34] Fernández-García, del Carmen Giménez-Espert M, Hernández PC, et al. Do organizational variables influence satisfaction with nursing student practices? Studies in Educational Evaluation. 2019; 71: 101068. https://doi.org/10.1016/j.stueduc.2021.101068

[35] Fiore J. A pilot study exploring the use of an online pre-composed receptive music experience for students coping with stress and anxiety. Journal of Music Therapy Oxford. 2018; 55(4): 383-407. PMid:30339229 https://doi.org/10.1093/jmt/thy017

[36] Franco ECD, Oliveira VAC, Lopes BL, et al. The teaching-service-community integration in the nursing course: what the preceptor nurses say. Enfermagem em Foco. 2020; 11(3): 35-38. https://doi.org/10.21675/2357-707X.2020.v11.n3.3098

[37] Saho M, Lomanto GA, Salviano ICB, et al. Sociodemographic and academic characteristics of nursing students in professional education. Contemporary Nursing Journal. 2021; 10(2): 280-288. https://doi.org/10.17267/2317-3378rec.v10i2.3892

[38] Butler AM, Strouse SM. An Integrative Review of Incivility in Nursing Education. Journal of Nursing Education. 2022; 61(4): 173-178. PMid:35384766 https://doi.org/10.3928/01484834-20220209-01