Construction and Validation of an Instrument for Occupational Nursing Consultation at a Hospital Foundation

Construção e Validação de Instrumento para Consulta de Enfermagem do Trabalho de uma Fundação Hospitalar

Construcción y Validación de un Instrumento para la Consulta de Enfermería en Salud Ocupacional en una Fundación Hospitalaria

RESUMO

Objetivo: Construir e validar um instrumento de Enfermagem do Trabalho, baseado em teoria amplo alcance, que abarca as etapas do Processo de Enfermagem, para Consulta de Enfermagem do Trabalho de uma fundação hospitalar. **Método:** Estudo do tipo metodológico de caráter descritivo realizado em três etapas: construção, validação e refinamento do instrumento. **Resultados:** O instrumento como um todo obteve Índice de Validade de Conteúdo de 0,87 (excelente). Seu objetivo alcançou 0,86 (excelente), estrutura e apresentação 0,85 (excelente), relevância 0,74 (bom) e motivação 0,82 (excelente). **Conclusão:** Consideramos alcançados os objetivos iniciais de construção e validação do instrumento. Ainda que, apesar de ter sido avaliado como um todo com Índice de Validade de Conteúdo excelente, é passível de ajustes. Também, que representa o passo inicial em busca de uma prática mais sistematizada e que contemple o trabalhador de forma integral.

DESCRITORES: Enfermagem do trabalho; Processo de enfermagem; Saúde ocupacional.

ABSTRACT

Objective: To construct and validate a broad-ranging occupational nursing instrument based on theory, covering the stages of the nursing process, for occupational nursing consultations at a hospital foundation. **Method:** A descriptive methodological study conducted in three stages: construction, validation, and refinement of the instrument. **Results:** The instrument as a whole obtained a Content Validity Index of 0.87 (excellent). Its objective achieved 0.86 (excellent), structure and presentation 0.85 (excellent), relevance 0.74 (good), and motivation 0.82 (excellent). **Conclusion:** We consider the initial objectives of constructing and validating the instrument to have been achieved. Although it was evaluated as a whole with an excellent Content Validity Index, it is subject to adjustments. It also represents the first step in the search for a more systematic practice that comprehensively addresses the worker.

DESCRIPTORS: Occupational nursing; Nursing process; Occupational health.

RESUMEN

Objetivo: Construir y validar un instrumento de Enfermería del Trabajo, basado en una teoría de amplio alcance, que abarque las etapas del Proceso de Enfermería, para la Consulta de Enfermería del Trabajo de una fundación hospitalaria. Método: Estudio metodológico de carácter descriptivo realizado en tres etapas: construcción, validación y perfeccionamiento del instrumento. Resultados: El instrumento en su conjunto obtuvo un índice de validez de contenido de 0,87 (excelente). Su objetivo alcanzó 0,86 (excelente), estructura y presentación 0,85 (excelente), relevancia 0,74 (buena) y motivación 0,82 (excelente). Conclusión: Consideramos que se han alcanzado los objetivos iniciales de construcción y validación del instrumento. Sin embargo, a pesar de haber sido evaluado en su conjunto con un índice de validez de contenido excelente, es susceptible de ajustes. Además, representa el primer paso en la búsqueda de una práctica más sistematizada que contemple al trabajador de manera integral.

DESCRIPTORES: Enfermería del trabajo; Proceso de enfermería; Salud ocupacional.

Juliana Xavier de Carvalho
Occupational Nurse, Minas Gerais State Hospital Foundation
ORCID: https://orcid.org/0000-0003-0210-4578

Mirian Cristina Reis de Oliveira
Master's Degree in Environmental Management, Pontifical Catholic University of Minas Gerais
ORCID: https://orcid.org/0009-0004-1565-0038

Recieved: 12/06/2025
Approved: 12/22/2025

INTRODUCTION

In Occupational Nursing, properly documented care facilitates daily actions, as well as the continuity of multidisciplinary team care and the implementation of policies, in addition to demonstrating the autonomy of these professionals by transforming data into useful information for Occupational Health[1].

It is noted, in different nursing practice scenarios, that there is a lack of appropriate tools for the systematic recording of care. However, it is their use that makes it possible to identify patterns in that context, guide reasoning, operationalize the Nursing Process (NP), and provide theoretical[2] and legal[3] support.

DOI: https://doi.org/10.36489/nursing.2026v31i332p12492-12515

It should be noted that records need to be adequate to achieve their intended purpose and, therefore, it is up to nursing to develop instruments and submit them to analysis and validation tests in order to apply them in everyday professional practice[4].

It is worth clarifying that there are different ways to evaluate and validate nursing instruments, which involve forms of validation, respective scales, and judges, and it is up to researchers to adopt the method that best suits them[4]. A pertinent aspect is that no instrument is completely valid and that validation tests validate for a specific group[5].

This study is justified by the unique importance of the Occupational Nursing team in relation to the demands of workers and occupational health programs[1], especially in a hospital environment where workers need to be welcomed and guided in their physiological and psychological demands in a dynamic and inseparable manner[6].

Another point is that the validated instrument, once implemented, organizes the stages of the scientific methodology of nursing: the NP. It also makes it possible to identify a set of phenomena of interest[2].

The research is relevant considering the need for effective theoretical models and nursing theories that support the PE[7]. Furthermore, it contributes to the development of an instrument that qualifies the management of occupational health care.

It is worth reflecting on the scarcity in the scientific literature regarding the NHB theory guiding validated instruments in the occupational setting, which points to a gap in scientific knowledge, highlighting the usefulness of this study, its pertinence, and relevance to the scientific and professional community.

Thus, the objective of this study is to construct and validate a broad-ranging occupational nursing instrument based on theory, covering the stages of the CP, for nursing consultations in a hospital foundation.

METHOD

This is a descriptive methodological nursing research study on the construction of an instrument and validation of its content. The work was carried out in three stages: construction, validation, and refinement of the instrument. It was carried out in the Occupational Nursing Service of the Occupational Health and Safety Management (GSST) of a network of public hospitals in Minas Gerais (MG), composed of 17 healthcare units and 2 administrative units[8] and where more than 15,000 people work[9].

Occupational nurses working at the GSST from a population of 16 professionals participated. The inclusion criteria were to be an occupational nurse and to have at least 06 months in this position. The exclusion criterion was refusal to participate in the research.

In the first stage of data collection, the instrument was constructed based on the theoretical framework of the NHB. The content of this theory was consulted in books. The second stage was the validation of the instrument by specialists.

Before data collection, an invitation letter was sent to the GSST nurses. Upon acceptance, the Free and Informed Consent Form (FICF) was sent.

After receiving the TCLE, the researchers sent the participants the instrument, a guidance guide, and the evaluation questionnaire, both electronically and in print. A *PowerPoint presentation* with a video containing guidelines on the construction and evaluation of the proposed material was also sent.

Data collection from the experts, which took place between January and March 2025, was carried out by applying the "Questionnaire for expert evaluation" for content validation, which contained closed questions adapted from Guedes (2018)[10]regarding the objective, structure and presentation, relevance, and motivation. The experts could also record their considerations. Those who obtained a specialization degree in Occupational Nursing were considered experts.

For the evaluation of the constructs, a *Likert* scale was used, adopted by Guedes 2018[9] composed of categories in four levels of importance with a single response selection for each variable analyzed, with four possible responses, with a score of 1 for those who consider it "inadequate", 2 for the option "partially adequate", 3 for "adequate" and 4 for "totally adequate", in addition to fields for considerations.

This scale allowed the level of agreement among experts to be measured, which was established by the Content Validity Index (CVI), which is the index of the degree to which the instrument is valid in relation to content, based on expert ratings that can be of individual items or a general scale[10].

One of the methods recommended by Polit and Beck (2011)[11] was used, in which the sum of all CVI values calculated separately is divided by the total number of items in the instrument: CVI = Number of responses 4 or 5 / Total number of responses.

Items with scores of 1 and 2 were eliminated or adjusted according to the experts' suggestions. The calculation of the CVI for the overall instrument used the mathematical equation suggested by Polit and Beck (2006)[12]: Average CVI for all items in the instrument = sum of the CVIs for each item / number of items in the instrument.

The criteria for valid content were based on the precepts of Polit, Back, and Owen (2007)[13] , which use the following evaluation standards: IVC

DOI: https://doi.org/10.36489/nursing.2026v31i332p12492-12515

≥ 0.78 excellent, IVC between 0.60 and 0.71 good, and IVC < 0.59 poor. However, for this study, the IVC of the item should be ≥ 0.80 to be excellent. It should be noted that items with an IVC ≤ 0.05 would be excluded or modified, as suggested by the experts.

The data extracted from the questionnaires were organized in a *Microsoft Office Excel* 2016 spreadsheet for IVC analysis based on descriptive statistics, displayed in tables in absolute frequency.

In the third stage, the instrument was adapted through individual analysis of each questionnaire.

The study complies with applicable ethical standards, in particular the obtaining of informed consent, and received a favorable opinion with CAAE number: 80852624.5.3001.5119 through the Research Ethics Committee of the Pontifical Catholic University of Minas Gerais and the Hospital Foundation of the State of Minas Gerais.

RESULTS

Thirteen (81%) occupational nurses from the team participated in the study, with an average of 19 years of training, an average of 16 years of work experience in the field, and an average of 9 years working on the team. It is worth noting that all have a specialization in Occupational Nursing and two have a master's degree.

Regarding the development of the initial instrument, it is necessary to clarify that the instrument was organized into two parts, one for Spontaneous Demand (unscheduled care) and the other for Scheduled Demand (scheduled care), as these are two possible activities for this team.

For Spontaneous Demand, the instrument does not include a list of Nursing Diagnoses (ND), Expected Results (ER), and Therapeutic Decision Making (nursing interventions) (NI) because there are a wide variety of reasons why workers seek occupational nursing care, which would not fit into this study given its scheduled time frame.

For Scheduled Demand, the instrument includes a list of ND, ER, and TI based on the book "Statements from the Brazilian Nursing Association Information System (SiABEn)" published by ARTMED in 2021[14], which authorized the free use of its statements in this study. Despite this mapping, the instrument includes the option "others" for free registration by the professional, given that they have the autonomy to identify diagnoses, establish results, and interventions.

It is worth noting that the aforementioned mapping in the biography used led to 40 DE, 40 RE, and 61 IE, and that the Scheduled Demand part of the instrument was organized into 12 NHB blocks, as shown in Table 1.

Table 1 - Block of basic human needs for organizing the Occupational Nursing Consultation instrument.

Oxygenation, sexuality and reproduction, physical integrity, cell growth and functional development, vascular, neurological, hormonal, and thermal regulation, sensory perception, communication
Physical activity, recreation, and leisure
Nutrition
Hydration
Elimination
Sleep and rest
Physical and environmental safety, body and environmental care
Therapy and prevention, guaranteed access to technology
Social, love and acceptance, freedom and participation
Emotional safety, creativity, and spirituality
Health education and learning
Self-esteem, self-confidence, and self-respect, self-actualization, space

Source: Authors' construction, 2025.

With regard to Scheduled Demand, it is essential to point out that after completing the Worker Identification form, the following was organized for each block of needs: questions for the Nursing Assessment; followed by the stages of DE, RE, and IE; and, finally, Nursing Evolution. This resulted in three forms, namely: Nursing Assessment; DE/level of nursing dependence, RE, Therapeutic Decision Making/Nursing Intervention (IE); and Nursing Evolution.

With regard to Spontaneous Demand, a form was created containing all the stages of the PE.

It is imperative to clarify that, according to Horta's NHB theory, the level of dependence that each DE (individual, family, or community) has on nursing care must be identified. Therefore, below the DEs are the options listed in the theory: Do, Help, Guide, Supervise, and Refer. In this instrument, the option "Not applicable" was added, which will apply to DEs that are defined as not being the focus of care at that moment.

In order to facilitate the use of the instrument, the DEs, REs, and IEs were organized so that they are close together. The deadline for completing what was proposed should be placed in front of each IE.

There is also a field called "Care

DOI: https://doi.org/10.36489/nursing.2026v31i332p12492-12515

Plan Summary" for the Occupational Nurse, if they so choose, to compile important DEs, REs, and IEs and, if they so choose, to deliver them to the worker in order to offer the defined care plan in writing.

Regarding the validation of the instrument's content, after reading the instrument, the specialists scored it in general terms using the Evaluation Questionnaire and were able to make any comments they deemed relevant.

After receiving the experts' evaluation, the researchers were able to identify that the instrument as a whole obtained an IVC of 0.87 (excellent). Its objective achieved an IVC of 0.86 (excellent), structure and presentation 0.85 (excellent), relevance 0.74 (good), and motivation 0.82 (excellent). Tables 1, 2, 3, and 4.

Table 1 - Distribution of expert judgments regarding the objective of the instrument.

OBJECTIVE: Refers to the purposes, goals, or ends that one wishes to achieve with the use of the instrument					
Questions	1 Inadequate	2 Partially adequate	3 Suitable	4 Fully adequate	IVC (Number of responses 4 or 5 / Total number of responses)
Is it adequate for occupational nursing needs?	0	4	8	1	0,69
Is it appropriate to allow occupational health nurses to act directly, independently, and with quality in relation to workers? independently and with quality with workers?	0	4	3	6	0,69
Do you agree with the proposed nursing theory?*	0	0	5	7	0,92*
Does it contribute to the adequate provision of care to hospital workers?	0	1	10	2	0,92
Is it appropriate to circulate in scientific circles in the field of Occupational Nursing?	0	1	5	7	0,92
Does the instrument present a logical sequence?	0	0	5	8	1
Is it appropriate from the point of view of the support process during the consultation with the Occupational Health Nurse?	0	1	10	2	0,92
Total					0,86

CVI: content validity index.

*One expert chose not to respond and indicated, "*I do not have sufficient or up-to-date knowledge of this theory to be able to give an opinion.*"

Source: Authors' construction, 2025.

Table 2 - Distribution of expert judgments regarding the structure and presentation of the instrument.

STRUCTURE AND PRESENTATION: Refers to the way the items are presented. This includes their general organization, structure, presentation strategy, consistency, and formatting.					
Questions	1 Inadequate	2 Partially adequate	3 Suitable	4 Fully adequate	IVC (Number of responses 4 or 5 / Total number of responses)
Is the instrument suitable for use by nurses in nursing consultations?	0	4	6	3	0,69
Are the items presented in a clear and objective manner?	0	1	9	3	0,92
Are the items presented scientifically correct?*	0	1	7	4	0,84*
Is the material appropriate for the sociocultural level of the proposed target audience?	0	1	8	4	0,92
Is there a logical sequence to the proposed content?	0	1	7	5	0,92
Is the structure appropriate and capable of attracting the attention of those who will fill it out?	0	2	8	3	0,84
Total					0,85

CVI: content validity index.

*One expert chose not to respond and indicated, *"I did not perform a scientific assessment of all the items presented."*

Source: Authors' construction, 2025.

DOI: https://doi.org/10.36489/nursing.2026v31i332p12492-12515

Table 3 - Distribution of experts' judgments regarding the relevance of the instrument.

RELEVANCE - Refers to the characteristic that assesses the degree of significance of theinstrument presented.					
Questions	1 Inadequate	2 Partially adequate	3 Suitable	4 Fully adequate	IVC (Number of responses 4 or 5 / Total number of responses)
Do the items portray key aspects that should be observed?	0	3	7	3	0,76
Is the instrument adequate for enabling Occupational Nursing to acquire relevant information regarding workers' health?	0	3	7	3	0,76
Is the instrument adequate to enable the Occupational Nurse to address the necessary issues to be researched during the Occupational Nursing consultation?	0	3	8	2	0,76
Is the instrument suitable for use by occupational nurses working in a hospital environment?	0	5	5	3	0,69
Total					0,74

CVI: content validity index.

Source: Authors' construction, 2025.

Table 4 - Distribution of expert judgments regarding the motivation of the instrument.

MOTIVAÇÃO – Refere-se ao incentivo em utilizar o instrumento					
Questions	1 Inadequate	2 Partially adequate	3 Suitable	4 Fully adequate	IVC (Number of responses 4 or 5 / Total number of responses)
The instrument is suitable for occupational nurses who work in a hospital environment, in terms of reading and understanding what it is about?	0	2	4	7	0,84
Would the instrument be suitable for occupational nurses to feel motivated to complete it until the end?	1	3	6	3	0,69
Does the instrument address the issues necessary for occupational nursing in terms of everything it needs to know to identify a health need or occupational risk situation?	0	1	10	2	0,92
Is the instrument adequate for enabling nursing to work more safely in relation to the main points to be addressed during the nursing intake, in order to make this process more appropriate?	0	2	10	1	0,84
Total					0,82

CVI: content validity index.

Source: Authors' construction, 2025.

Regarding the refinement of the instrument, initially the Scheduled Demand instrument contained 47 questions for anamnesis plus the fields for physical examination, and after refinement, based on the experts' comments, there were 59 items. This led to the addition of 6 DE, among which 1 on participation is not included and was not adapted from the book of statements adopted in this study. There were 40 to 46 DE. Five RE were added, totaling 45. There were additions of five IE, totaling 66.

There was an increase in questions on medical history, following suggestions from the experts, mainly in the areas of Physical and Environmental Safety, Body and Environmental Care, and Health Education and Learning.

It is worth noting that there were adaptations of SIABEn statements regarding the provision of toilets, participation, maintenance and tidiness of the sector, privacy, and knowledge about health and safety measures. And, in the interventions, with the possibilities of GSST programs, which

DOI: https://doi.org/10.36489/nursing.2026v31i332p12492-12515

were allocated in a manual, along with clarifications for the implementation of the Nursing Consultation.

The experts suggested both dividing and adding questions, as well as changing them, and also requested clarifications on some concepts and items that they considered subjective. Many of the considerations were adopted in whole or in part, and items considered biased were revised. There were also questions about the feasibility of some interventions. There were no changes to the Spontaneous Demand instrument.

The Worker Identification section initially contained 16 questions and was increased to 20. It should be noted that there were no considerations regarding Hydration and Elimination needs and that only 4 (30.76%) of the 13 experts made considerations about specific items in the instrument.

The positive comments from the experts relate to its organization, scope, clarity, comprehensive approach, humanized perspective, relevance to issues in the work environment and health conditions, impact on the scientific and innovation environment, and ability to meet the preventive and care demands of workers.

Other comments addressed the length of the instrument, which could make its use unfeasible, the fact that Nursing Consultation is not part of the scope of activities of the team of two experts, the lack of physical structure to enable Nursing Consultation, the free use of standardized nursing languages, the need for training to enable its use, and the challenge of implementation.

DISCUSSION

The participation of Occupational Nurses in this process was of great value, since, in validation, it is important to consider applicable aspects, experience, and qualifications[14] . Furthermore, in this type of construction, it is necessary to adapt to the reality of each institution[10] , and from this perspective, they were able to collaborate freely. Another point is that for reliable validation, experts with experience in the field related to the study topic[16] and who have years of experience in the area should be selected. It is worth noting that specialization[17] is an essential pillar for working in this field, and in this sense, the foundation is moving in a promising direction, as all of its members are specialists.

It should be noted that the construction of this theory-guided instrument makes it more relevant, given the scientific basis it provides[15] . The theory adopted was published in 1979 by Brazilian nurse Wanda de Aguiar Horta and focuses on the NHB of human beings (individuals, families, and communities) cared for by nursing, which should restore these needs when they are out of balance, prevent imbalances, and keep them balanced, according to the level of dependence (partial or total) that this human being has on nursing. It is also up to nursing, with a view to making human beings independent of their care, to make them capable of self-care, a fact that is in line with the mission of occupational health.

Horta understands that human beings have spheres of care at the psychobiological, psychosocial, and psychospiritual levels, which are interconnected in mutual balance[18]. In the reference adopted, SiABEn, these three spheres have statements totaling 17 psychobiological, 12 psychosocial, and 1 psychospiritual [14], thus, 30 fronts of attention.

It can be said that the fact that the instrument has two aspects, spontaneous and scheduled demand, is parallel to the passive and active surveillance of Regulatory Standard No. 7 of the Ministry of Labor, that is, passive surveillance in occupational health is that based on the spontaneous demand of employees who seek services. Active surveillance, on the other hand, consists of scheduled consultations[19].

The cross-mapping technique adopted in this study is useful and favors the use of classification systems in different contexts of practice. In Brazil, it is widely used in health services that plan to implement nursing classification systems based on existing data[20] .

As for content validation, it is worth clarifying that it is essential when implementing the use of any instrument, this method being the most chosen in the field of nursing for the adoption of instruments[15] .

Another point is that the adjustments proposed by the experts bring scientific rigor to the proposed instrument[16] and, in this sense, it can be said that there was a considerable contribution, even though only four experts made specific suggestions to the material. The fact that the majority did not suggest changes may indicate acceptability and agreement with the proposed content.

The acceptable IVC among experts should be at least 0.80 and, preferably, greater than 0.90[21] . With the exception of relevance, which received a good IVC, the other topics evaluated (objective, structure, and motivation) had IVCs considered excellent. This context brings the instrument closer to the desired reliability and scientificity. However, the good IVC requires further evaluation, and the fact that it did not reach 0.90 points to the need for future reassessment for adjustments, after practical testing and further discussion. It is worth noting that the changing nature of nursing requires periodic evaluations to improve the research instrument and ensure its validity with constant updates[10] .

The great extension of the instrument pointed out by experts clearly went to the Scheduled Demand part of

DOI: https://doi.org/10.36489/nursing.2026v31i332p12492-12515

the instrument, which ended up with three printouts, but in line with this, a study that adopted Beth Newman's theory found the same result when constructing an instrument identifying possible DE, RE, and IE in occupational health[22] .Furthermore, it is clear from the scientific literature that instruments guided by Horta's NHB theory tend to be more extensive. Perhaps this is due to the fact that it is a theory that encompasses many areas of human care.

It is worth noting that the standardization of nursing language enables systematic care for workers when performing the PE in occupational health[23] . Standardized nursing languages support systematic practice and contribute to the operationalization of the PE, making nursing more visible in any environment in which it is practiced[24] .

However, free access to such languages is still a barrier in Brazil, and one of the strategies is to create terminological subsets of the International Classification for Nursing Practices (CIPE ®), or even to pay royalties.

A technical scientific manual was developed, as suggested by an expert, in order to parameterize concepts and enable their proper use among peers. In nursing, the use of manuals for different purposes (care, administrative, and regulatory) is common [25], but in occupational health, no occupational nursing manuals were found in the scientific literature.

Regarding the question of the feasibility of some interventions and the scheduling of periodic examinations, the researchers understand that, although they are included in the instrument as IE, it is up to each unit, within its context, to verify the possibility of adoption, as well as it is up to the nurse to autonomously define other interventions.

The fact that nursing consultations are not part of the scope of activities of some units points to a need for a paradigm shift, together with an adequate physical structure and training for implementation, given the legality of applying the PE in the different scenarios where nursing care occurs.

As a contribution to the area, we can mention that the validation of this type of instrument, following the legislation on PE, enables the systematic recording of actions, generating information on health and safety in a scientific and holistic manner. Furthermore, through the use of the Instrument, the Occupational Nurse can generate information about their care process and highlight the impacts of their team's actions. It is also a lightweight technology that improves occupational nursing practice by enabling targeted investigations and parameterized records, providing relevant support for decision-making. Furthermore, the validated instrument will contribute to the practice of researchers and professionals in the development of other instruments and for everyday use.

A limitation of the study is the established schedule, which did not allow for other rounds of instrument validation, which could have increased the IVC and reduced the size of the instrument.

CONCLUSION

We consider that the initial objectives of constructing and validating the Occupational Nursing Consultation instrument for a hospital foundation, guided by a broad-ranging theory, have been achieved. And, despite having been evaluated with an excellent IVC, it is subject to adjustments and further studies. The instrument requires training for application, but represents a step towards a more systematic practice that considers the worker in a comprehensive manner.

As for the adoption of standardized language, a terminological subset could be developed in the future for the reality of the service, or royalties could be paid for a language that the team finds acceptable, requiring future approaches by the team.

A noteworthy point is that the lack of scientific literature on the validation of occupational nursing consultation instruments, according to current legislation on occupational health, makes this study important in the field of occupational health in Brazil, as well as highlighting gaps in knowledge in this area.

References

1. Silva KCC, Silva LJA, Silva SA, Sanches RS, Resck ZMR. Systematization of nursing care: an instrument in the occupational health work process. Rev Bras Med Trab. 2021;19(4):535-40.

2. Andrade LL, Costa MML, Fernandes MGM, Mangueira SO, Freire MEM. Validation of a nursing assessment for hospitalized individuals with infectious diseases. Rev. Eletr. Enferm [Internet]. 2019 [cited 2025 ago 10]; 21:e56571. Avaliable from: https://doi.org/10.5216/ree.v21.56571.

3. Barreto JJS, Coelho MP, Lacerda LCX, Fiorin BH, Mocelin HJS, Freitas PSS. Nursing rec-ords and the challenges of their implementation in the assistance practice. Reme: Rev. Min. Enferm [Internet]. 2019 [cited 2025 ago 10]; 23:e1234. Avaliable from: https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1050660.

4. Bedin BB, Silva SO, Dias EFR, Corcini LMCS, Schimith MD. Ways to validate an instru-ment for nursing consultation:

DOI: https://doi.org/10.36489/nursing.2026v31i332p12492-12515

narrative literature review. Brazilian Journal of Development. 2022;8(7):48838-50.

5. Virgínio NA, Nóbrega MML. Validation of a nursing data collection instrument for hospi-talized adult clients. Rev Bras Enferm. 2004;57(1):53-6.

6. Carvalho JX, Cabanellas ABC, Santiago PSN, Tannure MC. Seleção de teoria de Enferma-gem para um serviço de enfermagem do trabalho na assistência hospitalar. Semina cienc. biol. Saúde. 2022;43(2):277-90.

7. Neves RS. Nursing attendance systematization in rehabilitation unit, in accordance to hor-ta's conceptual model. Rev Bras Enferm. 2006;59(4):556-9.

8. Minas Gerais. Plano Estadual de Saúde 2020-2023. [Internet] Belo Horizonte: Secretária de Estado de Saúde de Minas Gerais; 2020. [cited 2025 Febr 5]. Available from: https://www.conass.org.br/wp-content/uploads/2021/04/08-02-Plano-Estadual-de-Saude-de-Minas-Gerais-2020-2023.pdf

9. Minas Gerais. Plano Estadual de Saúde 2016-2019. [Internet] Belo Horizonte. Secretária de Estado de Saúde de Minas Gerais; 2016. [cited 2025 Febr 5]. Available from: http://vigilancia.saude.mg.gov.br/index.php/download/plano-estadual-de-saude-2016-2019/?wpdmdl=6447.

10. Oliveira MJA. Validação de instrumento de consulta de enfermagem para pessoas com ferida crônica fundamentado na teoria do autocuidado. [Internet]. Fortaleza: Universidade Federal do Ceará; 2020 [cited 2025 Apr 10]. Available from: https://www.repositorio.ufc.br/handle/riufc/51239.

11. Polit DF, Beck CT. Fundamentos da Pesquisa em Enfermagem. 7a ed. Porto Alegre: Ar-tmed; 2011.

12. Polit DF, Beck CT. Essentials of nursing research: appraising evidence for nursing prac-tice. Philadelphia: Lippincott Williams &Wilkins; 2006

13. Polit DF, Beck CT, Owen SV. Is the CVI an Acceptable indicator of content validity? appraisal and recommendations. Research in Nursing & Health. 2007;(30):459-67.

14. Cubas MR. Garcia TR. Diagnóstico, resultados e intervenções de enfermagem: enunciados do SiABEn. Porto Alegre: Artmed; 2021.

15. Guedes DS. Construção e validação de instrumento para consulta de enfermagem às pessoas com infecções sexualmente transmissíveis. [Internet]. Fortaleza: Faculdade de Farmácia, Odontologia e Enfermagem, Universidade Federal do Ceará; 2017. [cited 2025 ago 10]; Available from: https://repositorio.ufc.br/bitstream/riufc/31695/1/2018_dis_dsguedes.pdf

16. Alexandre NMC, Coluci MZO. Content validity in the development and adaptation pro-cesses of measurement instruments. Ciência & Saúde Coletiva. 2011;16(7):3061-8.

17. Ignácio DS, Cassiano C, Leal LA, Henriques SH. Occupational nurses: sociodemographic profile, training and professional development. Rev. Fam., Ciclos Vida Saúde Contexto Soc. REFACS [Internet] 2023 [cited 2025 ago 10]; 11(3):e7164. Available from: https://seer.uftm.edu.br/revistaeletronica/index.php/refacs/article/view/7164.

18. Horta WA. Livro Processo de Enfermagem. São Paulo: EPU; 1979.

19. Brasil. NR 7 - Programa de Controle Médico de Saúde Ocupacional – PCMSO. [Internet] Brasília: Ministério da Saúde; 2021. [cited 2025 ago 10]; Available from: https://www.gov.br/trabalho-e-emprego/pt-br/acesso-a-informacao/participacao-social/conselhos-e-orgaos-colegiados/comissao-tripartite-partitaria-permanente/arquivos/normas-regulamentadoras/nr-07-atualizada-2022-1.pdf

20. Malucelli A, Otemaier KR, Bonnet M, Cubas MR, Garcia TR. Information system for supporting the Nursing Care Systematization. Rev Bras Enferm. 2010;63(4):629-36.

21. Nonino FOL, Napoleão AA, Carvalho EC, Petrilli Filho JF. The use of cross-mapping in nursing researches: a literature review. Rev Bras Enferm. 2008;61(6):872-7.

22. Souza AC, Costa NMA, Guirardello EB. Psychometric properties in instruments evalua-tion of reliability and validity. Epidemiol. Serv. Saúde. 2017;26(3):649-59.

23. Moura DCA, Gomes PC, Toledo Júnior GC, Martins NA, Greco RM. Atenção à saúde do trabalhador: instrumento para subsidiar a consulta de enfermagem. Rev Enferm UFSM. 2016;6(4):589-99.

24. Sánchez-Ayllón F, Oliveira ACS, Morales I, Sá JD, Pérez PE. Content validation of the nursing intervention called Environmental Control: worker safety. Acta paul enferm. 2014;27(2):173-8.

25. Perlin DA, Azevedo RO. Elaboração de um manual de rotinas e procedimentos para en-fermeiros de um serviço de neonatologia. Cad. Pedagogico [Internet] 2025 [cited 2025 ago 10]; 22(1):e13525. Available from: https://ojs.studiespublicacoes.com.br/ojs/index.php/cadped/article/view/13525.

ACKNOWLEDGMENTS, FINANCIAL OR TECHNICAL SUPPORT, DECLARATION OF FINANCIAL CONFLICT OF INTEREST AND/OR AFFILIATIONS:

We would like to thank FHEMIG for its support and authorization for the study, its Occupational Nurses from the Occupational Health and Safety Management Department for their enriching participation, and the publisher ARTMED for authorizing the free use of its Statements from the Brazilian Nursing Association Information System (SiABEn) in this construction.