

Nursing Management Strategies for Promoting the Rational and Safe Use of Medications in Primary Health Care: A Qualitative Study

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Abstract

Introduction

Adverse events associated with medication use constitute a significant patient safety problem globally. In Primary Health Care, nurses play a central role in managing the medication pathway, integrating clinical, organizational, and leadership responsibilities that directly influence the promotion of the Rational and Safe Use of Medications (RSM). However, evidence regarding the organizational strategies adopted by nurses in this care context remains limited.

Objective

To identify the strategies to be adopted by nurses responsible for medication management to promote the rational and safe use of medications in primary health care.

Methods

This descriptive, qualitative study was conducted between June and October 2024. Data collection was carried out using a self-administered questionnaire directed at nurses working in Primary Health Care in Portugal, using the snowball sampling technique. 115 nurses participated. A categorical content analysis was performed based on Bardin's methodological proposal, with pre-analysis, floating reading and organization of the textual material; coding of the recording units and construction of emerging categories and subcategories; and treatment and interpretation of the results through frequency analysis, converting qualitative data into quantitative data. This process was supported by NVivo software, version 11 (QSR International), facilitating the systematization, categorization, and structured analysis of the participants' responses. Ethical principles were ensured, including informed consent and approval by the ethics committee.

Results

Three main categories emerged: Organization/Institution, Monitoring/Evaluation, and Standardization. The strategies identified include valuing continuous training, optimizing logistical processes, implementing internal audits, standardizing practices through protocols and procedures, and promoting structured collective feedback. These strategies highlight the centrality of the organizational dimension in medication safety.

Conclusion

The results reinforce the strategic role of nurse managers in consolidating a safety culture in Primary Health Care, demonstrating that leadership, continuous training, systematic monitoring, and collaborative work are crucial for promoting the rational and safe use of medications and improving the quality of care.

Keywords

Nursing Administration; Primary Health Care; Patient Safety; Rational and Safe Use of Medications.

Introduction

Patient safety is one of the cornerstones of quality in health care and is considered a strategic priority at a global level. The World Health Organisation (WHO) has been raising concerns about the significant impact of adverse events associated with the use of medications, identifying them as one of the main preventable causes of harm within health systems. The Global Patient Safety Action Plan 2021–2030 emphasizes the need to implement integrated organizational strategies that promote safe practices, a culture of safety, and clinical leadership committed to risk reduction.¹

According to the WHO², the prevalence of preventable medication-related harm is 5%, with one-quarter of these cases being serious or potentially fatal. Medication errors account for 9% of the total avoidable cost of health care worldwide and 0.7% of total global health care costs, which amounts to an estimated 42 billion U.S. dollars in medication errors. According to the Directorate-General for Health³, the safe use of medications is a key component of the quality system of an organization that provides health care. Healthcare professionals, particularly nurses, are responsible for implementing practices that reduce risk and prevent and minimize the occurrence of adverse events.

High-risk medications, errors associated with LASA (Look-Alike, Sound-Alike) medications, and weaknesses in storage, preparation, and administration processes continue to pose significant challenges to therapeutic safety. In response, the Directorate-General for Health³ has been issuing standards and guidelines aimed at strengthening the safety of the medication pathway, emphasizing the importance of systematic monitoring, standardization of procedures, and organizational accountability.

In PHC, medication management has its own specific characteristics, resulting from the diversity of healthcare settings, proximity to the community, and the need to ensure continuity of care. In this context, nurses play a central role in managing the medication pathway, which involves forecasting needs, procurement, storage, monitoring expiration dates, preparation, administration, and therapeutic monitoring. In addition to the technical aspect, this responsibility includes an organizational and strategic element, related to resource management and the promotion of safe practices. According to a study by Mancelos et al.⁴, the presence of nonconformities in more than half of nursing practices, as well as gaps in knowledge regarding fundamental concepts for medication management safety, highlights the urgent need for nursing leadership focused on promoting continuous training for professionals and on fostering a non-punitive safety culture centered on continuous improvement of processes.

According to Teixeira et al.⁵, to reduce preventable harm from medication use and improve the safety of health care, a constant flow of information and knowledge must be ensured to promote risk mitigation. In this regard, the nurse manager plays an essential role in inspiring, educating, empowering, and protecting nurses so that they can provide safe care.

The Portuguese Order of Nurses⁶ recognizes that the organization of nursing care and the management of resources are core skills of the profession, and that the nurse manager plays a key role in implementing continuous improvement processes and fostering a culture of safety. The study by Santos, Ferreira, and Melo⁷ reveals that nurse managers view leadership as a fundamental strategy for promoting a culture of safety. Team building, human resource management with adequate staffing levels and the specific skills of nurses, along with organized and ongoing training, provide greater safety for patients and healthcare professionals. The study by Hafezy et al.⁹ also demonstrated a relationship between safety culture and nurses' competence on the incidence of adverse events, and that nurse managers should promote incident reporting, teamwork, feedback, and peer-to-peer communication.

Nursing leadership therefore plays a pivotal role in promoting the RSM by fostering collaborative, non-punitive environments that are oriented toward organizational learning.

Despite the growing emphasis on medication safety in the hospital setting, there is still a lack of studies that explore, in depth, the organizational strategies implemented in PHC, particularly from the perspective of nurses responsible for medication management. Understanding these strategies is essential for developing interventions tailored to the realities of PHC and for strengthening the role of nursing management in preventing errors and promoting quality of care.

In this regard, the objective of this study was to identify strategies to be adopted by nurses responsible for medication management to promote the Rational and Safe Use of Medications in Primary Health Care.

Methods

This is a descriptive, qualitative study that employs frequency content analysis. The target population consisted of nurses working in PHC.

Data collection took place between June 29 and October 31, 2024. The sample (117 participants) was selected using a non-probability sampling method, specifically the “snowball” sampling technique. The following inclusion criteria were established: nurses currently working in PHC, nurses responsible for medication management, and professionals who completed the questionnaire. Two participants were excluded because they did not answer the questionnaire even though they had submitted it, bringing the final sample size to 115 participants.

The data collection instrument was a questionnaire to be completed by the respondents themselves, structured into two sections: (1) Management and Promotion of the RSM — which included the question: “Identify the strategies that the nurse responsible for medication management can implement to promote the rational and safe use of medications”; (2) Sociodemographic, professional, and educational characteristics related to management and RSM.

The categorical content analysis followed the method proposed by Bardin⁸, which comprised three fundamental phases: 1. Pre-analysis, involving a skimming reading and organization of the textual material; 2. Exploration of the material, involving the coding of units of record and the creation of emerging categories and subcategories; 3. Processing of results and interpretation through frequency analysis, which allowed for the quantification of the frequency of the identified categories, converting qualitative data into data suitable for quantitative analysis. This process was supported by NVivo software, version 11 (QSR International), which facilitated the systematization, categorization, and structured analysis of the participants’ responses.

Ethical principles were taken into consideration: participation was voluntary, and informed, free, and explicit consent was obtained, ensuring the anonymity and confidentiality of the data. The study received approval from the Ethics Committee of the Nursing School of Coimbra (Opinion No. 1028-04-2024).

Results

The study included 115 nurses, the majority of whom were female (102; 88.7%), with a mean age ($\bar{x}$ = 48.93; SD = 8.42) ranging from 26 to 65 years. The average duration of professional practice was ($\bar{x}$ = 25.33; SD = 8.01), ranging from 4 to 40 years, and the median duration of practice in PHC was 17 years (9–25), ranging from 0 to 40 years. Most participants were nurses (60; 52.2%). The specialist nurses account for (52; 45.2%), and only (3; 2.6%) are nurse managers. Regarding academic qualifications, (37; 32.2%) hold a master’s degree, (38; 33%) of the nurses have training in management, and (55; 47.8%) report having received training on RSM, although only (15; 13%) consider it to have been sufficient.

From the categorical content analysis of strategies promoting the RSM three main categories emerged: Organization/Institution, Monitoring/Evaluation, and Standardization.

The first emerging category is **Organization/Institution**, which refers to strategies related to the organizational structure and internal management of the various functional units, subdivided into two subcategories:

- **Training:** emphasizes the importance of training for updating knowledge and promoting the RSM. Participants emphasized the need to include this topic in the institution’s training plan, such as “providing annual training/refresher courses on medication safety” P13, “training professionals in the area of rational medication management” P28, and “conducting training on RSM/PP” P62, emphasizing that it is essential to train all nurses, “training for the entire team” P97.

- **Logistics:** This refers to the need for functional units to have adequate physical space and sufficient resources for inventory management and the proper use of M/PP. The suggested strategies include the use of advanced warehouses, optimization of inventory management, and the use of the FEFO model. Participants consider the use of IT equipment to track consumption to be essential, with comments such as “One of the fundamental principles is to use appropriate IT equipment to successfully implement and promote the RSM/PP” P101 and “To have medications properly identified and managed using an advanced warehouse system with recorded incoming and outgoing movements” P52. With regard to inventory optimization, the following recommendations are made: “Use the Lean-Kanban and Kaizen methodology” P7, “Maintain inventory levels tailored to service needs” P16, and “To adjust material procurement” P84. The FEFO Model promotes safety and efficiency through strategies such as “Periodic review of expiration dates” P16 and “Storing medications in their designated spots, clearly labelled and arranged by expiration date” P33.

The second emerging category corresponds to **Monitoring/Evaluation** and highlights the carrying out of audits as its sole subcategory, considering it a systematic monitoring tool, with variable frequency and team discussion, such as “Quarterly audits of treatment rooms” and “Annual audits of the facility’s

pharmacy/advanced warehouse” P108, “Audits every 6 months” P45, “frequent audits” P24, and “auditing product usage” P85. The importance of discussing the results as a team to promote change is emphasized, with comments such as “Auditing medication storage areas and discussing the findings with the team, as well as evaluating improvement measures” P38.

The third category is **Standardization** and encompasses strategies that promote safe and efficient clinical practice; it is subdivided into two subcategories:

- **Protocols/Procedures:** establishing clear standards and protocols, such as “Creating forms and guidance protocols for healthcare professionals” P6, “Creating simple and objective protocols for the service to ensure team adherence and that can be posted” P7, “New/Optimized procedures” P57, and “Standardize procedures in accordance with the reference literature” P112. The importance of easily accessible internal standards is also emphasized, with comments such as “Facilitating quick access to standards for safe and rational use” P8 and “Development of an internal quick-reference guide” P80.

- **Collective feedback:** refers to a structured discussion about perceptions, performance, and collaboration, promoting the involvement of the entire team in medication management. Strategies include regular meetings, information sharing, and rotating responsibilities, such as “Holding weekly meetings with the team and conducting a briefing on the rational use of M/PP” P10, “Encouraging discussion during nursing meetings...” P98, “Analyzing and discussing audits as a team” P2, “Involving the team and holding them accountable for management” P47.

In summary, the participants highlighted strategies that promote RSM in the following areas: institutionally, through training and efficient logistical management; evaluatively, through periodic audits and discussion of results; and normatively, through the creation of clinical protocols and a culture of open communication. These findings highlight the need for an integrated approach in the daily practice of nurses responsible for medication management and nursing managers.

Discussion

Although the study identifies an appropriate ratio of registered nurses to specialist nurses, there is a shortage of nurse managers. This shortage poses a potential obstacle to the implementation of strategies that promote RSM, as advocated by these professionals. It is important to note that 52.2% of the participants in this study reported never having received specific training on RSM, and among those who reported having received training, only 13% considered it to be sufficient. This reality underscores the relevance of the guidelines set forth in the WHO’s Global Patient Safety Action Plan 2021–2030¹, which, in Strategic Objective 5 - Health worker education, skills and safety - recommends actively promoting continuous training through online and in-person courses on topics related to patient safety as an integral part of ongoing professional development. In the same vein, Marques¹⁰ emphasizes that nursing education is a cornerstone of professional development, enabling nurses to meet the demands of today’s clinical environment and promote informed decision-making. The acquisition of specific skills is crucial for adopting safe practices and for reinforcing behaviors that contribute to excellence in health care.

When analyzing the strategies suggested by nurses to promote RSM, proposals emerged in line with an organizational vision focused on the quality and safety of care. The identified strategies focus primarily on promoting continuous training, improving logistics processes, conducting internal audits as a tool for monitoring and continuous improvement, standardizing practices through institutional protocols and procedures, and implementing systematic occasions for collective feedback.

Continuous training is referred to as a strategic pillar for strengthening nurses’ skills. This strategy is consistent with the scope of practice for nurse managers¹¹, which outlines their responsibility for developing the team’s skills and promoting training processes in line with institutional guidelines. The nurse manager should play an active role in creating conditions that foster lifelong learning, facilitating training initiatives that promote the development of clinical skills and the integration of research into healthcare practice, with the aim of continuously improving the quality of care.

Logistics, as a critical operational component, is considered a strategic area for ensuring the continuity and safety of care. Proper management of medication stocks, monitoring of storage conditions, and efficient organization of resources are the responsibilities of the nurse manager, in collaboration with nurses who perform medication management duties. The scope of practice for nurse managers stipulates that they must determine material resource needs, taking into account criteria such as cost, effectiveness, and safety. With

regard to high-risk medications, such as LASA and High-Alert Medications, it is the manager's responsibility to ensure that institutional lists are kept up to date, to monitor shelf life after opening, and to ensure the traceability of medications, while promoting practices based on the best available evidence. The International Council of Nurses (ICN)¹² points out that optimizing resources can increase productivity and reduce waste of expired supplies and medications. Furthermore, it emphasizes that the time a nurse spends searching for supplies or managing stock shortages is time that does not add value. The study by Abdollahi and Bagherzadi¹³ emphasizes that logistical efficiency is inextricably linked to the quality of care, and that stock shortages serve as precursors to gaps in care. This scenario forces nurses to engage in immediate crisis management, shifting their focus from clinical monitoring to resolving operational problems. According to the ICN¹², such shortcomings not only compromise safety but also increase ethical stress and the risk of burnout by preventing professionals from working to the full extent of their competence.

Internal audits are valued as a strategy for monitoring the quality and compliance of practices, allowing weaknesses to be identified, improvements to be proposed, and the results of implemented measures to be validated. Audits serve as a tool for learning and supporting practice, promoting self-reflection and alignment with quality standards. The Regulamento do Exercício Profissional em Enfermagem⁶ (Regulation on Professional Nursing Practice) assign to nurse managers the responsibility of ensuring the implementation of continuous improvement in the quality of care, ensuring evidence-based professional practice, a requirement reinforced by Decree-Law No. 71/2019¹¹, which stipulates the need for systematic internal audits to improve the care provided. The study by Bernardino and Bernardino¹⁴ reveals that clinical auditing is a fundamental tool of clinical governance and, when implemented systematically, serves as a driver of effectiveness and risk management, promoting professional development and institutional transparency. According to the ICN¹², this rigorous monitoring of results is essential to ensuring standards of excellence and guaranteeing continuous improvement in the quality of health care services.

The standardization of clinical practices through clear protocols and procedures is considered essential for promoting safety and reducing unwanted variability in the delivery of care. According to the Portuguese Order of Nurses⁶, these instruments must be up to date, accessible to the entire team, and in line with scientific evidence; it is the responsibility of the nurse manager to propose and maintain the institutional documentation that supports clinical practice. The existence of well-defined standards serves as a catalyst for clinical excellence, as it directly contributes to the standardization of interventions, ensures the predictability of processes, and fosters greater trust among professionals. The ICN¹² report supports this theory by noting that the standardization of clinical practices goes beyond serving as a mere administrative tool, establishing itself as a vital strategic pillar for patient safety.

Sharing experiences through collective feedback is a strategy that promotes effective communication, reflection on practice, and the identification of opportunities for improvement. The study by Santos, Ferreira⁷, and Melo supports this idea, concluding that the nurse manager plays a central role in this process by facilitating the flow of relevant information and fostering opportunities for discussion that allow for the exploration of challenges, new evidence, and innovative practices. This approach promotes team cohesion, a sense of belonging, and shared responsibility among professionals in developing a culture of safety. Thus, as noted by Oliveira et al.¹⁵, the nurse manager should act as a leader, promoting communication, knowledge sharing, and collaborative decision-making, while Correia¹⁶ emphasizes that close monitoring and feedback are crucial for effective performance, enhancing motivation and the quality of care.

In summary, the strategies identified reaffirm the crucial role of nurses in management roles in the implementation of the RSM. A focus on continuous training, combined with governance tools such as protocols and audits, ensures the safety and effectiveness of care. Ultimately, fostering a non-punitive environment that encourages collaborative reflection strengthens the skills of nurse managers, enabling a swift response to nonconformities and the optimization of resources.

Conclusion

This study allowed for a deeper understanding of the organizational strategies valued by nurses in promoting the Rational and Safe Use of Medications in Primary Health Care, helping to fill the gap identified in the literature regarding this care context.

The results show that medication safety is viewed as a collective responsibility, supported by active leadership from nurse managers, ongoing training for teams, optimization of logistics processes, standardization of practices, and systematic monitoring through audits. These strategies form an organizational model focused on error prevention and the fostering of a culture of safety. It reinforces the strategic role of the nurse manager as a promoter of collaborative, reflective, and non-punitive environments, which are essential for the sustainability of quality care in Primary Health Care. By highlighting the central role of nursing management in therapeutic

safety, this study contributes to the recognition of clinical leadership as an essential component of safer, more efficient health care systems that are focused on creating value in health care.

In light of these results, several suggestions for short- and medium-term interventions stand out, such as strengthening continuous training on the RSM, optimizing advanced warehouses in the functional units, standardizing the identification and storage of medications, encouraging the reporting of adverse events without fear of punishment, ensuring that protocols are up-to-date and accessible, and conducting periodic audits with an educational focus and geared toward continuous improvement. It is also important for nurse managers to establish themselves as leaders who promote a culture of safety, capable of motivating and engaging their teams in creating safe, collaborative, and evidence-based clinical environments.

Study limitations

As limitations of the study, it is acknowledged that there may be relevant strategies for promoting the RSM that were not mentioned by the participants. It is therefore recommended that future research be conducted, preferably using more in-depth qualitative methods capable of exploring in detail the perceptions, motivations, and barriers experienced by nurses in this context.

The use of an open-ended questionnaire may be a limitation, since the responses may have been influenced by the participants' subjective interpretations and may not fully reflect all possible strategies. There is also a possible tendency for self-reporting bias, as participants might emphasize practices considered socially desirable or in line with institutional norms.

Finally, the use of a non-probability sampling method limits the generalization of the results to the population of PHC nurses. Therefore, caution is advised when drawing conclusions from these findings, and it is desirable that future studies include representative and random samples to strengthen the external validity and robustness of the data.

Authorship and Contributions

MM: Conception and design of the study; data collection; data analysis and interpretation; writing the manuscript; critical revision of the manuscript; approval of the final version of the manuscript and taking responsibility for it.

RM: Data analysis and interpretation; critical revision of the manuscript; approval of the final version of the manuscript and taking responsibility for it.

TN: Data analysis and interpretation; critical revision of the manuscript; approval of the final version of the manuscript and taking responsibility for it.

Conflicts of interest and Funding

No conflict of interest has been declared by the authors.

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Data availability statement

The data supporting the results of this study are available upon request from the corresponding author.

Supplementary Material:

- [Reviewers' comments A](#)

- [Reviewers' comments B](#)

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