






## ORIGINAL ARTICLE

### Nurses' lifestyles: situation diagnosis in a health service

### Estilos de vida dos enfermeiros: diagnóstico de situação em um serviço de saúde

### Estilos de vida de enfermeras: diagnóstico de situación en un servicio de salud

Paula Cristina Araújo Lopes<sup>1</sup> , Alejandra Carolina Romero Lima<sup>2</sup> , Sandrina Maria Araújo Lopes Alves<sup>3</sup> , Joana Margarida Teixeira<sup>4</sup> , Maria Margarida Silva Vieira Ferreira<sup>5</sup> 

#### ABSTRACT

**Objective:** To identify the lifestyles of nurses working in a health service of a private hospital in Northern Portugal. **Methodology:** Health planning. A situational diagnosis was conducted through a cross-sectional, quantitative study, using a non-probabilistic convenience sample of 90 nurses. Data analysis was based on descriptive statistics.

**Results:** The respondents were predominantly female, single, and working in inpatient wards. Overall, they reported no chronic diseases, but mentioned tobacco and caffeine consumption. Regarding physical activity, most did not engage in it. Approximately 80% were overweight, consuming high-calorie foods and rarely eating vegetables and fruits. They indicated difficulty sleeping, managing stress, and enjoying free time, feeling bored/aggressive, rushed/busy, and tense/depressed. **Conclusion:** The prevalence of risk factors associated with unhealthy Lifestyles in the workplace has increased, highlighting the need to diagnose the situation to promote structured and systematic interventions that positively influence worker health.

#### DESCRIPTORS:

Healthy Lifestyle; Nursing; Health Promotion.

#### Article Information:

Received: 05/30/2025

Accepted: 08/26/2025

#### Corresponding author:

Paula Cristina Araújo Lopes.

E-mail:

[paulakalopes@gmail.com](mailto:paulakalopes@gmail.com)

<sup>1</sup> Unidade Local de Saúde do Alto Minho. Viana do Castelo, Portugal.

<sup>2</sup> Unidade Local de Saúde de Santo António. Porto, Portugal.

<sup>3</sup> Unidade Local de Saúde do Alto Minho. Viana do Castelo, Portugal.

<sup>4</sup> Hospital-Escola da Universidade Fernando Pessoa. Porto, Portugal.

<sup>5</sup> Escola Superior de Saúde Jean Piaget. Vila Nova de Gaia, Portugal.

## RESUMO

**Objetivo:** Identificar os Estilos de Vida dos Enfermeiros de um Serviço de Saúde em um Hospital Privado do Norte de Portugal. **Metodologia:** Trata-se de um estudo transversal, quantitativo, em uma amostra não probabilística, por conveniência, de 90 enfermeiros. A análise dos dados foi realizada por meio de estatística descritiva. **Resultados:** A maioria dos participantes era do sexo feminino, solteiros e que trabalham em internação. Não possuem doenças crônicas, referindo consumo de tabaco e cafeína. Relativamente à prática de atividade física grande parte não pratica. Cerca de 80% apresentam peso superior ao ideal, ingerindo alimentos hipercalóricos e raramente verduras e frutas. Indicam dificuldade em dormir, gerir o *stress* e desfrutar do tempo livre, sentindo-se aborrecidos /agressivos, acelerado/atarefado e tensos/deprimidos. **Conclusão:** A prevalência de fatores de riscos associados aos Estilos de Vida pouco saudáveis no local de trabalho tem aumentado, evidenciando-se necessidade de efetuar diagnóstico da situação, de forma a promover intervenções estruturadas e sistematizadas influenciando positivamente a saúde do trabalhador.

## DESCRIPTORES:

Estilo de Vida Saudável; Enfermagem; Promoção da Saúde.

## RESUMEN

**Objetivo:** Identificar los estilos de vida de los enfermeros de un servicio de salud de un hospital privado del norte de Portugal. **Metodología:** Planificación en salud. Diagnóstico de la situación mediante un estudio transversal, cuantitativo, con una muestra no probabilística por conveniencia de 90 enfermeros. Análisis basado en estadística descriptiva. **Resultados:** Mayoritariamente mujeres, solteras, trabajando en unidades de internamiento. No presentan enfermedades crónicas, pero consumen tabaco y cafeína. La mayoría no realiza actividad física. Aproximadamente el 80% tiene sobrepeso, con una dieta rica en alimentos hipercalóricos y escasa en frutas y verduras. Refieren dificultades para dormir, manejar el estrés y disfrutar del tiempo libre, sintiéndose aburridos/agresivos, acelerados/ocupados y tensos/deprimidos. **Conclusión:** Se observa una alta prevalencia de factores de riesgo asociados a Estilos de Vida poco saludables en el entorno laboral, lo que evidencia la necesidad de diagnósticos sistemáticos que orienten intervenciones estructuradas para promover la salud del trabajador.

## DESCRIPTORES:

Estilo de Vida Saludable; Enfermería; Promoción de la Salud.

## INTRODUCTION

The influence of Lifestyles (LS) on a person's health and quality of life is widely recognized, and health implications result from habits and customs that are influenced, modified, encouraged or inhibited throughout the socialization process<sup>(1)</sup>. How each person manages their health throughout the life cycle, through their individual choices related to LS, is a central issue that impacts individual and collective health<sup>(2)</sup>.

The adoption of healthy LS represents an opportunity and a challenge for the person, family and community to develop preventive interventions related to health, with great influence on the quality of life of individuals and their health in general<sup>(1)</sup>. According to the National Health Plan 2021-2030, the determinants of health are factors that influence the state of health of a person or population, contributing to the increase or reduction of comorbidities and/or mortality<sup>(3)</sup>. The evidence demonstrates that there are different types of health determinants that interact with each other, forming a complex network of

relationships that influence health.

The World Health Organization (WHO) reiterates that the promotion of health in the workplace should be encouraged, especially by encouraging the adoption of a healthy diet, practice of physical activity, and promotion of mental and family health. Habits such as unhealthy diet, smoking, drug use, sedentary LS, changes in sleep patterns, stress and excessive alcohol consumption significantly increase the risk of cardiovascular disease, cancer, loss of healthy years of life, and lead to premature mortality<sup>(4)</sup>.

In Portugal, recent studies show that more than 53% of the adult population is overweight, with an increasing trend, and most health professionals, including nurses, are exposed to demanding working conditions that compromise the adoption of healthy habits. Nurses, although they have technical knowledge about health and prevention, often reveal difficulties in managing stress, maintaining a balanced diet, practicing regular physical activity and ensuring quality of sleep<sup>(5-7)</sup>. Such living standards reflect negatively not only on their physical and mental health, but also on the quality of care provided.

Work contexts, in addition to being spaces of productivity, also play a crucial role in socialization and personal development, becoming ideal environments to promote healthy LS, essential to mitigate the risks of chronic non-communicable diseases and improve workers' quality of life in the long term. Workplace health promotion is a key strategy for preventing disease and improving the general well-being of the working population<sup>(5)</sup>.

The concern with nurses' LS arises due to the impact of adopted habits and behaviors on quality of life, affecting both personal level and their professional performance. In this context, nurses constitute a risk group, and the development of investigations related to their LS is essential to promote the development and implementation of strategies aimed at preserving their physical and psychological health<sup>(6)</sup>.

Despite having different knowledge, this professional group does not always make properly informed choices regarding LS, since, like other people, they are subject to numerous factors that condition them and affect their health and quality of life<sup>(6)</sup>.

The promotion of a healthy health organization aims to affirm itself as an institutional initiative aimed at workers, in the framework of corporate social responsibility, promoting health and well-being<sup>(7)</sup>. Study reveals the importance of talent training within an organization, emphasizing that a well-organized structure is positively reflected in productivity. By ensuring that employees are up-to-date, motivated and recognized as essential elements in the processes, the company obtains significant benefits<sup>(8)</sup>.

There is also a need to invest in the training of health professionals and in the implementation of educational interventions, which are fundamental for the prevention of chronic diseases, for the early diagnosis of various pathologies, as well as for rehabilitation and/or (re)integration of the worker in the workplace<sup>(9)</sup>.

Thus, and considering the above, this study aimed to identify the LS of nurses from a service in a private hospital in the north of Portugal, with a view to the definition and implementation of strategies aimed at health promotion in the different workplaces of nurses.

Despite the increase in scientific production on lifestyles and occupational health, studies focusing specifically on the population of nurses working in private health settings remain scarce, which constitutes a relevant knowledge gap. The specificity of the schedules, the emotional load and the assistance pressure to which these professionals are subject require a contextualized analysis, capable of identifying real needs and substantiating intervention strategies adjusted to their reality.

Given the above, this research sought to answer the following question: "What are the lifestyles of nurses in a Private Hospital Service in the north of Portugal?"

## **OBJECTIVE**

To identify the Lifestyles of Nurses in a Private Hospital Service in Northern Portugal.

## **METHODOLOGY**

### **Design, study site and period**

This study was conducted following the guidelines of the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE), specifically oriented to cross-sectional studies, in order to ensure quality and transparency in the presentation of data.

It presents a cross-sectional design, of quantitative approach and descriptive nature, developed with nurses to exercise functions in a private hospital located in the North of Portugal. The research was guided by the theoretical framework of health planning, which supported the analysis and interpretation of the data collected. This model includes several stages, namely: situation diagnosis, definition of priorities, formulation of objectives, selection of strategies, implementation and evaluation, with the present study focusing solely on the phase of situational diagnosis<sup>(10-11)</sup>. This stage is fundamental for the identification of health needs, definition of priority problems and estimation of potential gains, enabling the formulation of effective interventions and adequate to existing resources

The methodology adopted allowed a systematic analysis of the data, in order to identify behavioral patterns, risk factors and priority areas for intervention, in line with the guiding principles of health planning<sup>(10-11)</sup>.

### **Sample**

The sample of this study consisted of 90 nurses working in a private hospital located in the northern region of Portugal. For the selection of participants, a non-probabilistic sampling method was

used, namely convenience sampling. We included professionals who were accessible at the time of data collection and who met the inclusion criteria previously defined.

### **Inclusion/exclusion criteria**

The inclusion criteria were all those who had been working as a nurse in that institution for at least 3 months regardless of employment and who showed interest in participating in the study of their own free will. The other professionals and nurses working for less than 3 months were excluded.

### **Study protocol**

Data collection took place in April 2023 at a Private Hospital Service in the northern region of Portugal, being carried out by means of a self-answered instrument, designed on the Google Forms platform. The access link was sent directly to the previously selected participants. The first page of the form included an explanation of the study objectives, and it was possible to access the questionnaire only after selecting the option: "I declare that I have read and understood the object and objectives of this study, and agree to participate in it", ensuring informed consent.

The instrument was composed of two distinct sections: a) Sociodemographic and clinical characterization (including sex, age, marital status, academic qualifications, length of professional experience, occupational category, BMI and chronic disease) and b) Assessment of lifestyle, through the *Fantastic Lifestyles* questionnaire, validated for the Portuguese population, which explores the habits and behaviors of the target population regarding the LS suitable for health<sup>(12)</sup>.

It is a self-filling instrument, composed of 30 items, all of them closed response, which cover 10 domains of the physical, psychological and social component of lifestyles. Each of these domains is identified with the acronym "FANTASTIC": Family, Physical Activity/Associativism, Nutrition, Tobacco, Alcohol and other drugs, Sleep and Stress, Work/ Personality Type, Introspection, Health and sexual behavior and other behaviors. The items have three answer options, with a numeric value of 0, 1 or 2 points. The response alternatives are organized in three lines to facilitate their coding, so that the first line is always the one of greater value or relation with a healthy lifestyle<sup>(12)</sup>. The coding of questions can be performed as follows: 2 points for the 1<sup>st</sup> row, 1 point for the 2<sup>nd</sup> row and 0 points for the 3<sup>rd</sup> row, adding these values in each domain and multiplying them by two, you get the corresponding value for each domain.

Subsequently, the sum of all points resulting from all domains allows to arrive at a global value that classifies individuals from 0 to 120 points, identifying five levels of classification that target behavior in: from 0 to 46 (needs improvement); from 47 to 72 (regular); from 73 to 84 (Good); from 85 to 102 (Very good) and from 103 to 120 (Excellent). The lower the score obtained, the greater the need for behavioral change. In a general way the results can be interpreted as follows: "Excellent" indicates that LS will exert

a high influence on health; "Very Good" indicates that LS will exercise an adequate influence for health; "Good" indicates that EV will bring many health benefits; "Regular" means that LE provides some health benefit, but has some risks; "Needs improvement" indicates that LE has many risk factors<sup>(13)</sup>.

The collected data were analyzed through descriptive statistics, using the software International Business Machines – Statistical Package for the Social Sciences (IBM SPSS), version 26.0. Absolute and relative frequencies, means, standard deviations and percentages were calculated. It was also verified the presence of missing values (missing values) and, when applicable, their exclusion by list (listwise deletion), ensuring the integrity of the results presented by domain.

### **Analysis of results and statistics**

The data were analyzed using descriptive statistics, using IBM SPSS Statistics software, version 26.0. Descriptive statistics were used to summarize the sociodemographic and clinical characteristics of the sample, and identify changes in different domains.

### **Ethical aspects**

The present study was conducted in accordance with the ethical principles established in the Helsinki Declaration and the guidelines of the National Council for Ethics in the Life Sciences (CNECV). The research protocol, including the data collection instrument, was submitted to the Health Ethics Committee of that institution, which obtained a favorable opinion (Opinion n. 70). In addition, authorization was requested and obtained from the authors of the questionnaire for its use. The study was also approved by the Board of Directors of the institution. Prior to data collection, the management nurses of the institution were contacted in order to present the content, the objectives of the study and the data collection procedure. The questionnaire was made available online, with the access link being distributed by the institution's training department. Informed consent was obtained from all participants at the time of online questionnaire completion.

## **RESULTS**

The application of the instrument for data collection allowed the diagnosis of the situation inherent to the dimensions affected and characterize the sample. Thus, and considering the sample of the study (n = 90), it was found that about 87% of the nurses surveyed are female, with an average age of 27 years, mostly single (75.6%), finding themselves developing professional activity in inpatient units (66.7%).

About the existence of chronic diseases, 80% report not having, and about 22% report having vices/addictions, of which 28% refers to tobacco consumption and 50% caffeine consumption. It should be noted that only 52.9% of the respondents tried to change behaviors. Regarding the practice of recreational activities, only 18% refers to usual practice. Still and with regard to the practice of physical

activity 57.8% of respondents reported walking about 30 minutes a day and the vast majority, ie 80% do not perform any physical activity.

When asked about their eating habits, 88.9% of the nurses reported eating high-calorie foods; 51.1% rarely eat two servings of vegetables and three servings of fruit daily, while 80% are overweight. Of the respondents, 69% have difficulty in sleeping, 49% in managing stress, 53.3% in enjoying free time, and 78% feel accelerated and/or busy, 93.3% annoyed and/or aggressive and 93% tense and/or depressed.

Considering the classification values of the lifestyles<sup>(13)</sup>, it was possible to categorize those of the nurses who participated in the study. It was found that 72.2% of the nurses present a "Very Good" LS, 19.4% have a "Good" LS, 5.6% have a LS considered as "Excellent" and finally, 2.8% of the nurses present a "Regular" LS.

Table 1 shows the results, in order to facilitate an analysis and understanding of the data obtained.

**Table 1.** Results from the application of the Fantastic Lifestyle questionnaire conducted in a private hospital located in the Northern region of Portugal. 2025 (n=90)

Variable	Absolute frequency (n)	Percentage (%)	Standard deviation (%)
Female sex	78	87.0	3.54
Single	68	75.6	4.53
Hospitalization units	60	66.7	4.97
No chronic diseases	72	80.0	4.22
Addiction/dependence	20	22.0	4.37
Including: Tobacco	25	28.0	4.73
Including: Caffeine	45	50.0	5.27
Sought to change behaviors	48	52.9	5.26
Habitual practice of recreational activities	16	18.0	4.05
About 30 minutes of walk	52	57.8	5.21
No physical activity	72	80.0	4.22
Ingestion of high-calorie foods	80	88.9	3.31
Rarely eat enough vegetables/fruit	46	51.1	5.27
Weight higher than normal	72	80.0	4.22
Difficulty sleeping	62	69.0	4.88
Difficulty managing stress	44	49.0	5.27
Difficulty enjoying free time	48	53.3	5.26
Feels rushed and/or busy	70	78.0	4.37
Feels bored and/or aggressive	84	93.3	2.64
Feels tense and/or depressed	84	93.0	2.69

## DISCUSSION

The present study considered the following variables: sex, age, marital status and existence of chronic disease for sociodemographic characterization of the sample. Thus, it was found that there is an evident predominance of female nurses (87%), who participated, which corroborates data released by the Order of Nurses, which shows that the population of nurses in general is mostly made up of female workers (82.2%). The nurses who participated were between 25 and 35 years old. Data that go against the results found in a study, in which most participants are between 21 and 35 years old, which also corroborates with statistics issued by the Order of Nurses, which reveals that in a universe of 73912 nurses, 14933 presented with ages ranging from 31 to 35 years, being therefore the most representative age and with more nurses<sup>(14)</sup>.

Most respondents (80%) indicate that they do not suffer from any type of chronic disease, which is in line with the trend currently observed in Europe, where chronic diseases are the main cause of mortality, accounting for 80% of deaths. These data underline the growing need to develop and implement preventive measures that encourage the adoption of healthier behaviors, given the significant impact on both work environment and personal and family life, resulting in decreased productivity, increased absenteeism and higher health care costs<sup>(1)</sup>.

About 22% of the respondents indicated having some addiction or dependence, highlighting the consumption of tobacco (28%) and caffeine (50%). In fact, the General Board of Health (GBH) considers tobacco consumption as the main cause of preventable diseases and deaths, accounting for approximately 20% of all deaths<sup>(9)</sup>. Similar data were found in another study, which found that 58.7% of the participants were smokers<sup>(15)</sup>. In addition, these data allow to infer the fact that health professionals are smokers is strongly associated with an unhealthy lifestyle. This suggests that if professionals did not smoke, they could adopt healthier lifestyle habits, which can be investigated in future research.

The implementation of interventions aimed at preventing smoking initiation as well as dehabitation activities in the workplace, is essential to promote healthier lifestyles and therefore improve the quality of life of nurses.

Considering the dimension of physical activity, it was found that most nurses do not practice any type of physical activity (80%), and only 57.8% say they walk about 30 minutes a day. The practice of physical activity is fundamental to quality of life, constituting, together with a healthy diet, one of the essential factors for a balanced lifestyle. Regular physical activity has a significant impact on the health of the population, contributing to the prevention of cardiovascular, metabolic, musculoskeletal diseases, osteoporosis, obesity, cancer and depression. It is therefore essential that each individual practice at least 30 minutes of regular walking per day<sup>(16)</sup>.



When asked about their eating habits, 88.9% of nurses said they consume high-calorie foods, and 51.1% rarely eat the two recommended daily portions of vegetables and three fruit. In addition, 80% have a weight higher than the ideal. In 2019, the incidence of overweight or obesity in the Portuguese population aged 18 and over reached about 53.6%, representing a slight increase compared to 2014, when it was 52.8%. This problem mainly affects women, who have higher rates of overweight or obesity<sup>(17)</sup>.

Also the GBH, reinforces the influence of a healthy diet on the state of health of people, considering that bad eating habits in Portugal come mainly from the intake of fruit, vegetables, nuts, seeds deficient form. Underlining also that poor nutrition can cause various diseases including cardiovascular diseases as well as the worsening of diabetes, being obesity responsible in most cases for such pathologies, making it essential to eat a correct and healthy diet<sup>(18)</sup>.

Sleep and stress was another dimension evaluated, with 69% of nurses having difficulty sleeping, 49% managing stress, 53.3% enjoying free time. Effectively and considering the nurse-patient relationship, in addition to the responsibilities they hold as well as the characteristics of their profession, it is easy to realize that these are professionals exposed to an intense emotional load, which can culminate in occupational stress, so it becomes evident the need to promote the health of these professionals. Concomitantly, sleep disorders in nurses are themselves stress-inducing factors, since they require a good quality of sleep to ensure quality care practices<sup>(14)</sup>.

Considering the items of the domain of Work/Personality Type, it was found that 93.3% of nurses report feeling bored and/or aggressive. Effectively, the work environment can be a determining factor, influencing the lives of nurses, both at professional and personal level, therefore, and considering the National Occupational Health Plan, the investment in actions to prevent occupational risks, health protection and the promotion of healthy working environments should be a priority in institutions<sup>(9)</sup>.

Still and considering the domain of introspection about 93% of nurses report feeling tense and/or depressed. Finding that the statistical data corroborate, by mentioning that in 2019, about 716 thousand people reported depressive symptoms, and that the incidence of these symptoms is more significant in women from 45 years while in men the depressive symptoms are more evident from 75 years. Data that reveal the need to promote mental health in the population, with special attention to the workplace, thus contributing to the maintenance of a healthy lifestyle<sup>(17)</sup>.

In fact, nurses are constantly exposed to stress factors due to the demanding and often unpredictable nature of their work, making them a risk group for mental and physical health problems. Thus, it is essential that they are included in the development of adaptive strategies and health promotion programs in the workplace<sup>(18)</sup>.

These strategies may include the implementation of stress management programs, psychological

support, self-care practices, physical activities and continuing education programs aimed at resilience and well-being<sup>(19)</sup>. By promoting a healthy work environment, these initiatives not only improve the quality of life and well-being of nurses, but can also have a positive impact on the quality of care provided and the satisfaction of professionals with their work. In addition, for the employer, these actions can result in a reduction of absenteeism, lower staff turnover and a more harmonious and productive work environment.

### **Study Limitations**

The present study presents some limitations that should be considered in the interpretation of the results. The self-application of the lifestyle questionnaire implies that the validity of the answers depends on the participants' understanding. Additionally, the time required for complete completion of the questionnaire may have contributed to the participants' fatigue, leading to less consistent responses or interruption in completion.

It should also be mentioned that the study was carried out in a single service of a private hospital in the northern region of Portugal, which constitutes a limitation in terms of geographical coverage and type of organization. This conditions the generalization of results to other institutional realities, namely public hospitals or located in other regions of the country, where work contexts and lifestyles of nursing professionals may differ.

### **Contributions to the field of nursing, health or public policy**

This study offers a relevant contribution to the understanding of nurses' lifestyles, by providing a comprehensive picture of this population and evidencing the prevalence of health risk behaviors. The overall evaluation demonstrates the need for preventive interventions, even among those with lifestyles classified as "Very Good". The results presented may support the development of occupational health programs and policies that promote the well-being of nurses and, consequently, the quality of care provided.

### **CONCLUSION**

LS plays a crucial role in individual and collective health throughout the life cycle, making the promotion of health-friendly environments an essential strategy for the protection and maintenance of well-being as well as for the prevention and treatment of diseases among workers. Based on the results of this study, together with evidence from previous research, it is clear that nurses often adopt inappropriate LS, such as alcohol and tobacco consumption, poor stress management, inadequate eating habits and sedentary lifestyle. These behaviors are significant risk factors for the development of chronic non-communicable diseases, negatively affecting the well-being, quality of life, mortality and morbidity of health professionals.

The recognition of the LS adopted by nurses is fundamental for the design and implementation of interventions more directed to health promotion and disease prevention. Such measures are essential for maintaining the health and well-being of these employees, while bringing benefits to health institutions, such as increased productivity, reduced absenteeism and the promotion of a higher quality of life in the workplace. Investing in nurses' health not only improves the lives of their own professionals, but also contributes to the excellence of the care offered to patients and the sustainability of the health system as a whole.

## REFERENCES

1. Ferreira MMSV, Santos JM, Sampaio F, Moreira MT, Nogueira A, Guerra M, Brito I. Higher education students' lifestyles: Contributions to health promotion. *Rev Enf Ref* [Internet]. 2023 Apr 28 [citado 10 de maio de 2025];6(2):1-10. Disponível em: <https://revistas.rcaap.pt/referencia/article/view/31032>
2. Farias PAM, Raposo SRF, Pereira HJAR. Promoção da saúde no trabalho: avaliação dos estilos de vida de assistentes administrativos de um hospital. *Rev Esc Enferm USP* [Internet]. 2022 [citado 10 de maio de 2025];56:e20220198. Disponível em: <https://doi.org/10.1590/1980-220X-REEUSP-2022-0198pt>
3. Direção-Geral da Saúde. Programa Nacional de Saúde Ocupacional (PNSOC) – Extensão 2018/2020 [Internet]. Lisboa: Direção-Geral da Saúde; 2018 [citado 10 de maio de 2025]. Disponível em: [https://www.arsalgarve.min-saude.pt/wp-content/uploads/sites/2/2018/12/PNSO\\_2018\\_2020.pdf](https://www.arsalgarve.min-saude.pt/wp-content/uploads/sites/2/2018/12/PNSO_2018_2020.pdf)
4. Organização Mundial de Saúde. Guidelines on physical activity and sedentary behaviour. *Br J Sports Med* [Internet]. 2022 [citado 10 de maio de 2025];54(24):1451-62. Disponível em: <https://doi.org/10.1136/bjsports-2020-102955>
5. Rincón CM, Reyes VG. Promoción de hábitos de vida saludable en el contexto laboral desde cultura física. *Mérito - Rev Educ* [Internet]. 2023 [citado 10 de maio de 2025];5(13):26. Disponível em: <https://doi.org/10.33996/merito.v5i13.1024>
6. Igreja CT. Promoção de estilos de vida saudáveis nos Enfermeiros [Internet]. Porto: Universidade Fernando Pessoa; 2019 [citado 10 de maio de 2025]. Disponível em: [https://bdigital.ufp.pt/bitstream/10284/8774/1/PG\\_33955.pdf](https://bdigital.ufp.pt/bitstream/10284/8774/1/PG_33955.pdf)
7. Pastas AMC, Bolaños GAS, Bravo MA, Guerrero CAZ, Narváez EDL, Tulcan SM. Promoción de estilos de vida saludables: estrategias y escenarios. *Hacia la Promoción de la Salud* [Internet]. 2019 [citado 10 de maio de 2025];24(2):139-55. Disponível em: <https://doi.org/10.17151/hpsal.2019.24.2.11>
8. Cunha LM. Gestão de Talentos e Comprometimento Organizacional [dissertação de mestrado na Internet]. Lisboa: Instituto Superior de Gestão; 2020 [citado 10 de maio de 2025]. Disponível em: <https://comum.rcaap.pt/bitstream/10400.26/33056/1/Lara%20%20Tese.pdf>

9. Portugal. Ministério da Saúde. Direção-Geral da Saúde. Saúde ocupacional: As vantagens para as empresas – Trabalhadores mais saudáveis, empresas com mais sucesso! Lisboa: Direção-Geral da Saúde; 2020. Disponível em: <https://www.dgs.pt/saude-ocupacional/saude-ocupacional-as-vantagens-para-as-empresas.aspx>
10. Domingues LSOMP. Sexualidade saudável na adolescência: Intervenção de enfermagem comunitária [Relatório de estágio de mestrado]. Lisboa: Universidade Católica Portuguesa; 2020.
11. Vilelas J. Investigação: O processo de construção do conhecimento [Internet]. Lisboa: Edições Sílabo; 2020 [citado 2025 ago 1]. Disponível em: <https://www.bertrand.pt/livro/investigacao-o-processo-de-construcao-do-conhecimento-jose-vilelas/24432658>
12. Silva AM, Brito I, Amado JM. Tradução, adaptação e validação do questionário Fantastic Lifestyle Assessment em estudantes do ensino superior. Ciênc Saúde Colet [Internet]. 2014 [citado 10 de maio de 2025];19(6):1901-9. Disponível em: <https://doi.org/10.1590/1413-81232014196.04822013>
13. Cordeiro M. Cuidando de mim para cuidar do outro: percepção do profissional de enfermagem sobre a relação entre o trabalho e a saúde [Internet]. Coimbra: Escola Superior de Tecnologia da Saúde de Coimbra; 2019 [citado 10 de maio de 2025]. Disponível em: <https://comum.rcaap.pt/handle/10400.26/28024>
14. Diaz-Carrion EG, Failoc-Rojas VE. Estilos de vida en profesionales de salud de un hospital en Chiclayo, Perú 2017. Rev Haban Cienc Méd [Internet]. 2020 [citado 10 de maio de 2025];19(5). Disponível em: [http://scielo.sld.cu/scielo.php?script=sci\\_arttext&pid=S1729-519X2020000600012](http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1729-519X2020000600012)
15. Shinn C, Salgado R, Rodrigues D. Programa nacional para a promoção da atividade física: o caso de Portugal. Ciênc Saúde Colet [Internet]. 2020 [citado 10 de maio de 2025];25(4):1339-48. Disponível em: <https://doi.org/10.1590/1413-81232020254.26462019>
16. Instituto Nacional de Estatística (INE). Inquérito Nacional de Saúde 2019: Destaques à comunicação social – versão retificada [Internet]. Lisboa: INE; 2020 [citado 10 de maio de 2025]. Disponível em: [https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine\\_destaques&DESTAQUESdest\\_boui=414434213&DESTAQUESmodo=2](https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_destaques&DESTAQUESdest_boui=414434213&DESTAQUESmodo=2)
17. Direção-Geral da Saúde. Programa Nacional para Promoção da Alimentação Saudável 2022-2030 [Internet]. Lisboa: Direção-Geral da Saúde; 2022 [citado 10 de maio de 2025]. Disponível em: [https://nutrimento.pt/activeapp/wp-content/uploads/2022/10/PNPAS2022\\_2030\\_VF.pdf](https://nutrimento.pt/activeapp/wp-content/uploads/2022/10/PNPAS2022_2030_VF.pdf)
18. Trindade AC, Pessoa C, Varanda M, Silva M, Ferreira M. Promoção de estilos de vida saudáveis dos enfermeiros de uma instituição de cuidados de saúde. RevSALUS [Internet]. 2024 [citado 10 de maio de 2025];5(Supii):81-2. Disponível em: <https://doi.org/10.51126/revsalus.v5isupii.758>

---

**Acknowledgments:** None.

**Funding:** None.

**Authors' contributions:** Conception and design of the research: Paula Lopes, Margarida Ferreira, Sandrina Alves. Acquisition of data: Paula Lopes, Margarida Ferreira, Sandrina Alves, Joana Teixeira. Analysis and interpretation of the data: Paula Lopes, Margarida Ferreira, Sandrina Alves, Alejandra Lima, Joana Teixeira. Writing of the manuscript: Paula Lopes, Margarida Ferreira, Sandrina Alves, Alejandra Lima, Joana Teixeira. Critical review of the manuscript for intellectual content: Paula Lopes, Margarida Ferreira, Sandrina Alves, Alejandra Lima, Joana Teixeira.

Editor-in-Chief: André Luiz Silva Alvim 