

Nursing career anchors and professional exercise: is there alignment?

Âncoras de carreira dos enfermeiros e exercício profissional: existe alinhamento?

Anclajes de carrera de enfermería y ejercicio profesional: ¿hay alineación?

Flaviana Pereira Bastos Nascimento^I

ORCID: 0000-0001-7766-5463

Kayo Henrique Jardel Feitosa Sousa^I

ORCID: 0000-0002-0901-7752

Ana Paula Kelly de Almeida Tomaz^{I,II}

ORCID: 0000-0002-0592-4101

Gisele Massante Peixoto Tracera^{I,III}

ORCID: 0000-0001-9896-9191

Katerine Moraes dos Santos^{I,IV}

ORCID: 0000-0002-2064-5207

Elias Barbosa de Oliveira^{III}

ORCID: 0000-0001-5834-7312

Regina Célia Gollner Zeitoun^I

ORCID: 0000-0002-0276-8166

^I Universidade Federal do Rio de Janeiro. Rio de Janeiro, Rio de Janeiro, Brazil.

^{II} Instituto Nacional do Câncer. Rio de Janeiro, Rio de Janeiro, Brazil.

^{III} Universidade do Estado do Rio de Janeiro. Rio de Janeiro, Rio de Janeiro, Brazil.

^{IV} Universidade Federal do Estado do Rio de Janeiro. Rio de Janeiro, Rio de Janeiro, Brazil.

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Corresponding author:

Flaviana Pereira Bastos Nascimento
E-mail: flavi93nascimento@gmail.com



ABSTRACT

Objective: to identify the types of career anchors of university hospital nurses and alignment with current work, from the perspective of workers' health. **Method:** a descriptive and quantitative study, developed in a university hospital with 135 nurses, from December 2018 to February 2019. The Career Orientations Inventory was used as an instrument and an instrument to assess the alignment of career anchors to the current job. **Results:** it was identified that the most frequent anchors were: Security/Stability, Service/Dedication to a Cause, and Lifestyle. Among nurses, 63.7% were not aligned with their career anchor. **Conclusion:** the alignment factor is not prevalent among nurses, demonstrating that most seek to meet their professional motivations, but do not find it in their current work, which can lead to physical exhaustion and psychological distress.

Descriptors: Nursing; Career Choice; Nursing Staff; Nursing Service, Hospital; Occupational Health.

RESUMO

Objetivo: identificar os tipos de âncoras de carreira de enfermeiros de hospital universitário e o alinhamento ao trabalho atual, na perspectiva da saúde do trabalhador. **Método:** estudo descritivo e quantitativo, desenvolvido em hospital universitário, com 135 enfermeiros, no período de dezembro de 2018 a fevereiro de 2019. Utilizou-se como instrumento a Escala de Âncoras de Carreira e um instrumento para avaliação do alinhamento das âncoras de carreira ao trabalho atual. **Resultados:** identificou-se que as âncoras mais frequentes foram: Segurança e Estabilidade, Senso de serviço/Dedicação a uma causa e Estilo de Vida. Entre os enfermeiros, 63,7% não estavam alinhados à sua âncora de carreira. **Conclusão:** o fator alinhamento não é prevalente entre os enfermeiros, demonstrando que a maioria busca atender suas motivações profissionais, mas não encontram no seu trabalho atual, podendo levar ao desgaste físico e ao sofrimento psíquico.

Descritores: Enfermagem; Escolha da Profissão; Recursos Humanos de Enfermagem; Serviço Hospitalar de Enfermagem; Saúde do Trabalhador.

RESUMEN

Objetivo: identificar los tipos de anclas de carrera del enfermero de hospitales universitarios y su alineación con el trabajo actual, desde la perspectiva de la salud de los trabajadores. **Método:** estudio descriptivo y cuantitativo, realizado en un hospital universitario, con 135 enfermeros, de diciembre de 2018 a febrero de 2019. Se utilizó la Career Anchor Scale como instrumento y un instrumento para evaluar la alineación de los anclajes de carrera a la trabajo actual. **Resultados:** se identificó que los anclajes más frecuentes fueron: Seguridad y Estabilidad, Servicio/Dedicación a una Causa y Estilo de Vida. Entre las enfermeras, el 63,7% no estaba alineado con el ancla de su carrera. **Conclusión:** el factor de alineación no prevalece entre los enfermeros, demostrando que la mayoría busca satisfacer sus motivaciones profesionales, pero no lo encuentran en su trabajo actual, lo que puede derivar en agotamiento físico y malestar psicológico.

Descriptorios: Enfermería; Selección de Profesión; Personal de Enfermería; Servicio de Enfermería en Hospital; Salud Laboral.

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INTRODUCTION

The Career Orientations Inventory establishes that the reasons for a professional choice are based on the association between talents, skills, competencies, needs, and individual values⁽¹⁻²⁾. Recognizing the career anchor allows professionals to seek, in their current job, positions and activities that correspond to it, allowing an alignment between both; such alignment positively influences the results of the work performed, the efficiency of workers and the effectiveness of functions⁽¹⁾, with the potential to generate satisfaction and pleasure at work, which can be a factor in reducing stress, accidents at work, illnesses and psychological distress. On the other hand, incompatibility can trigger professional demotivation and lead to profession evasion⁽³⁾.

Career anchors are classified into: Technical/Functional Competence (TF) - valuing skills and specialization; General Managerial Competence (GM) - appreciation for leadership, interpersonal control and responsibility; Autonomy/Independence (AU) - decision adopting its own criteria and freedom to act; Security/Stability (SE) - concern for the professional future, stability and experience; Entrepreneurial/Creativity (EC) - needs to create businesses and stimulate their creative impulse; Service/Dedication to a Cause (SV) - search for recognition and support for dedication to helping others; Pure Challenge (CH) - competition and facing challenges; Lifestyle (LS) - balance between personal, social, family, and professional needs⁽²⁾.

They can be influenced by generational characteristics, considering that each generation was marked by a career model and specific work aspects⁽⁴⁾. Thus, it is worth mentioning that the Baby Boomers Generation (born between 1946 and 1964) includes workers who are motivated and optimistic about their occupations, choosing to value their status and career growth within the company to which they are linked. Generation X workers (born between 1965 and 1985) defend the idea of more informal work and development of skills to guarantee employability, since they cannot count on stability in companies. Generation Y workers (born between 1986 and 1999), as they were born in the age of information and communication technologies, and grew up in a scenario of economic instability, became less concerned with labor issues, because they understand the lack of guarantees and the labor market more volatile⁽⁴⁻⁵⁾.

Observing the work experience in nursing, it was noticed that nurses showed dissatisfaction with the functions performed and incompatibility with their activities, with excessive managerial activities, exhaustive workload and poor working conditions, confirming what literature points out⁽⁶⁾, which states that work organization sometimes conditions workers to perform activities with different directions from their own longings, values, and talents. Also noteworthy for this profession are the repetition of tasks that do not meet professional motivations⁽⁷⁾, little control over their career due to obstacles found in the work environment, such as limited time, reduced human resources, in addition to lack of motivation and support of hospital leadership⁽⁸⁾.

Based on the above, this study is justified, which aims to contribute to the knowledge gap identified by searching the databases. Only one national study⁽⁶⁾ analyzed the career anchors of nurses in a private hospital, but did not bring up discussions in

occupational health, and alignment issues, which can influence nurses' work. In this sense, it is essential to identify nurses' career anchors and verify the occurrence of alignment with the current work, thus subsidizing the implementation of measures to mitigate the harmful effects on professionals' mental health, as they are in activities that do not correspond to their wishes, values, skills and, above all, needs, therefore, improving the quality standards of the assistance offered by them.

OBJECTIVE

To identify the types of career anchors of university hospital nurses and alignment with current work, from the perspective of workers' health.

METHODS

Ethical aspects

The research was conducted respecting national and international ethical standards for research with human beings. Data collection occurred after the participants accepted and signed the Informed Consent Form (ICF).

Design and place of study

This is a descriptive and quantitative study, carried out in a university hospital in the state of Rio de Janeiro, Brazil, with nurses from different sectors, enabling the broadest identification of career anchors. For its operationalization, the Strengthening the Reporting of Observational Studies in Epidemiology guidelines were followed⁽⁹⁾.

Population and sample

The study population comprised a total of 213 nurses. Nurses working at the institution were included. Nurses who were on leave for any type of leave or vacation during the data collection period were excluded from the study. A non-probabilistic sampling process was adopted for convenience. 135 nurses participated in the study, representing an adherence rate of 71%. Thus, 23 nurses were excluded and 55 losses were recorded due to non-return of the instrument and refusals.

Data collection

Data collection was carried out in person between the months of December 2018 and February 2019 by the main researcher. Participants were invited during the performance in their sectors, and received an envelope with the printed version of a questionnaire to characterize participants' profiles, the data collection instrument and ICF copies. Professionals were able to complete the instrument during their journey to return it to the researcher.

The results presented refer to the self-administered multidimensional questionnaire, divided into two blocks: (1) Career Orientations Inventory (COI), created in 1993, by Edgar H. Schein, seeks the participants' perception about what they think about their own fields of competence, their motives and

values, validated for Brazil⁽¹⁰⁾ and published with revision⁽²⁾, composed of 40 items equally divided among the eight types of career anchors with responses graded on a four-point Likert scale, assigning the following degrees: 1) Never true; 2) Rarely true; 3) Sometimes true; 4) Always true; (2) Questions about current job characteristics⁽¹⁰⁾ to analyze alignment of types of career anchors to the current job, consisting of eight items, one for each type of career anchor, and only the item that best consistent with his current work.

Analysis of results, and statistics

Data analysis considered the counting table proposed by the authors of the original version, in which the isolated mean of the eight types of career anchors per person was calculated, classifying as nurse's career anchor the one with the highest score⁽²⁾. Nurses who had, at least, a career anchor equal to the item selected by the same in the questions about current job characteristics, block⁽²⁾ of the multidimensional questionnaire, were considered as aligned.

Data treatment was done with the aid of Statistical Package for the Social Sciences (SPSS), version 23.0, with access provided by the proposing institution. Variables are presented according to descriptive statistics of frequency distribution. Results are interpreted in light of occupational health literature, by understanding that nurses' alignment or not in their current work with their career anchor has a strong influence on their health, especially on their mental health.

RESULTS

Thus, 86.7% (n=117) of participants were female, with a mean age of 39.3 years, 64.4% (n=85) lived with their partner, and 48.9% (n=66) declared themselves as white. Still, 60.8% (n=79) had already intended to leave the profession. With regard to job characteristics, 59.3% (n=80) were statutory, 35.6% (n=49) employed (under CLT regimen) and 5.2% (n=6) temporary, 32.8% (n=44) had more than one job, 58.5% (n=79) were on duty, with a mean job tenure of 6.1 years.

In order to understand the work values that nurses acquired throughout their career, it was identified in which generations they belong through the date of birth. With regard to this condition, 59.5% (n=78) were born in Generation X, 29.8% (n=39) in Generation Y and 10.7% (n=14) in Generation Baby Boomers.

Eight types of career anchors were found among nurses at the university hospital. It is noteworthy that some nurses had identical averages in up to three anchor types; therefore, there were nurses with more than one career anchor. It is observed that 32 nurses had two anchors (first and second) and eight others had three anchors (first, second and third) in analysis of responses. Regarding the prevalence of career anchors, the most frequent was SE, representing 34.1% (n=46) of nurses, followed by SV (33.3%, n=45) and LS (32.6%, n=44) (Table 1).

Table 1 - Nurses' classification according to career anchor, Rio de Janeiro, Rio de Janeiro, Brazil, 2020 (N=135)

Type of anchors	First anchor	Second anchor	Third anchor	Total (%)
Security/Stability	42	4	-	46 (34.1)
Service/Dedication to a Cause	32	11	2	45 (33.3)
Lifestyle	27	13	4	44 (32.6)
Technical/Functional Competence	16	-	-	16 (11.9)
Autonomy/Independence	8	-	-	8 (5.9)
Entrepreneurial/Creativity	6	-	-	6 (4.4)
Pure challenge	3	4	2	9 (6.7)
Managerial Competence	1	-	-	1 (0.7)

Table 2 - Distribution of nurses by type of career anchor for generations, Rio de Janeiro, Rio de Janeiro, Brazil, 2020

Types of anchors	Baby boomers (1946 to 1964) (%)	Generation X (1965 to 1985) (%)	Generation Y (1986 to 1999) (%)	Total (%)
Security/Stability	2 (4.4)	29 (64.4)	14 (31.1)	45(100)
Service/Dedication to a Cause	7 (16.7)	23 (54.8)	12 (28.6)	42(100)
Lifestyle	1 (2.4)	27 (64.3)	14 (33.3)	42(100)
Technical/Functional Competence	1 (6.7)	6 (40.0)	8 (53.3)	15(100)
Autonomy/Independence	1 (12.5)	3 (37.5)	4 (50.0)	8(100)
Pure challenge	2 (25.0)	3 (37.5)	3 (37.5)	8(100)
Entrepreneurial/Creativity	0 (0.0)	2 (50.0)	2 (50.0)	4(100)
General Managerial Competence	1 (100.0)	0 (0.0)	0 (0.0)	1(100)

Career anchor alignment with the current job allowed us to identify that 63.7% (n=86) were not aligned with their identified career anchor. In individuals who presented a second and third career anchor, there was a prevalence of alignment in LS.

In the career results, generations were defined through the date of birth, as they relate to the general analysis of the anchor profile (Table 2). It was found that the most frequent types of anchors by generation were: 16.7% (n=7) from Generation Baby Boomers revealed SV, 64.4% (n=29) from Generation X, SE and 33.3% (n=14) from Generation Y, LS.

DISCUSSION

Nurses' experiences may have contributed to the construction of professional identity and reflected in the type of career anchor that each took on, which are still influenced by aspects related to the generations that nurses are part of.

The present study highlighted the prevalence of three types of career anchors, which were SE, SV, and LS. It is worth mentioning that each anchor has its characteristics, and that professionals will continually seek to meet their needs at work, whether subjective or objective. However, it is clear that work organizations may not be effective in ensuring this alignment between work and the career anchor, leading to overload and conflicts present in many work environments⁽¹¹⁾. Thus, it is believed that when workers do not find alignment with their work, it reduces their motivation with the service, contributing to the emergence of negative feelings, which may reflect on their mental health.

In this perspective, this research⁽¹²⁾ identified a significant relationship between the external motivating factors and the

career anchor. Even if the professional has an occupational commitment as a premise, the difficulties of professional life, negative organizational climate and problems with leadership can cause wear and frustration over time, reducing their expectations in the profession and in organization. Another research⁽¹³⁾ detected, through nurses' statements, another recurring problem - the desire to leave the profession - caused by the incompatibility of expectations in the nursing performance, by not overcoming their mental challenges and by the low opportunities for progression, plus feeling of frustration with work.

A study⁽⁶⁾ that used COI to contribute to nurses' career analysis found LS as the dominant career anchor, followed by SV and TF, in line with their initial hypothesis, that TF would be more frequent, given the fact that nurses are specialists and work in hospital care. This study⁽⁶⁾ also showed a divergence in the sequence of nurses' career anchors in relation to the investigation on screen. However, it is worth mentioning that SV was indicated, reaffirming the humanitarian issues on which the profession is based, reflecting aspects of care for individuals. It is undertaken that nurses look for a job that gives value to society; therefore, their choice is based on moral aspects and the importance of caring for patients and family assisted.

However, some aspects in the daily work of nurses can impact their professional choice, such as limited autonomy, conflicting relationships and little control over their practice. These aspects negatively influence the perception of the quality of care offered, job satisfaction and intention to leave the job, further increasing the level of emotional exhaustion⁽¹⁴⁾.

Faced with this situation, nurses experience a feeling of frustration and blame for problems such as high service demands, conflict management and institutional needs, generating a psychological and work overload that compromises workers' quality of care and health⁽¹⁵⁾. We can highlight the impoverishment and repetition of tasks, the lack of motivation and encouragement, the precarious integration between employees and the organization and the psychological impacts as organizational obstacles that can harm social relationships in the work environment^(7,16).

Another study⁽¹⁷⁾, carried out with health workers, found LS as the most frequent anchor among participants, considering personal and family interests important to workers, aiming at the balance between life and career. It is noteworthy that workers who are more satisfied with life tend to have less feeling of wear at work⁽¹⁸⁾.

According to the results, it is observed that up to three types of career anchors emerged among participating nurses, emphasizing a reflection pointed out by Theory^(1,19), which indicated that most professionals fit into one of the eight anchors established. But there may be those who do not have a single anchor due to aspects of their professional career⁽¹⁹⁾. This occurrence of more than one anchor per nurse was found in another study⁽⁶⁾.

In this study, the types of career anchors and their relationship with current work were identified to define nurses' alignment. Concerning results, nurses who were not aligned with the current job prevailed, reflecting on the incompatibility of the functions performed in comparison with the characteristics of their career anchor.

When workers are determined by the institution to perform many tasks and even assignments that are not the object of their professional category, as it happens among nursing professionals,

it makes the work organization a limiting factor for workers' potential, which it can have negative emotional consequences⁽¹⁵⁾, in addition to legally characterizing an ethical malpractice infraction. This lack of alignment with the current work is a phenomenon that is repeated in other professions, as evidenced by a study⁽³⁾ conducted with administrators.

In the present study, among nurses aligned, a higher percentage of nurses aligned with the first identified anchor was identified, with the majority aligned with SE. In the second and third anchor, LS prevailed. Here, it is believed that the fact that they are, for the most part, civil servants with a permanent contract and public employees with a CLT (Consolidation of Labor Laws) contract, both with legally established rights and guarantees, may have influenced this result.

In relation to LS, the work schedule at the researched institution is problematized, where professionals work 12-hour shifts with 60-hour rest, totaling 30 weekly hours, or, for those with a non-permanent contract, there is a workload complementation for 36 and 40 hours per week, depending on the type of contract. This type of scale allows for the compatibility and balance of work with private life, because, on rest days, this professional can dedicate himself to family life and leisure activities, factors that are proven to be important for workers' mental health.

With regard to the nurses' age, it is important to highlight the generations they belong to. It was observed that the most prevalent generation of nurses in this study was Generation X, who pointed to SE as the predominant anchor. It is undertaken that it is an anchor that considers a work that guarantees a career continuity by people who were created to focus on building a solid career. A study⁽²⁰⁾ showed that being a nurse, at that time, was based on the option of entering the market, on the possibility of professional advancement, projected on a historical image of the profession.

The choice of undergraduate nursing courses over the years was related to the increase in the labor market for this professional category through the insertion of the Unified Health System (*Sistema Único de Saúde*), corresponding to 7% of the workforce in Brazil⁽²¹⁾. This fact may have influenced the predominant career anchor in Generation X. This choice based on job opportunities was also seen in a study⁽²²⁾ carried out in Argentina with nursing students, who stated that there is a high possibility of finding jobs for up to one year. after graduated.

In Brazil, there has been an increase over the years in the number of professionals trained each year and a reduction in the absorption of this workforce by public organizations, leading to the search for private and philanthropic institutions. Most of these institutions have precarious working conditions, with exhaustive shifts, long hours, low wages and, currently, comprise more than half of nurses working in the labor market⁽²¹⁾. This aspect should be considered, especially when analyzing professional choices and career anchors in Generation Y, as this is a more recent reality of the profession.

Supporting this analysis, it is highlighted that, historically, nursing guaranteed a type of stability to workers who entered the market, however the new work scenario reflects unemployment and flexible hiring conditions⁽²¹⁾. This situation demonstrates the current lack of profession security and stability, which can compromise workers physically and mentally, in addition to

developing dissatisfaction and demotivation, reflecting on the assistance provided.

A study⁽²³⁾ identified that job stability is a reward for the efforts that nursing workers make in the work context. However, this stability that they still seek is not guaranteed by the new work context, which prioritizes technological evolution, reducing job opportunities and increasing labor turnover in companies⁽²⁴⁾.

Only in SV did there be an expressive number of professionals from the Baby Boomers Generation in relation to other types. This anchor fits well with what was expected of professionals at that time, a generation that, despite being inserted in the job market, prioritized the causes to be defended, and, for this anchor, the professions that have the function of "helping" the other fit in well⁽¹¹⁾.

A survey⁽²⁵⁾ about the representation of "nursing" pointed out that the term most frequently mentioned by other workers to talk about what they thought of the category was care, due to the historicity of the profession in society, identifying its central core, based on prioritization of assistance. A study⁽²²⁾ showed that the main reason for choosing the profession was based on the desire to help others, emphasizing the role of the profession in direct care for people, reinforcing the characteristics of SV in the field.

Generation Y nurses, on the other hand, prevailed on TF, but an important number was also presented on SE and LS, the latter being a trend of the younger generations. SE can be explained by the fact that these professionals were created naturally by parents who were born in the previous generation, bringing specific aspects of Generation X, and that many nurses still believe in the possibility of reaching public positions, with a large part of the study population being civil servants who changed jobs because of competition.

A study⁽²⁶⁾ carried out with nursing workers born in Generation Y showed that professionals had a higher turnover among companies, in search of a workplace that would meet their interests. Another study⁽²⁷⁾ showed that nurses of this generation who worked in hospital institutions sought highly flexible leadership in their work, with clinical knowledge and administrative capacity, demonstrating an unrealistic expectation of the work.

These intergenerational differences influence workplaces, affecting occupational well-being, staff performance, productivity and patient safety, requiring nursing managers to adopt flexible leadership styles that support suitably different work attitudes in each generation⁽²⁸⁾. However, dealing with the expectations of different generations of workers is quite complex, especially considering the reality of nursing work.

Nursing has not guaranteed professionals' lifestyle due to low wages, which has made the professional seek more than one employment relationship, and, with this, they have less time to dedicate themselves to their family and care for themselves. A study⁽²⁹⁾ identified that years of service, frequency of night work and the employment situation are risk factors for problems with sleep disorders, one of the reflexes of the type of lifestyle adopted.

Still in this regard, the working conditions to which nurses are exposed, such as job instability with a contract and the search for productivity, do not guarantee the quality of life at work and much less help in indicating LS, which encompasses a career that prioritizes workers' personal and social needs⁽³⁰⁾.

Another study⁽³¹⁾ also pointed out that the lack of a career plan and low wages were the main factors that influenced the absenteeism of nurses, being discouraging for the development of work. Another factor was the lack of inputs or low quality, which requires more energy from workers, influencing quality of care.

The work environment of nurses makes it difficult to search for workers' health, a right established by law, as nurses leave self-care aside, prioritizing work and doing double hours to ensure their survival. Many end up working sick, neglecting their health to stay at work. A study⁽³²⁾ also states that nurses develop psychosomatic illnesses produced by stress at work and by the sedentary life to which they are exposed.

A study⁽³²⁾ pointed out that 58.5% of nursing professionals do not perform any type of physical exercise, that 25% of those who worked at night had excessive daytime sleepiness and that this factor influences the development of psychological and social illness. It has been shown that workers still do not prioritize healthy lifestyle, which can increase the risk of illness.

Nurses had other anchors that reflected their professional identity, but did not find the defining characteristics of their anchor in their workplace. Those who sought to defend a cause, a characteristic of SV, did not find it in the workplace, which may be related to conditions such as work overload and accumulation of tasks, which interfere with the quality of care⁽³³⁾.

Thus, the importance of avoiding overloading nurses with administrative procedures and thus allowing them to remain with clients stands out so that contact is significant and this improves the perception that their work makes a difference in people's lives and that are valued⁽³⁴⁾. This should occur based on the realization that workers' quality of life is associated with exposure to favorable work environments⁽³⁵⁾.

In another study, people expressed some reasons that led to that professional choice, namely: "aptitude, vocation and affinity; personal fulfillment; taste for matter; promising job market; the profession itself; family influence"⁽³⁶⁾. These reasons express a variety of perspectives that may be associated with the choice of profession, ranging from external factors to subjective issues. During the development of their work, they use their accumulated subjective knowledge, which ends up influencing their work performance⁽³⁷⁾.

As pointed out in another study⁽³⁸⁾, the work situation, which nurses face every day or every shift, includes exposure to health risks and the uncertainties of what they may encounter in their working hours, leading to discontent with the work environment, reinforcing the intention to leave the profession.

Finally, some social aspects of the profession can influence the increase in profession abandonment, such as the growing increase in the number of graduates from graduation, which reflects in the high level of unemployment, among those who entered the market, and also by the increase in more flexible and precarious hiring, low wages, poor working conditions and maladjustments in the profession⁽³⁹⁾.

Study limitations

The limitations of this study are the small sample size, which hinders the ability to generalize the data, as well as the lack of

nursing studies on the subject, which limits the capacity for inferences and comparisons between contexts. However, the results presented here are consistent and deserve to be highlighted, since it is emphasized, in the perspective of workers' health, that seeking career development and recognition of the trajectory can influence nurses' motivation and satisfaction at work, reducing the risks of occupational diseases.

Contribution to nursing

It is recommended that COI be applied among nurses in the labor market, in order to guide them about their motivations, the activities they perform in their work environment, being able to realize what they are really looking for in their career path. Moreover, it will enable the external validation of COI to the reality of work experienced by nurses.

CONCLUSION

The analysis made it possible to identify that the career anchors that prevailed among the nurses investigated were SE, SV, and LS, demonstrating the main career motivations of these workers. It also allowed to observe that the majority of the professionals did not find alignment of their career anchor to current job characteristics. Thus, it appears that most workers seek to meet their professional motivations; however, they do not find them

in their current job. The most frequent types of anchors for each generation were, in Generation Baby Boomers, SV, in Generation X, SE, and in Generation Y, LS.

The results of this study allowed us to analyze that nurses are not aligned with their career anchor, who seek safety and stability in their work environment; however, the current market situation and the development of the work process does not meet workers' needs. Thus, as they value dedication to a cause, which are sometimes distanced from patient care due to the high demands of managerial and administrative activities, and about lifestyle, nurses' work, especially at the hospital level, does not guarantee a balance between personal life and work, directly affecting the health of these workers.

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