Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

SATISFACTION LEVEL OF NURSES ACTING IN FAMILY HEALTH STRATEGY

NÍVEL DE SATISFAÇÃO DOS ENFERMEIROS QUE ATUAM NA ESTRATÉGIA DE SAÚDE DA FAMÍLIA

NIVEL DE SATISFACCIÓN DE LOS ENFERMEROS QUE ACTÚAN EN LA ESTRATEGIA DE SALUD DE LA FAMILIA

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ABSTRACT

Objective: to evaluate the level of satisfaction of nurses working in the Family Health Strategy in a city in the south of Minas Gerais. ***Methodology***: descriptive, cross-sectional study with a quantitative approach, performed in 13 ESF units with 13 nurses. To assess the satisfaction of the nurses, the Work Satisfaction Index instrument (ISP) was used. The project was submitted to the ethics committee and obtained approval with number 46770. ***Results***: according to gender, 100% of the participants were female, aged 26-52 years old and working time from three to nine years. As for the salary satisfaction, 58.33% of professionals were dissatisfied, and 91.60% were satisfied with the work activities. ***Conclusion***: the satisfaction of nursing professionals has been committed to various factors. Thus, it is noted that changes need to be made to ensure the health and satisfaction of professionals, promoting excellence of care for the population. ***Descriptors***: Nurse; Job Satisfaction; Family Health Strategy; Primary Health Care.

RESUMO

Objetivo: avaliar o nível de satisfação dos enfermeiros que atuam na Estratégia de Saúde da Família em um município do Sul de Minas Gerais. ***Metodologia:*** estudo descritivo, transversal, com abordagem quantitativa, realizada em 13 unidades de ESF com 13 enfermeiras. Para avaliar a satisfação destas, utilizou-se o instrumento Índice de Satisfação Profissional (ISP). O projeto foi submetido ao comitê de ética e obtida aprovação com nº. 46770. ***Resultados:*** quanto ao sexo, 100% dos participantes eram do sexo feminino, idade entre 26 a 52 anos e tempo de trabalho de três a nove anos. Quanto à satisfação salarial, 58,33% das profissionais encontraram-se insatisfeitos e 91,60% estão satisfeitos com as atividades do trabalho. ***Conclusão:*** a satisfação dos profissionais de enfermagem vem sendo comprometida em diversos fatores. Desta forma, nota-se que mudanças precisam ser feitas para garantir a saúde e a satisfação do profissional, promovendo a excelência da assistência para a população. ***Descritores:*** Enfermeiro; Satisfação no Emprego; Estratégia Saúde da Família; Atenção Primária à Saúde.

RESUMEN

Objetivo: evaluar el nivel de satisfacción de los enfermeros que actúan en la Estrategia de Salud de la Familia en una ciudad del Sur de Minas Gerais. ***Metodología:*** estudio descriptivo, transversal, con enfoque cuantitativo, realizado en 13 unidades de ESF con 13 enfermeras. Para evaluar la satisfacción de las enfermeras se utilizó el instrumento Índice de Satisfacción Profesional (ISP). El proyecto fue sometido al comité de ética y obtenida su aprobación con nº. 46770. ***Resultados:*** referente al sexo, 100% de los participantes eran del sexo femenino, edad entre 26 a 52 años y tiempo de trabajo de tres a nueve años. En la satisfacción salarial, 58,33% de las profesionales se encontraron insatisfechas, y 91,60% están satisfechas con las actividades del trabajo. ***Conclusión:*** la satisfacción de los profesionales de enfermería viene siendo comprometida en diversos factores. De esta forma, se nota que se precisan cambios para garantizar la salud y la satisfacción del profesional, promoviendo la excelencia de la asistencia para la población. ***Descriptors:*** Enfermero; Satisfacción en el Empleo; Estrategia Salud de la Familia; Atención Primaria a la Salud.

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INTRODUCTION

The current health policy in Brazil is guided by the Unified Health System (SUS), which was instituted from the community participation in the management, resolution and monitoring of public health policies in the early 80s. Only in 1988 from the Federal Constitution, the new country´s health system was established and in 1990 the operation of the SUS in the country was detailed in the Organic Law 8080 and the law 8142 that.[1]

SUS care standard provides a set of programs with close connection to the population of all social classes. In this way, it aims to consider the principles of the Health Reform, that is, the hierarchy, regionalization, equity, accessibility, participation and integration of actions.[1]

The Family Health Program (PSF) began being linked to SUS in 1994, aiming to expand the performance of the Program of Community Health Agents (PACS), establishing partnerships between programs to facilitate and complement the work of professionals in the community.[2]

The PSF is presented as a base to promote the entry of new visions, subjects and languages in the field of health care. Thus, health promotion, policy elements and charitable organizations and social vulnerability are prominent aspects of this program, to increase the interaction between various fields of knowledge, incorporating objects and innovative technologies.[3]

The PSFs have the main employers in the nursing work effectiveness. However, in the big cities, the implementation of this program is still facing challenges. This is due to hiring difficulties and professional performance profile, due to the dynamic complexity lived in communities. The labor market has constant fluctuations where nursing professionals find a number of possibilities for work and may denote coincidences labor space and the worker's social life space, contributing to their illness.[4]

When the PSF linked to SUS, the Family Health Strategy (ESF) is an important field of work for nursing, whose function was to contribute to the reorientation of the care model starting from the basic care in accordance with the principles of SUS. In this program, the work of nurses requires greater autonomy, whose work has greater visibility and appreciation.[5] The ESF nurses not only act in patient care but has also included in their responsibilities, the management of the institution, supervision and staff training, as well as the staff nomination. Therefore, the nurse must have knowledge grounded in public health, in order to develop innovative strategies in search of better monitoring and assisting the population.

In the Family Health Unit (USF), the nurse plays the leading role, being a reference to the other team, and also acting as a mediator, coordinator, facilitator and coordinator of the activities implemented by the health unit.[6]

It should be noted that the nursing work is wearing, continuous and exhaustive. In addition, it can trigger relationships between the professional and the patient. This relationship can cause satisfactions and joys, and also dissatisfaction and suffering. Thus, it is believed that nurses are exposed to numerous health problems, including stress experienced in daily work. These occurrences can lead to professional dissatisfaction at work, promoting conflicts between nurses and staff or community.[7]

Dissatisfaction at work can cause distress and mental suffering to workers, and this affliction may damage the physical and mental health, since suffering is the subjective experience mediated by the psychic well-being and altered mental illness.[8]

Also in this context, it is notable that the work in nursing often presents sources of suffering. This is due to the mission of dealing with the suffering of patients or family members. One way to minimize this suffering can be through changes in issues that may interfere in nurse satisfaction, such as working hours, remuneration, and night work and maintenance work.[9]

Given the above, it is clear the importance of the institution in the professional´s satisfaction, through the active attitude of the human factor and the existing mutual influence between the company and the professional. In this way, it tends to express the wage motivation, professional recognition, job activities, and professional´s development, among others. Otherwise, if the institution does not meet the needs of professionals, it contributes to the generation of tension, promoting dissatisfaction and frustration at work, changing their behavior.[10]

When satisfied, nursing professionals relates well with the work, with the institution and the staff. Therefore, they tends to be more willing to draw new action strategies for feeling encouraged, contributing to the welfare quality performance. Therefore, it is important that the institution stimulates the satisfaction of professionals as well as the nurse manager stimulates the satisfaction of their teamwork. Therefore, it is important to measure the satisfaction level

of nursing professionals working in the ESF, to support knowledge helping in strategies promoting the satisfaction of nursing professionals.

OBJECTIVE

♦ To assess the level of satisfaction of nurses working in the Family Health Strategy in a city in the south of Minas Gerais.

METHOD

Article the monography presented in the University José do Rosário Vellano - UNIFENAS as part of the Nursing course requirements for completion of the graduation course, in 2012.

Descriptive, cross-sectional study with a quantitative approach. The study was composed of 13 PSF units in a city in southern Minas Gerais and only those who worked in teams as coordinators nurses among nursing professionals who worked in the Family Health Units were selected for the research. Thus, a total of thirteen nurses working in the ESF and who were duly registered in the National Register of Health Facilities (CNES) participated in the research.

For data collection, the assessment instrument of satisfaction was used - Professional Satisfaction Index (ISP), which was created and developed by Stamps in 1997 with the purpose of analyzing the professional satisfaction of nurses, measuring the level of satisfaction with work. This instrument has been translated, adapted and validated for Portuguese language, obtaining a perfect fit to evaluate the development of the work of nurses in the ESF. The instrument is based on six components of nursing work which measures both the level of satisfaction of each component as the importance of the ESF nurses trust. The answers are numbered from one to seven, where one “fully agree”, 2 “just agree”, 3 “agree moderately”, 4 “undecided”, 5 “disagree moderately”, 6 “just disagree” and 7 “totally disagree”.[11] In addition, it was added an instrument to characterize the study population, stating the following variables: age, gender and working time in the ESF.

To present the results, there were tables and figures prepared in Word and Excel Windows 7 *Ultimate*® programs, with absolute and percentage values, and they were analyzed using descriptive statistics using frequency, mean and standard deviation. The correlation of the data was performed using Excel Windows 7 *Ultimate*® program using the CORREL command, the Pearson correlation coefficient was calculated, adopting the significance level of 5%, that is, the data were statistically significant at $P<0.05$.

This study had the favorable consideration of the project by the Ethics Committee of the University José do Rosário Vellano (UNIFENAS) as protocol number 46770.

RESULTS

The study population was composed exclusively by women (100%). The instruments were applied to the 13 nurses working in the ESF in a southern city of Minas Gerais/MG. Of them, one was excluded due to the instruments forms were erased, totaling a sample of 12 nurses.

Table 1 refers to the age of nurses according to the absolute values and descriptive statistics.

Table 1. Absolute values and descriptive statistics of the nursing professionals´ age interviewed and acting in ESF of the Southern city of Mina Gerais, 2012.

Descriptive Statistics	Values
Average	40 years old
Median	39,5 years old
Trend	39 years old
Variation	69 years old
Standard deviation	8 years old

The age of nurses was between 26 to 52 years old, but three of them (25.03%) were 39 years old, which is the most prevalent age.

As for the salary level and their satisfaction, Figure 1 shows the relationship between income and satisfaction to work at USF.

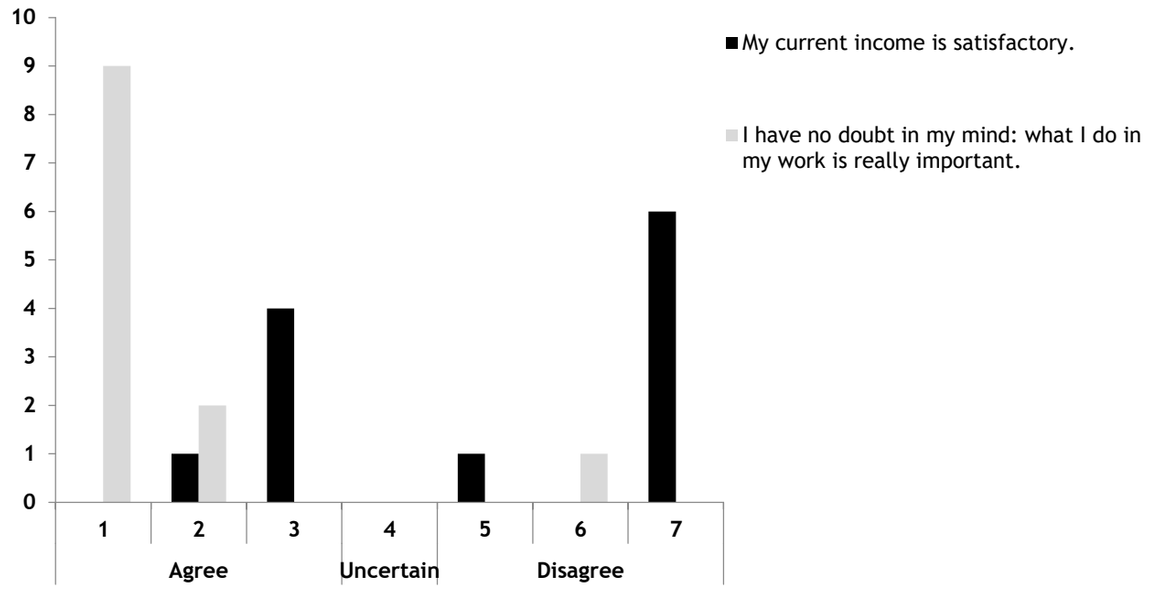

Figure 1. Relationship between income and satisfaction of nursing professionals in the USF in a southern city in Minas Gerais, 2012.

Figure 1 shows the satisfaction of nurses compared to the current income and the importance of the work they perform. It was observed that five of them (41.60%) are satisfied with their salary, and 7 (58.33%) are dissatisfied.

Figure 2 shows the relationship of the recognition of the nursing profession at the nurses´ vision and recognition of the importance of care.

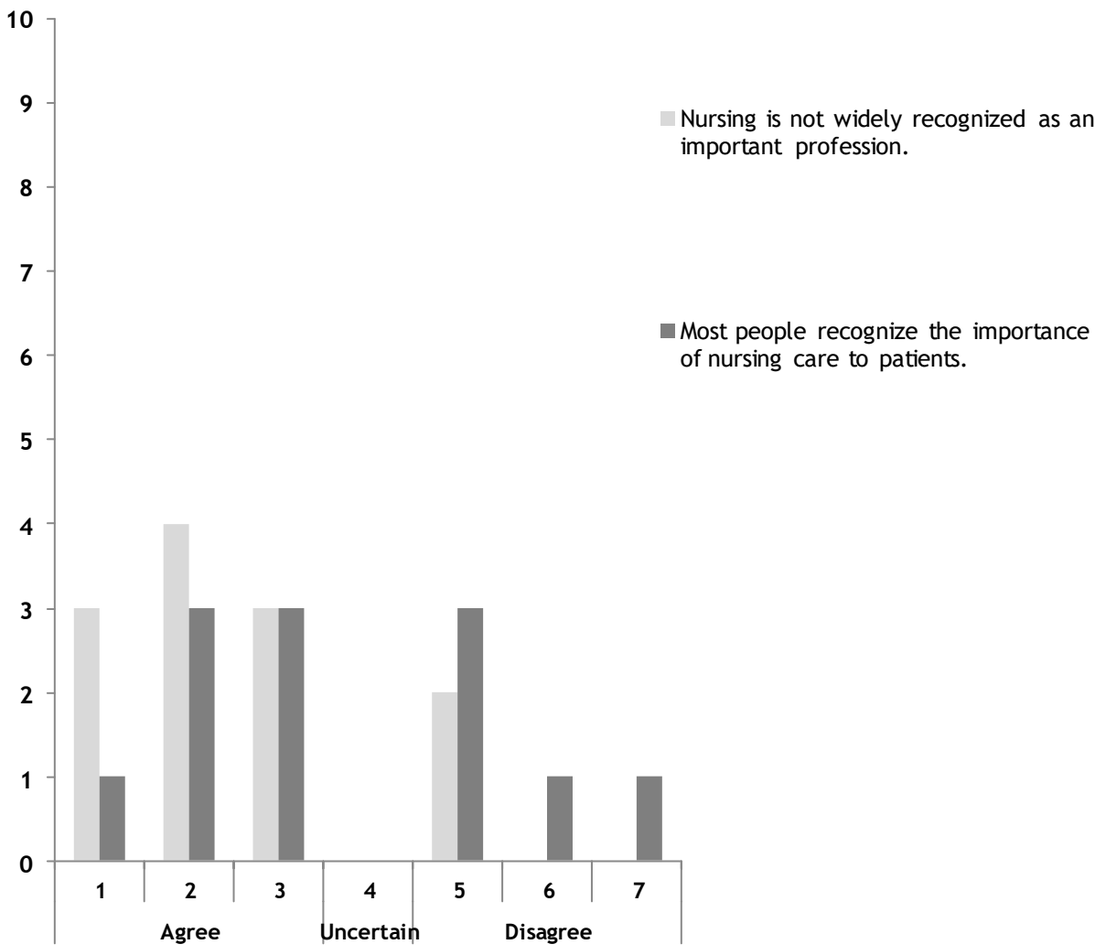

Figure 2. Relationship recognition of the nursing profession and the care provided by nurses in the USF in a southern city in Minas Gerais, 2012.

In Figure 2, comparing nursing widely recognized as an important profession, 10 (83.33%) believe in the importance of professional nursing and duas (16.66%) do not believe that it is an important profession.

Figure 3 shows the relationship between the cooperation of doctors and teams by the point of view of nursing professionals.

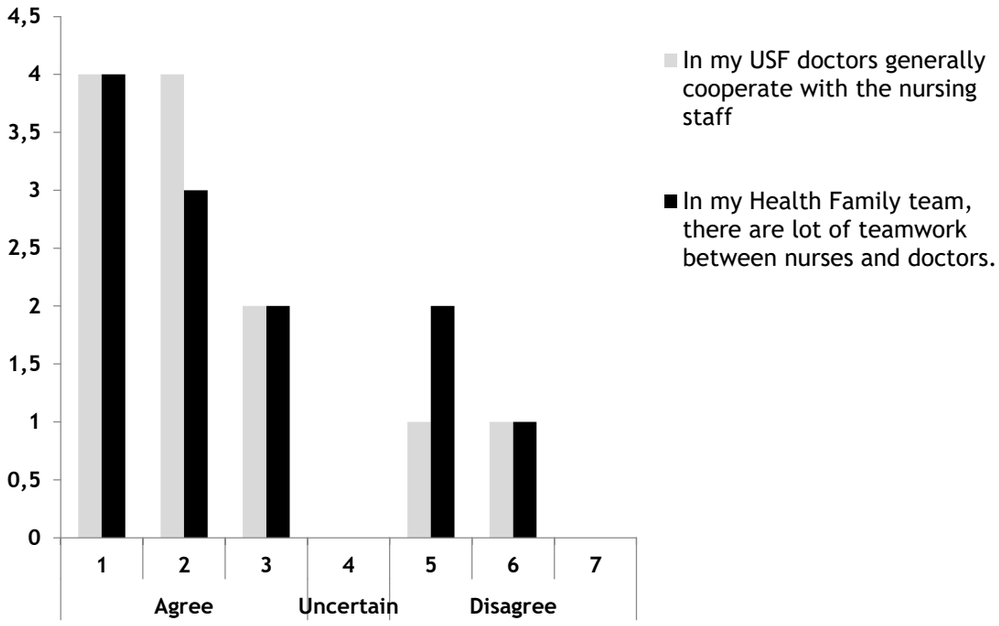

Figure 3. Relationship between the Medical and nursing staff cooperation in the USF in a southern city in Minas Gerais, 2012.

Figure 3 is a comparison with medical cooperation and the nursing staff. It was identified that ten (83.33%) of the professionals believe that the doctor cooperates with the team, and two (16.67%) of the professionals are dissatisfied with the medical cooperation.

Figure 4 shows the relationship between the satisfaction of nursing professionals about the activities carried out in the profession and the nursing program.

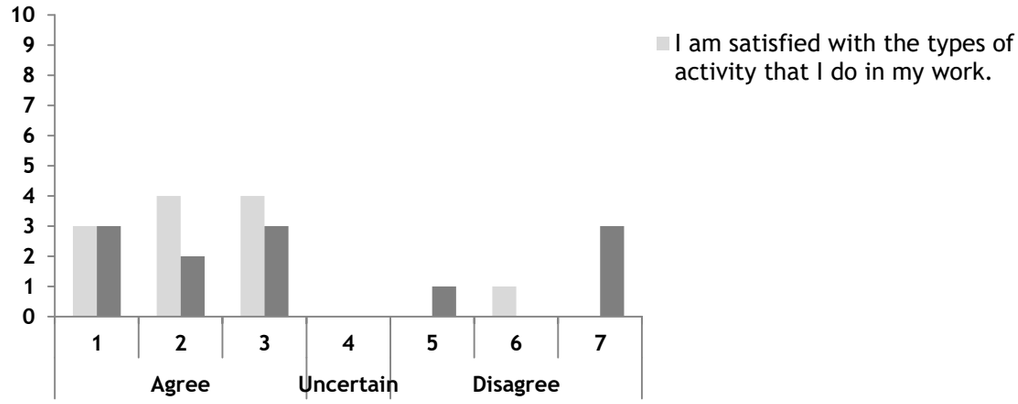

Figure 4. Relationship between satisfaction in performing the work and questioning as attend nursing in nurses of the ESF in a southern city in Minas Gerais, 2012.

Figure 4 is questioning regarding professional satisfaction with the different types of activities carried out in their work. It was observed that 11 (91.60%) of the professionals are satisfied with the activities they perform, and one (8.33%) of the professionals is not satisfied with the activities carried out at work.

DISCUSSION

The study population was female. This result has adherence to another study that historically had prevalence of females, since nursing is exercised primarily by women, and care is the main object of this profession reinforcing the idea of charity, compassion, kindness and mercy to those who suffer[12].

Currently, there is a greater incentive for men who enter this profession as it is believed that the male behavior such as goals, entrepreneurial and creative can bring gains and victories to the profession.[13]

The average approximate age of the respondents was 39.5 years old. When assessing the service time of the interviewees, it was noticeable that most of the professionals were working for 3 or 9 years (23.36%) in this type of service, dedicated exclusively to this job.

As for the professional satisfaction of the relationship with the different types of activities carried out in their work, it was observed in this study that 11 (91.60%) of the professionals are satisfied with the activities carried out. In this research there were 7 (58.33%) participants with dissatisfaction according to the salaries. When assessing the professionals´ perception about the importance of the work they perform, it was possible to note that 11 of them (91.66%) recognized its importance.

These data are similar with another study in Paraíba in 2009, which sought to identify the satisfaction of nursing professionals to work in the ESF and with the Program. The assumed roles are manifested by the recognition for their performance, becoming necessary better salary and greater affirmation of their professional identity. In this study, it was observed that nurses know the importance of their work and the need for a satisfactory financial recognition. Thus, it can be said that this study is consistent with the results found in other research, the awareness of the need for professional nursing care.[14]

Regarding the recognition of the nursing profession and the care provided in USF, there is a large recognition in this study that the nursing profession is of extreme importance in assistance provided to patients. The nursing professional establishes in his training, technical and scientific knowledge to build a better view of the human being that goes beyond the health-disease process. Thus, he encompasses this process through social, economic, political, environmental, cultural and psychological aspects.[15]

In this study, it was found that patients recognize the importance of Nursing in ESF, however it was identified that the professionals believe in their importance to the ESF, but do not feel that patients see nursing as a necessary and important profession in their care. Thus, the relationship where there is understanding, respect and listening to the needs, contributes to the satisfactory practice of health measures. Thus, maintaining the satisfaction of professionals and patients, there is a big recognition by patients of the importance of these professionals for health.[16]

Regarding the cooperation of the staff and doctors, it was determined that there is a correlation between medical cooperation and the nursing staff, evidenced by the results of this research which identified ten (83.33%) of the professionals believing that the doctor cooperates with the team. Thus, the integration between team members contributes to the exchange of information and knowledge, contributing to appropriate actions based on each need identified by the staff. Thus, it is seen the importance of teamwork of health professionals, since in this way each member can perform their role on the program, playing it with dedication, awarding and valuing work by the staff and the community.[17]

It is noted the need to assess the relationship between the team members, since the lack of commitment among staff and lack of companionship among professionals are factors causing stress faced by workers.

With all the difficulties encountered in the activities performed by nurses, the respondents are satisfied with their graduation. This fact is according to another study, claiming that nurses like the profession because they feel accomplished personally and professionally, with a permanence in the profession being satisfactory.[22]

CONCLUSION

The study population was composed exclusively by women; most nurses recognized the importance and necessity of their work, having no doubt of the need for their care for the community. Most of these professionals performed the work activities with satisfaction and would do the Nursing course again, but showed dissatisfaction with the rate of pay.

As for patients, they said recognizing the importance of nurses in the ESF and the professionals believe in their recognition. It was identified that the nurses were satisfied with the cooperation of the medical staff and the teamwork.

Currently, the ESF has been a major challenge, aiming new structure and form of different work, reaching the patient as a whole for their lives, and the nurse is a key player in this process. Indeed, the ESF is presented as a new way of working health, family being the center of attention and not

only the individual patient, introducing a new point of view of full comprehensiveness, since the sick people is not expected to be assisted, but the professional act preventively. Thus, it is extremely important the appreciation and satisfaction of nurses who work in this business strategy.

The nurses were in in that profession because they like it and believe in the importance of what they do and they committed ensuring quality of care, but it is necessary to a critical reading of the nurses and their acting, for ensuring their satisfaction in the labor market in order to develop quality care.

It is important to highlight the need for more studies with this focus which assist in identifying satisfaction factors and dissatisfaction of these professionals, so it is possible to identify more precise changes in this sector in order to ensure the health and satisfaction of professional, promoting excellence of care for the population.

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Submission: 2015/01/07
Accepted: 2015/06/26
Publishing: 2015/11/01

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