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ORIGINAL ARTICLE

SATISFACTION AND SATISFACTION FACTORS RELATED TO THE JOB: PERSPECTIVE OF WORKERS IN THE FAMILY HEALTH STRATEGY

SATISFAÇÃO E OS FATORES DE SATISFAÇÃO RELACIONADOS AO TRABALHO: PERSPECTIVA
DE TRABALHADORES NA ESTRATÉGIA SAÚDE DA FAMÍLIA

SATISFACCIÓN Y LOS FACTORES DE SATISFACCIÓN RELACIONADOS AL TRABAJO: PERSPECTIVA DE
TRABAJADORES EN LA ESTRATEGIA SALUD DE LA FAMILIA

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ABSTRACT

Objective: to know the level of satisfaction and satisfaction factors related to the job in the Family Health Strategy from the perspective of workers. **Method:** it is an exploratory and descriptive study, with triangulation between the quantitative and qualitative methods, being that the study subjects were 123 health workers from the city of Sobral, Ceará (CE), Brazilian Northeast. During data collection, we made use of the Job Satisfaction Scale (JSS) and open questionnaires. The data analysis took place in the accounting establishment of the following variables: dissatisfaction, intermediate satisfaction and satisfaction and by means of the method of the Collective Subject Discourse. This study had its project approved by the Research Ethics Committee, under Protocol nº 802. **Results:** it was evidenced an effective relationship between qualitative and quantitative data from the analysis of different details of the phenomenon "job satisfaction". **Conclusion:** there is the need to strengthen the new systematic arrangements of management of work/job and processes of negotiation that valorize the health workers. **Descriptors:** Job Satisfaction; Primary Health Care; Family Health Program; Management of Human Resources.

RESUMO

Objetivo: conhecer o nível de satisfação e os fatores de satisfação relacionados ao trabalho na Estratégia Saúde da Família a partir da perspectiva dos trabalhadores. **Método:** estudo exploratório e descritivo, com triangulação entre métodos quantitativo e qualitativo, tendo como sujeitos 123 trabalhadores de saúde da cidade de Sobral, Ceará (CE), Nordeste do Brasil. Na coleta de dados, foi utilizada a Escala Satisfação no Trabalho (EST) e questionários abertos. A análise dos dados ocorreu pelo estabelecimento contábil das variáveis: insatisfação, satisfação intermediária e satisfação e por meio do método do Discurso do Sujeito Coletivo. Este estudo teve o projeto aprovado pelo Comitê de Ética em Pesquisa, sob Protocolo nº 802. **Resultados:** evidenciou-se relação eficaz entre dados qualitativos e quantitativos a partir da análise de diferentes nuances do fenômeno "satisfação no trabalho". **Conclusão:** há necessidade do fortalecimento de novos arranjos sistematizados de gestão do trabalho e de processos de negociação que valorizem os trabalhadores da saúde. **Descritores:** Satisfação no Emprego; Atenção Primária à Saúde; Programa Saúde da Família; Administração de Recursos Humanos.

RESUMEN

Objetivo: conocer el nivel de satisfacción y los factores de satisfacción relacionados al trabajo en la Estrategia Salud de la Familia, en la perspectiva de los trabajadores. **Método:** estudio exploratorio-descriptivo con triangulación entre métodos cuantitativo y cualitativo, teniendo como sujetos 123 trabajadores de salud, en la ciudad de Sobral, Ceará (CE), Nordeste de Brasil. En la colecta de datos, fue utilizada la Escala Satisfacción en el Trabajo (EST) y cuestionarios abiertos. El análisis de los datos se dio por el establecimiento contable de las variables: insatisfacción, satisfacción intermediaria y satisfacción y por medio del método del Discurso del Sujeto Colectivo. Este estudio tuvo el proyecto aprobado por el Comité de Ética en Investigación, mediante El Protocolo nº 802. **Resultados:** se evidenció relación eficaz entre datos cualitativos y cuantitativos a partir del análisis de diferentes variaciones del fenómeno "satisfacción en el trabajo". **Conclusión:** hay necesidad de fortalecimiento de nuevos arreglos sistematizados de gestión del trabajo y de procesos de negociación que valoricen los trabajadores de la salud. **Descriptores:** Satisfacción en el Empleo; Atención Primaria a la Salud; Programa Salud de la Familia; Administración de Recursos Humanos.

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INTRODUCTION

The studies on work/job satisfaction are numerous, in Brazil and worldwide, and cover several different lines of thought. Results of several surveys have identified mental contents of the individual, such as beliefs, values, dispositional factors, moral and the possibility of development at work as predictors of job satisfaction.¹

There are two types of job satisfaction: concrete and symbolic. The first concerned the protection of life, as well as of the physical, biological and nervous well-being. The symbolic satisfaction refers to the qualitative experience of the task. However, for analyzing this phenomenon, there are many factors when seeking to know the satisfaction of workers. It should be highlighted the subjective content and work organization, recognition by peers, managers and users, the workload, the position and the ergonomic content of the work. In this manner, it consequently becomes necessary the production of further studies, both quantitative and qualitative, in the area in question.²

The job satisfaction in the health area goes through several aspects, whether they have subjective or objective nature. The work processes in health are inhabited by vectors that meet each other and intend the action at every meeting. These are the vectors of the dead territory and of the living work. In the first, from the conformation, several forces might operate, such as products of earlier moments of living work, which are presented in the form of hard materiality with equipment use, architectural spaces, among others. The living work, in turn, operates in action, through the encounter with the other, and it exists only at this moment, in action, without which it ceases to exist.³

In the meantime, while activity inhabited by living work, in the health field, the work of worker involvement in the building of the comprehensive health care is the essential objective of the Unified Brazilian Health System (SUS). Accordingly, health work might be considered, therefore, producer of subjectivity in everyday workers-users, workers-workers workers-managers and workers-communities relationships.

International studies on job satisfaction of team works of primary health care are scarce, because congregate isolated category of professionals, especially physicians, nurses or dentists. These studies demonstrate that, in general, these professionals consider as predictors of job satisfaction: variety of work,

sense of autonomy, time spent in patient care; and of dissatisfaction: compensation, availability of materials and equipment, social prestige, professional relationships, professional opportunities and the workload.⁴⁻⁹

Regarding the studies that have grouped the multiprofessional teams, it should be observed that there is no significant difference among their results with those of the above mentioned studies, as they are discussed as dissatisfaction factors: financial incentive, development and progression in career, systems of direct support and family support, marital status and age. Concerning the predictors of greater satisfaction, motivation to work and nature of work appear as the most important ones.¹⁰⁻³

In order to improve the health services, in this case, the Family Health Strategy (FHS), in particular, it is crucial that workers feel satisfied with their work activities. This study is still justified by the relevance that the job satisfaction represents for the workers' health.

Given the above mentioned context, this study has been built from the following objective:

To know the level of satisfaction and satisfaction factors related to the work in the Family Health Strategy from the perspective of workers.

METHODOLOGY

It is an exploratory and descriptive study that makes use of the triangulation of methods.¹⁴⁻⁵

The Municipal Health Plan of Sobral for the period from 2005 to 2008 proposes the reorganization of the care model based on the Health Surveillance, by targeting actions to the FHS as a priority policy. In the meantime, until 2007, Sobral had 48 Family Health teams, 33 in the urban zone and 15 in the rural zone, covering, therefore, approximately 90% of the population. The study subjects were team workers of the FHS minimum team from the city of Sobral.¹⁶ According to the Municipal Health Department (SMS) of Sobral, in July 2009, 471 professionals of minimum teams was working in the headquarter, but there is no record of dental hygienists, only of 25 physicians, 65 nurses, 24 dentists, 25 oral dental office assistants (DOA), 55 nursing assistants and nursing technicians and 277 community health workers (CHW).¹⁷

By considering a large set of subjects, we opted for a representative sample of FHS workers, taking into account the flowing inclusion criterion for nursing assistants and

technicians, dental office assistants, nurses and community health workers: be operating for at least three years in Family Health teams of the municipality. Regarding the doctors and dentists, due to the observed high turnover, we have considered two years of work. Other criteria that fit into the categories were the direct work relationship with the SMS or through outsourcing/partnership, besides the acceptance to participate in the research after signing a Free and Informed Consent Form (FICF). The sample was intentional.

For the definition of the sample size, we have used a calculation for finite populations. The level of confidence was fixed at 95% and the relative sampling error was of 8%. Thus, we obtained a sample of 123 subjects: six dentists, seven dental office assistants, 17 nurses, seven physicians, 15 nursing assistants and/or technicians and 71 community health workers. Regarding the Family Health Centers, nine of these were randomly selected, through drawing, when the sample was completed during the data collection.

For data collection, the researchers participated in weekly meetings organized by health teams, in which they requested a time space between 15 and 30 minutes. Open questionnaires about the meaning of work, the factors that cause job satisfaction and the relationship between managers and workers were applied. We also used the Job Satisfaction Scale of the Occupational Stress Indicator (OSI), which is a translated and validated instrument for the Portuguese language, which enables the measurement of satisfaction through 22 psychosocial aspects at work, using six-point Likert scale, ranging from huge dissatisfaction to huge satisfaction. The sum of these measures has provided an indicator of satisfaction in the global work, given by means of a score that ranges from 22 to 132 points.¹⁸

The presentation and analysis of quantitative data took place through the accounting establishment of variables achieved by the application of the Job Satisfaction Scale: dissatisfaction (huge dissatisfaction and much dissatisfaction), intermediate satisfaction (some dissatisfaction and some satisfaction) and satisfaction (much satisfaction and huge satisfaction), besides the establishment of the global score for satisfaction.

The analysis of the qualitative content was carried out through the method of the Collective Subject Discourse.¹⁹ This is technique of tabulation and organization of qualitative data that allows, through systematic and standardized procedures,

adding statements without reducing them to quantities.

Through the triangulation of methods, we sought, finally, articulating the statistical measurement with sympathetic instruments, in order to perceive the particularities that qualitative devices add by modifying the qualitative indicators obtained by measurement. By analyzing data from both analytical forms, we have recognized the limits of each approach. There are biases when applying ordinal scale with qualitative categories, meaning that the distance between one and the other category is difficult to be numerically measured.¹⁴ In the case of qualitative data, the unwillingness of volunteers, the difficulty of expressing feelings through writing and the amount of time spent for filling out questionnaires are factors that influence with the quality of the results.

As to the ethical aspects of health research, the participating subjects have signed a Free and Informed Consent Form. This study was conducted after approval by the Research Ethics Committee from the State University of Acaraú Valley, as Protocol nº 802.

RESULTS AND DISCUSSION

The results and discussion are firstly presented by means of the characterization of the functional and sociodemographic profile of workers belonging to the sample, followed by the quantitative data, adding the information with qualitative nature, collected from the workers. Next, we sought to perform a triangulation between quantitative and qualitative data, in order to establish relationships between thereof.

♦ Functional and sociodemographic profile of workers

The informational items about the functional and sociodemographic profile are systematized in the Tables 01 and 02, below:

Table 1. Distribution of workers according to sociodemographic characteristics answered in the questionnaire for identification, Family Health Program. Sobral/CE/Brazil, 2010.

Variable	Category	n	%
Gender	Male	15	12,2
	Female	108	87,8
Age	20-30 years	74	60,1
	31-40 years	25	20,3
	41 year or over	24	19,6
Marital status	Married	72	58,5
	Single	31	25,2
	Separated	14	11,3
	Widowed	04	3,2
Schooling	Incomplete High School	03	2,4
	Complete High School	79	64,2
	Incomplete Higher Education	10	8, 2
	Complete Higher Education	08	6, 5
	Incomplete Post-Graduation	06	4, 9
	Complete Post-Graduation	17	13,8
Total		123	100

Table 2. Distribution of workers according to functional characteristics answered in the questionnaire for identification, Family Health Program. Sobral/CE/Brazil, 2010.

Variable	Category	n	%
Position	Community health worker	71	57,7
	Nursing technician/assistant	15	12,2
	Oral health technician/assistant	07	5,7
	Nursing professional	17	13,8
	Physician	07	5,7
	Dentist	06	4,9
Wage in the FHS	From R\$ 460,00 to 715,00	93	75,6
	From R\$ 1800,00 to 7500,00	30	W24,4
Work life in the FHS	Up to 5 years	46	37,3
	5 year and over	77	62,7
Work time	30h	01	0,8
	40h	121	98,4
	Over than 40h	01	0,8
Work relationship	Statutory (effective)	70	57
	Registered Job (CLT)	17	13,8
	Contract of Association	01	0,8
	Institutional Contract	12	9,8
	Commissioned post	23	18,6
Total		123	100

From the sample, it was found that 87,8% were female, expressing the amount of women who are interested by the health-related labor. The DOA, the CHW and the nursing professionals made up 98,4% of women working in the ESF from the city of Sobral.

According to the MS¹⁷ parameters, there is an approximate relationship of three higher-level professionals for every mid-level eight to ten, fact that corroborates results of this survey, which have revealed a proportion of three workers with university degree for each group of nine mid- level ones. However, there are professionals with higher education level performing mid-level positions. This fact indicates possible disarticulations between the educational process at work and the absorption of potentialities of workers by the public administration through the rise in careers. Furthermore, there are still professionals working in the FHS without having completed the elementary school,

showing the flexible character of hiring community health workers.

Regarding the functional characteristics of workers, according to the MS, the FHS minimum team is comprised of CHW, nursing technician/assistant, nursing professional and physician, expanding, when there is the presence of the oral health team, with dentist and dental office technician.¹⁷ In this study, we devoted more attention with regard to the positions of the participating workers (123), especially the comparison between the number of nurses and of physicians, given that the sample contained 17 nurses and seven physicians. Hence, there are more than two nurses for each physician, which stems from both the absence of the latter in many teams and the presence of nursing professionals in the management of Family Health Centers.

As to the workload, which significantly interferes with the job satisfaction, most workers had more than five years of experience in the FHS. Nonetheless, this work

life is generally higher among community health workers, nurses and nursing technicians/assistants, being that it should be observed a lower turnover among thereof.

With regard to the work relationship, slightly more than half of the surveyed workers (57%) were attached to the Single Legal Regime, which does not corroborate with a national survey showing that there were over 85% of effective contracts in the FHS in the year 2005.²⁰

♦ **Quantitative data about the job satisfaction**

The application of the Job Satisfaction Scale has obtained an optimum adhesion level of the study actors (100%). After coding the

data, we reached the percentage of responses to each question from three variables: for those who chose the options *huge dissatisfaction* and *much dissatisfaction*, the results were clustered in a single variable: “dissatisfaction”; the category “intermediate satisfaction” was related to those who marked the options *some dissatisfaction* and *some satisfaction*; the “satisfaction” was considered from those who that selected the options *much satisfaction* and *huge satisfaction*. The Chart 1 shows the results of three variables in each one of the 22 Scale aspects.

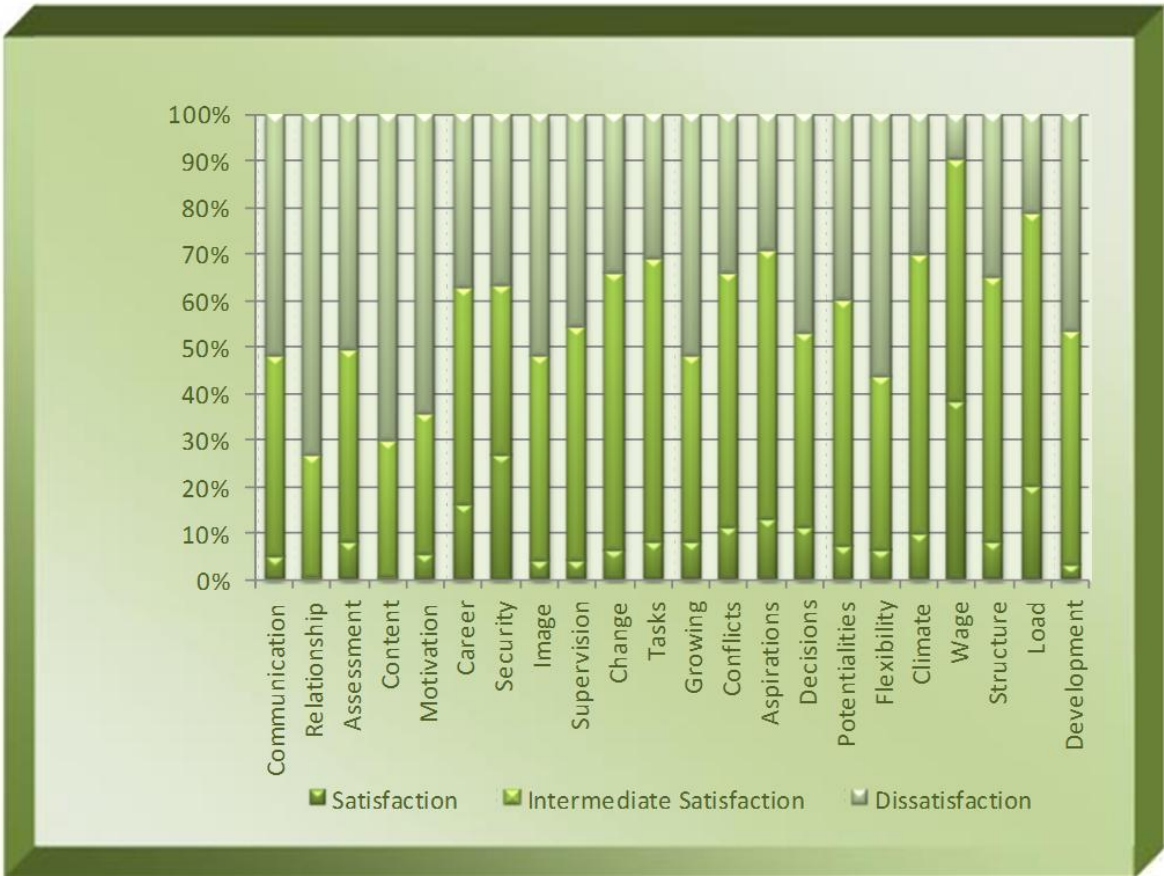


Figure 1. Distribution of workers according to the level of satisfaction and aspect of the work, Family Health Strategy, Sobral/CE/Brazil, 2010.

The aspects of the work in which the workers had higher levels of satisfaction were: *relationship with other people in the company* (73,17%), *content of the performed work* (69,92%), *degree of motivation to work* (64,23) and *degree of flexibility and freedom* (56,10%). The aspects in which the workers reported lower levels of satisfaction were: *salary in relation to the experience and responsibility* (38,21%), *job security* (26,83%),

workload (20,33%) and *personal opportunities in career* (16,26%).

The Figure 2 represents the global scores of satisfaction, which is composed of the sum of the results of satisfaction with every aspect of the job, from the establishment of three variables, as the cutoff: 22-80 - dissatisfaction; 81-100 - intermediate satisfaction; and 101-132 - satisfaction.

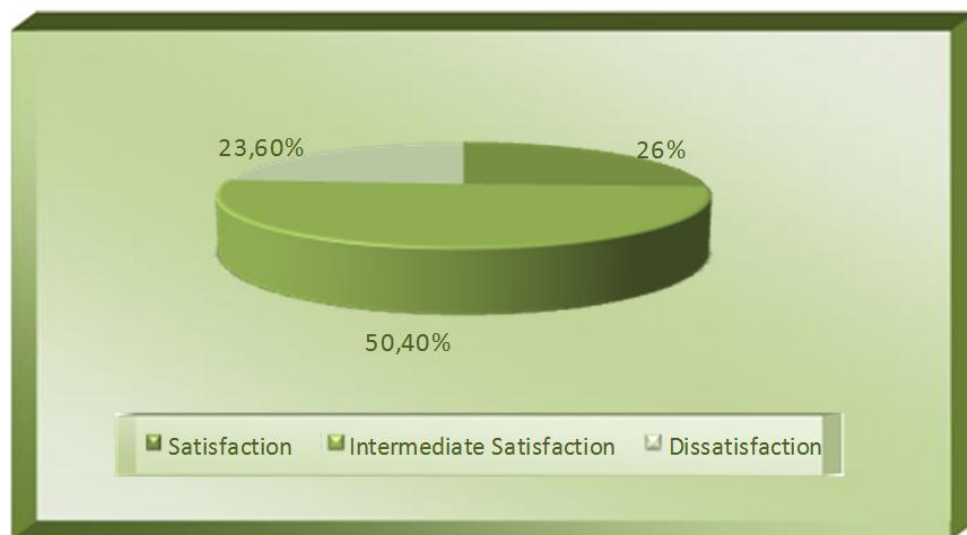


Figure 2. Global scores of job satisfaction, Family Health Strategy, Sobral/CE/Brazil, 2010.

From these data, the study confirmed other surveys in the field of job satisfaction in services of primary health care in several parts of the world.⁷⁻¹² But, there is no consensus in the literature about the prevalence of job satisfaction that might be considered the gold standard. Regarding the used scale, specifically in studies with workers of public services, one should observe a variety in the prevalence.²¹⁻²

By analyzing a similar study conducted in Recife, applied among nurses, physicians and dentists of the family health program, it was not found similarities with this research, since it has been verified expressive scores of satisfaction (34,7%) and dissatisfaction (33,6%), which were similar to level of intermediate satisfaction (33,6%).²³ This fact might be related to the schooling level of workers, as evidenced in a study that showed a significant and positive correlation between the schooling level of the participants and the level of satisfaction with the nature of the work in the family health program.¹⁰

One research conducted with elementary school teachers has achieved results similar to the ones of this study in relation to dissatisfaction (24,1%), intermediate satisfaction (44,5%) and satisfaction (31,4%).²⁴ In turn, the work also showed scores defined by aspect, in which aspirations, wage and psychological climate were highlighted as those of higher dissatisfaction, while relationship, security, content and assessment appeared as those of highest satisfaction.

Each public service has specificities with regard to the policies of work management. By correlating the health and education sectors, it was evidenced that, from the comparison of this research with the above mentioned study, the safety aspect, directly related to the bond, showed inverse scores, by obtaining in that study scores of highest satisfaction, while in this, it has ranked as the

second of greatest dissatisfaction. Therefore, it should be inferred that specific scores vary according to the context of the institution and to conformations of policies of work management.

Moreover, other important information obtained through the application of the scale was the finding of very low global levels of dissatisfaction (between 42 and 60). Five workers showed such scores, which did not correspond to a statistically significant number, however, it is noteworthy that the charting pictures of great dissatisfaction are directly related to phenomena associated to the mental health. Studies prove that there is an association between dissatisfaction and mental health, with emphasis on the relationship between job dissatisfaction and clinical cases of Burnout Syndrome, anxiety and depression.^{21,25}

♦ Qualitative data: senses of work, satisfaction and participation in the management

The understanding of the sense assigned by the worker to its work is important in the discussion about the satisfaction, since that, from the sense of practices, it includes subjective elements in the work process and expands the gaze for nuances and human dimensions of the phenomenon at stake. Thus, the content of the work might be a source of satisfaction when works as unloading of a kind of pleasure to work, whose definition of content, rhythm and method of operation is partly organized with certain autonomy by the worker itself.²

The recurring discourses in the texts of the actors in question pointed to that perspective.

It's Dignity, source of income. Well, I work for pleasure [...] and it is even as something healing, it is like therapy, [...].

The labor activity was understood by the surveyed workers as a source of pleasure,

highlighting the work as a factor generator of dignity, economic support and well-being. Such a context of valuation of work is related to the own nature of the health-related work, in ongoing social building, whose subject's activity involves the development of social, psychological and cultural spheres. Even conducted in a relative manner, the processes installed inside the health institutions promote exercises of governments that the set of agents performs and that operate like instituting mechanisms in the daily of care practice.²⁶

With regard to the content of the work in the FHS scope, the approximation and implication of workers with the services' users tend to happen in a meaningful way. Promotion and health education activities together with groups, which involve social and community participation, were positively qualified as generating factors of satisfaction. Furthermore, as shown in the following discourse cutting, the perception of the results of the practices, such as the improvement of health indicators, also assigns a positive sense towards the work:

[...] To see the infant mortality rate becomes lower, our achievement when indicators are better.

Another aspects exposed as inducers of job satisfaction were the activities of Continuing Health Education (CHE), confirming a study conducted with physicians working in the family health program in São Paulo, who consider the qualification as a relevant factor of satisfaction.⁴ The activity is expressed as education in the work and to the same, which provides mechanisms, spaces and topics that generate self-analysis, self-management, implication, institutional change, in short, thought and experimentation.²⁷ The CHE activities were cited as producers of job satisfaction, by pointing to the fact that the spaces created for this purpose seem to contribute to the confrontation of the health problems and challenges placed in the daily work of these individuals.

The user's recognition and satisfaction were also recurrent in the discourses under analysis. The satisfaction of the served population, in the context of resoluteness achieved through the work, seemed to work as a thermometer of job satisfaction. Several speeches have highlighted such satisfactory dimensions:

To serve those who seek us or those in need. That is to say, helping my community; the improvement of a sick person, [...] a good feedback from the community, [...] the recognition of their work in the community.

The workers have cited supervision/management and organization of services as aspects related to a major topic of job satisfaction: the relationship between the agents of work. This is the importance of the characteristics of the relationship between bosses and subordinates from the policies of the management and style of supervision, which are characterized, therefore, as important sources of labor satisfaction.²⁸ This study corroborates findings from researches conducted among British dentists and primary care Swiss physicians, where the factors associated to satisfaction with colleagues and with professional relationships were regarded as important predictors of job satisfaction.⁵⁻⁶

Other issues present in the speeches of workers were the ones related to external agents, events and work conditions.²⁸ Moreover, important claims have been cited as referring to general factors, such as wage, workload, material and resources to work, increased number of professionals, reducing the number of families accompanied by team, better physical infrastructure, public selection, plans of positions, careers and wages (known as PCCS), effective work relationships, transportation vouchers and basic food basket.

These claims are constituted in major challenges for the management of public health work in several parts of the world.^{4,8,11-}

² The satisfaction with the wage progress contains numerous meanings, primarily concrete - how to sustain the family, winning the vacations, pay the home improvements and dues - but, also, abstract, to the extent the wage contains dreams, fantasies and projects of possible achievements.² Furthermore, the need to create democratic processes for choosing workers, through a public selection, the formalization of the state public office positions, and functional plans of career enable the job stability and perspectives of career, which are important factors for the job satisfaction.

Regarding the work conditions, the respondents have considered the workload, the material and the work environment as important topics:

To have attention to our requests (car, medications, specialized consultations) and better work conditions; Distribute for CHW: sunscreen, boots, sunglasses, caps, covers and other stuff [...] Material: medical records for entries, cards [...] pen, eraser, umbrella [...].

Satisfaction factors related to the protection and health of the body were emphasized, which takes place around the

psychosomatic economy of each worker. These findings were considered important factors for job dissatisfaction in some researches with workers of the primary care.^{4,7,11,13}

In this context, the instruments, supplies and personal protective equipment are important in promoting better balance in the man-work relationship and, therefore, generate satisfaction and health.² Hence, it is noteworthy that for that the Family Health Strategy actions are materialized are positively, technological resources and appropriate equipment to allow the resolution of health problems in the community are needed, thereby facilitating the organization of the service and the job satisfaction.²⁹

The speeches also highlighted satisfaction-dissatisfaction factors linked to the topic of the relationships of workers with central managers from the SMS:

When the Secretary has time for dialoguing [...] to look more to the employee, hearing the employee; having access to the Secretary of Health [...]; Not having priorities, sponsorships, because some are highly valorized, privileged, even if these people (some) are not too capable [...].

Such testimonies expressed the need for rapprochement between the central management from the SMS and the FHS teams to share the challenges and the progresses of the work activities. This aspect was highlighted as relevant, since it might be a generating practice of dissatisfaction of the set of workers. The responses also indicated critical issues permeated by delicate political tensioning, by interfering with the selection mode of management teams and the criteria for valorization of workers by the municipal administration.

Regarding the participation in the processes of management, workers were discordant, given that there were both positive and negative responses. In relation to the identified problems, they have highlighted the following issues:

We have no returns of the problems cited in the meetings; I only have importance in the election period; With regard to having time: sometimes. Voice: we are not called. Vote: it's rarely seen.

Such factors listed above were directly related to the difficulties of effective participation, i.e., even in areas of participation, the surveyed workers pointed out that their viewpoints were little weighted. Other highlighted dissatisfaction factors, recurrently, were referred to the rules at work, the mode of organization, planning and execution of actions, which seemed to be marked by technical and behavioral standards

built with low sharing of decisions in the work management. The loss of the sense of obligation in relation to the task to be performed and the cordiality in relationships between employees and managers directly and indirectly influence in the work environment. The reasons for resistance to any rationalization, understood as job control, are considered abnormal, i.e., the worker does not understand the rules. But, when workers feel themselves as builders of their own environment and method of work, they become subjects of standards.³⁰

Nevertheless, some important spaces for participation in the process of health management were recognized:

Due to the fact of being a doctor and have already been coordinator [...] I have much voice and vote. I think it's very good, because I try to do anything to claim what I'm entitled to have [...]. I think I have time and vote, because I participate in the meeting of managers in a very active form [...].

The speeches have revealed the building of spaces for dialogue and participation between managers and workers. The occupied position and the disposal or individual initiative were crucial factors to ensure participation. Accordingly, it was evidenced that the power and social recognition of each occupation could interfere with the process of participation in the management.

♦ Triangulation of data

In order to triangulate the interpretations of quantitative and qualitative data, the most significant items of the JSS for the highest and lowest satisfaction scores are disposed below, articulated to the discourses built on job satisfaction conducted in the FHS.

Upon returning to the aspects that reached better scores of satisfaction, *the relationship with other people in the company* achieved the best level and could be supported by qualitative data when the surveyed workers said that it was necessary: *a good working environment both in terms of physical structure and in terms of relationship among the colleagues*. However, the relationship with colleagues was little significant in the speeches of workers. It is believed that this is due to the tendency, perceived in this research, that the subjects reported more clearly the satisfaction factors from the exhibition of the dissatisfactions and problems of the daily work.

The second aspect with better quantitative score of satisfaction was *the content of the performed work*. The item has been confirmed through the qualitative data, the

predominance of responses that were related to the modality of job or the meaning of health-related work. In this perspective, we have identified the collective appreciation of modes of operating the production of health in the speeches of the FHS workers, through, mainly, health promotion and health education actions.

The aspect *degree of motivation to work* was the third to present biggest scores of satisfaction. Similarly to the content of the work that was directly related with the sense assigned to the activity, the degree of motivation was also permeated by this subjective dimension. In this aspect, the qualitative data brought expressions of the subjects that denoted the generation of psychological, emotional and social well-being, as a factor that interferes with the sense of motivation and satisfaction from the work in the FHS scope, which corroborates the quantitative data.

The aspect of the FHS in which the workers reported lower levels of satisfaction was the wage in relation to the experience and responsibility. The qualitative data have significantly confirmed these scores, because the wage issue was a recurring topic in the qualitative material. Several speeches were set out, which aimed at fostering the need to have a wage policy that would ensure better wages and a consistent plan of career.

The *job security*, related to work relationships, was the second aspect that achieved lower scores of satisfaction, which was also confirmed by the discourses that occupied a central place in the discussion of the precarious ties between the participants' responses. The aspect *workload* has achieved the third highest score of dissatisfaction. Such a score, in turn, was confirmed by the discourses related to the work overload, given that they were also frequently quoted in the discourses of workers.

The aspect *personal opportunities in career*, which has reached high levels of dissatisfaction in most studies, was the fourth item to achieve lower levels of satisfaction. However, the subjects' discourses have defended the possibility of career development as a prevalent factor for satisfaction, by unveiling the appeal of professionals for the consolidation of a consistent PCCS, confirming scores.

The movement of triangulation of data has revealed an effective relationship among the data, thus validating the information produced in this research. In general, it was possible to observe the complementarity among the findings, with subsidies to address

the complexity of the investigated issue. The different ways of analyzing the reality have promoted evidence of important dimensions of the phenomenon of the job satisfaction.

FINAL CONSIDERATIONS

The study was faced with the challenge of studying the phenomenon of the job satisfaction in one of the most growing fields of activity with the recent political strategies for structuring the SUS. By taking the FHS as a remarkable expression of the current health care model, which has been promoting opportunities for professionals in several scenarios of Brazilian municipalities, the study highlighted the need to broaden the debate on job satisfaction, starting from the viewpoint of workers.

By discussing the factors related to the job satisfaction, it is urgent to improve the work conditions with regard to both the meaningful content of the work and to the external factors, such as the availability of material and personal protective equipment and openness to participation in management.

The understanding of the symbolic dimensions of satisfaction allowed us to enter into the intricacies of micro-policy of the work and to emphasize the need to broaden the channels of dialogue, participation and negotiation between professionals and managers. Therefore, the need for enhancing human capacities and skills, towards the health production, makes more relevant the demand for satisfaction from the sector workers.

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