PERCEPTION OF PROFESSIONAL SATISFACTION OF NURSING WORKERS FROM A HEMATO-ONCOLOGY UNIT

PERCEPÇÃO DA SATISFAÇÃO PROFISSIONAL DE TRABALHADORES DE ENFERMAGEM DO SERVIÇO DE HEMATO-ONCOLOGIA

PERCEPCIÓN DE LA SATISFACCIÓN PROFESIONAL DE TRABAJADORES DE ENFERMERÍA DEL SERVICIO DE HEMATO-ONCOLOGIA

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ABSTRACT

Objective: to investigate the professional satisfaction of nursing professionals from a hemato-oncology unit. **Method:** quantitative, cross-sectional study with 46 nursing workers from a hemato-oncology unit. A sociodemographic and labor questionnaire and the Professional Satisfaction Index were used. Data were descriptively analyzed. **Results:** it was evidenced that 80.4% of the workers reported having a good participation in the planning of the care; 76.1% stated that there is cooperation with the medical team; and 93.5% agreed that there is cooperation within the nursing team. **Conclusion:** the importance of observing the needs of the workers to carry out their activities in a qualified and satisfactory way is emphasized. **Key words:** Job Satisfaction; Personal satisfaction; Nursing; Nursing team; Worker's health; Oncological Hospital Service.

RESUMO

Objetivo: investigar a satisfação profissional dos trabalhadores de enfermagem de um serviço de hemato-oncologia. **Método:** estudo quantitativo, transversal, com 46 trabalhadores de enfermagem de um serviço de hemato-oncologia. Utilizou-se questionário sociodemográfico e laboral e o Índice de Satisfação Profissional. Realizou-se análise descritiva dos dados. **Resultados:** evidenciou-se que 80,4% dos trabalhadores referem possuir participação suficiente no planejamento da assistência; 76,1% afirmaram que existe cooperação com a equipe médica e 93,5% concordaram que existe ajuda entre a equipe de enfermagem. **Conclusão:** ressalta-se a importância de se observar as necessidades dos trabalhadores para realização de suas atividades de forma qualificada e satisfatória. **Descritores:** Satisfação no Trabalho; Satisfação Pessoal; Enfermagem; Equipe de Enfermagem; Saúde do Trabalhador; Serviço Hospitalar de Oncologia.

RESUMEN

Objetivo: investigar la satisfacción profesional de los trabajadores de enfermería de un servicio de hemato-oncología. **Método:** estudio cuantitativo, transversal, con 46 trabajadores de enfermería de un servicio de hemato-oncología. Se utilizó un cuestionario sociodemográfico y laboral y el Índice de Satisfacción Profesional. Se realizó un análisis descriptivo de los datos. **Resultados:** se evidenció que 80,4% de los trabajadores refieren poseer participación suficiente en el planeamiento de la asistencia; 76,1% afirmaron que existe cooperación con el equipo médico y 93,5% concordaron que existe ayuda entre el equipo de enfermería. **Conclusión:** se resalta la importancia de observar las necesidades de los trabajadores para realización de sus actividades de forma cualificada y satisfactoria. **Descriptores:** Satisfacción en el Trabajo; Satisfacción Personal; Enfermería; Grupo de Enfermería; Salud Laboral; Servicio de Oncología en Hospital.

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INTRODUCTION

Work activity is present since the beginning of society. This was initially seen as a source of pleasure to individuals, as it resulted from personal manifestations for their use and consumption of workers. Then, when capitalism was installed in the labor market, the search for profit in this process made work more difficult, replacing the feeling of pleasure of individuals by feelings of punishment and suffering.¹

The hospital scenario also began to be seen as a stressful environment for individuals who carry out their work activities there due to the rhythm and intensity of the activities, work organization, division of tasks and the need to witness the suffering and death of patients. Due to these factors, workers, and especially the nursing team, are exposed to triggers of physical and psychic exhaustion, given the characteristics of their work process.¹

In this context, the work of the nursing team in hemato-oncology units stands out as a highly complex service that requires, besides the necessary technical and scientific knowledge, the sensitivity to act in the treatment of patients and families, often weakened as a result of the diagnosis and the treatment. Thus, nursing workers create a bond and proximity with patients because they often act as a link between patients and/or families and the other workers of the multiprofessional health team.²

Thus, care for patients diagnosed with cancer represents a challenge for nursing workers of hemato-oncology units. Such situations involve long and aggressive treatments and side effects, mutilating surgeries, feelings of fear and despair on the part of patients, and sometimes death.³

These characteristics can become stressors for workers and may be related to psychological suffering, for they need to act at different moments in defense of the rights of patients and their families. They often face conflicts of both organizational and multiprofessional nature, which, in turn, can lead to changes in levels of job satisfaction.³ However, the labor scenario in which nursing workers are inserted can also instill a feeling of pleasure and satisfaction that protects workers from the intrinsic psychic illness of this scenario.⁴

In this sense, professional satisfaction is defined as a pleasant feeling or positive emotional state of workers towards their work as the result of the perception of their

experiences in the work environment. Professional satisfaction can be modified or undergo changes due to internal and external influences.⁵ Thus, it is noteworthy that the professionals' satisfaction is a result of multifactorial sources in which many aspects are taken into account, since the nature of work up to the experience of the workers towards their activity.⁶

OBJECTIVE

- To investigate the professional satisfaction of nursing workers in a hemato-oncology unit.

METHOD

This is a quantitative cross-sectional study with the nursing staff from the hemato-oncology unit of a university hospital in Rio Grande do Sul. The hemato-oncology unit comprises the following components: chemotherapy and radiotherapy outpatient clinics, pediatric oncology unit, and a bone marrow transplantation center.

A convenience sample was used, but in order to avoid bias, the minimum sample size was estimated based on a population of 52 workers, obtaining a minimum number of 45 participants.⁷ All workers that composed the population were invited to participate.

Some criteria were defined to select the study participants. The inclusion criteria to consider workers eligible to participate in the study were: nursing workers (nurses, technicians and nursing assistants) who had worked for at least 30 days in the hemato-oncology unit. Exclusion criteria were limited to any type of dismissal or leave from the work environment during the data collection period.

A sociodemographic and labor questionnaire and the Professional Satisfaction Index (PSI) were used. The sociodemographic and labor questionnaire comprised the following variables: sex, age, professional category, schooling, time elapsed after graduation, time working in the institution and in the unit, work shift and weekly workload. The PSI was created and developed in the North American context,⁸ translated and validated in Brazil in 1999⁹, and it aims to measure the level of satisfaction of nurses regarding work components. It is a self-administered instrument, composed of two parts (A and B) and relates the current work situation to expectations of the participants regarding work.

In this study, only the Part B (Attitude Scales) of the PSI was used. This part consists of a seven-point Likert scale, which varies from completely disagree (1) to completely agree (7). It consists of 44 statements covering six components of job satisfaction.

The components of the PSI are: Autonomy - independence with initiative of freedom, allowed when necessary, within the work activities (eight items); Interaction - relationships in the social and also professional contact during work (10 items); Professional *status* - relevance of the work for the professionals and for the other individuals

(seven items); Job requirements - activities regularly performed at work (six items); Organizational norms - administrative norms of the institution or nursing services (seven items); and Remuneration - payment made in local currency and also through other benefits economically linked to salary (six items).¹⁰

From the 44 statements that make up the instrument, 22 are positively enunciated and 22 are negatively recorded. In Figure 1, it is possible to observe the positive and negative items separated by components, which are arranged randomly in the scale.

Component	Positive statements	Negative statements
Autonomy	13, 26, 43	7, 17, 20, 30, 31
Interaction	3, 6, 16, 19, 37	10, 23, 28, 35, 39
<i>With the medical team</i>	6, 19, 37	35, 39
<i>With the nursing team</i>	3, 16	10, 23, 28
Professional Status	9, 11, 34, 38	2, 27, 41
Job Requirements	22, 24, 29	4, 15, 36
Organizational Standards	5, 25, 40, 42	12, 18, 33
Remuneration	1, 14, 32	8, 21, 44

Figure 1. Distribution of the items of the Professional Satisfaction Index¹⁰. Santa Maria (RS), Brazil, 2017.

Data collection took place from December 2014 to March 2015 and was conducted by collectors who were previously trained by the main researcher. Workers were invited to participate in the research during their work shifts. They were given the instrument and two copies of an Informed Consent Form (ICF) and a specific time was scheduled with each professional for return the IC and the completed instrument. Up to three attempts to collect the instruments were made.

For inclusion of data in the process of analysis of the research, the Excel® software was used. Subsequently, the PASW Statistic® (Predictive Analytcs software, SPSS Inc, Chicago, USA) version 18.0 for Windows was used for data analysis.

Descriptive statistics were used, with measures of central tendency for quantitative variables and frequency distribution for qualitative variables. The normality of the quantitative variables was tested using the Kolmogorov-Smirnov test. Questions were grouped according to the components, and matrices with the answers "I agree", "I disagree" and "Neutral" were created.

Ethical precepts of research involving human beings were respected and the project was submitted to the Ethics Research Committee for evaluation, obtaining the approval through the Certificate of Presentation for Ethical Appreciation (CAAE) number 24330213.8.0000.5346 and Opinion nº 558.262.

RESULTS

A total of 46 nursing workers from the hemato-oncology unit of a university hospital in Rio Grande do Sul participated in the study, being mostly females (n = 44, 95.7%) and with a median age of 36 years. Among them, 23 (50%) were nurses, 18 (39.1%) were nursing technicians and five (10.9%) were nursing assistants. With respect to the time elapsed after completion of undergraduate professional training and time working in the unit, they presented a median of 21 years and of 7.2 years, respectively. Most workers had been working in the sector for less than five years (n = 27, 58.7%). There was a predominance of workers with specialization (n = 30, 65.2%) and working at the night shift (n= 14; 30%). The mean weekly workload was 31.7 hours (SD = 10.86).

Figure 2 shows the distribution of responses in the Autonomy component.

Autonomy	I agree n (%)	Neutral n (%)	I disagree n (%)
7. I feel that I am supervised more directly ('closely') than necessary.	6 (13%)	7 (15.2%)	33 (71.7%)
13. I feel I have enough participation in planning the care for each one of my patients.	37 (80.4%)	4 (8.7%)	5 (10.9)
17. I have many responsibilities and little authority.	17 (37%)	8 (17.4%)	21 (45.7%)
20. In my service, my manager(s) make all decisions. I have little direct control over my own work.	16 (34.8%)	5 (10.9%)	25 (54.3%)
26. A great deal of independence is permitted, if not required by me.	19 (41.3%)	18 (39.1%)	9 (19.6%)
30. Sometimes I feel frustrated because all my activities seem to be pre-programmed for me.	16 (34.8%)	3 (6.5%)	27 (58.7%)
31. In my work, sometimes, I have to do things that go against my best professional judgment.	15 (32.6%)	6 (13%)	25 (54.3%)
43. In my work, I have the freedom to make important decisions, which I consider appropriate, and I count on my supervisor(s) to support me.	27 (58.7%)	7 (15.2%)	12 (26.1%)

Figure 2. Distribution of the frequencies of the Autonomy component according to the PSI. Santa Maria (RS), Brazil, 2015.

Figure 2 shows that nursing workers report autonomy in their activities, as shown in statements 13 and 7, with 80.4% of agreement and 71.7% of disagreement, respectively.

Figure 3 shows the distribution of the responses in the professional interaction component.

Interaction with the medical team	I agree n (%)	Neutral n (%)	I disagree n (%)
6. In my unit, physicians generally cooperate with the nursing team	35 (76.1%)	2 (4.3%)	9 (19.6%)
19. In my unit, there is a lot of teamwork between nurse and doctors	26 (56.5%)	2 (4.3%)	18 (39.1%)
35. I would like the doctors here to show more respect for the skills and knowledge of the nursing team	30 (65.2%)	8 (17.4%)	8 (17.4%)
37. Doctors in this hospital usually understand and appreciate what the nursing team does.	15 (32.6%)	9 (19.6%)	22 (47.8%)
39. Doctors in this hospital underestimate the nursing team.	17 (37%)	9 (19.6%)	20 (43.5%)
Interaction with the nursing team	I agree n (%)	Neutral n (%)	I disagree n (%)
3. In my service, the nursing team is available and the members help each other "when things are hectic".	43 (93.5%)	0 (0%)	3 (6.5%)
10. In my unit, it is unusual new nurses to feel 'at ease'.	12 (26.1%)	3 (6.5%)	31 (67.4%)
16. In my service, there is a lot of teamwork and cooperation between the various levels of the nursing team.	37 (80.4%)	1 (2.2%)	8 (17.4%)
23. In my service, the nursing team is not as friendly and extroverted as I would like.	11(23.9%)	1 (2.2%)	34 (73.9%)
28. In my unit, there is a lot of 'distinction of positions': the nurse(s) rarely 'mingle' with those of lesser experience or different types of educational background.	4 (8.7%)	4 (8.7%)	38 (82.6%)

Figure 3. Distribution of responses in the interaction component according to the PSI. Santa Maria (RS), Brazil, 2015.

In the interaction with the medical team, we observe in Figure 3 that nursing workers perceive cooperation, but they would like to see more recognition of their attributions, skills and knowledge. The items number six with 76.1% of agreement and 35 with 65.2% of agreement stood out.

Regarding the interaction with the nursing team, we observe that such interaction was positive, as it was observed in the sentence of number three with 93.5% of agreement and 28 with 82.6% of disagreement.

Figure 4 shows the distribution of responses in the components remuneration and professional status.

Remuneration	I agree n (%)	Neutral n (%)	I disagree n (%)
1. My current salary is satisfactory.	37 (80.4%)	0 (0%)	9 (19.6%)
8. I have the impression that a large part of the nursing staff at this hospital is dissatisfied with its salary.	21 (45.7%)	5 (10.9%)	20 (43.5%)
14. Considering what is expected of the nursing staff, in this hospital the salary we receive is reasonable.	31 (67.4%)	3 (6.5%)	12 (26.1%)
21. In this hospital, the current rate of salary readjustment of the nursing staff is not satisfactory.	31 (67.4%)	3 (6.5%)	12 (26.1%)
32. From what I hear about the nursing staff in other hospitals, in this hospital our pay is fair.	35 (76.1%)	5(10.9%)	6 (13%)
44. In this hospital, a salary readjustment is necessary for the nursing staff.	34 (73.9%)	5 (10.9%)	7 (15.2%)
Professional status	I agree n (%)	Neutral n (%)	I disagree n (%)
9. Most people recognize the importance of nursing care to hospitalized patients.	34 (73.9%)	1 (2.2%)	11 (23.9%)
11. In my mind, I have no doubt: what I do in my work is really important.	32 (69.6%)	5 (10.9%)	9 (19.6%)
27. What I do in my work really does not add anything significant.	2 (4.3%)	2 (4.3%)	42 (91.3%)
34. I feel proud when I talk to other people about what I do in my job.	39 (84.8%)	3 (6.5%)	4 (8.7%)
38. If I had to decide everything over again, I would still go into nursing.	37 (80.4%)	3 (6.5%)	6 (13%)
41. My work in particular does not really require much skill or specific knowledge.	2 (4.3%)	2 (4.3%)	42(91.3%)

Figure 4. Distribution of responses in the remuneration and professional *status* components. Santa Maria (RS), Brazil, 2015.

Regarding the remuneration component, we observed in Figure 4 that workers expressed satisfaction with their current salary, as mentioned in the affirmative number one with 80.4% of agreement. However, 73.9% of the workers agree, according to question 44, that a salary readjustment is necessary.

It was also observed in relation to the professional status that workers perceive their work activity as important and that they need specific skills and/or knowledge to develop it, as mentioned in statements 27 and 41.

Figure 5 shows the distribution of the responses of the components work requirements and organizational norms.

Work Requirements	I agree n (%)	Neutral n (%)	I disagree n (%)
4. In this hospital, the nursing staff has too much administrative and bureaucratic work.	28 (60.9%)	6 (13%)	12 (26.1%)
15. I think I could work better if I did not have so much to do all the time.	22 (47.8%)	3 (6.5%)	21(45.7%)
22. I am satisfied with the types of activities I do in my work.	40 (87%)	2 (4.3%)	4 (8.7%)
24. I have enough time and opportunities to discuss issues related to patient care with other members of the nursing team.	31 (67.4%)	2 (4.3%)	13 (28.3%)
29. I have enough time for direct patient care.	34 (73.9%)	2 (4.3%)	9 (19.6%)
36. I could provide much better assistance if I had more time with each patient.	22 (47.8%)	7 (15.2%)	17 (37%)
Organizational Norms	I agree n (%)	Neutral n (%)	I disagree n (%)
5. In my hospital, the nursing staff has sufficient control over scheduling their own work shift.	34 (73.9%)	4 (8.7%)	8 (17.4%)
12. There is a large gap between the management of this hospital and the daily problems of the nursing work.	29 (63%)	4 (8.7%)	13 (28.3%)
18. In this hospital there are not enough opportunities to promote the nursing staff.	28 (60.9%)	6 (13%)	12 (26.1%)
25. There are great opportunities for the nursing	12 (26.1%)	7 (15.2%)	27 (58.7%)

team to participate in the administrative decision-making process.			
33. In this hospital, administrative decisions interfere too much with patient care.	23 (50%)	12 (26.1%)	11 (23.9%)
40. I have all the power I want to plan the standards and procedures of this hospital and my unit.	4 (8.7%)	9 (19.6%)	20 (43.5%)
42. The nursing head usually consults the staff on the daily problems and procedures.	18 (39.1%)	8 (17.4%)	20 (43.5%)

Figure 5. Distribution of responses of the Work Requirements and Organizational Standards components. Santa Maria (RS), Brazil, 2015.

The Figure 5 shows that most of the workers are satisfied with their respective responsibilities at work and feel that their time is sufficient to provide necessary assistance to patients. This can be observed in the affirmative 22 and 29 with 87% and 73.9% of agreement, respectively.

With regard to organizational norms, most nurses believe that the nursing team has control over the scheduling of their work shift. There was an agreement of 73.9% in the item number five. However, nurses consider that there is a gap between management and the problems faced in the nursing team, just as there are not many opportunities for the team to participate in decision making in the hemato-oncology unit, evidenced in the affirmative 12 with 63% of agreement.

DISCUSSION

We observed that workers of the hemato-oncology unit perceive autonomy as one of the components responsible for the professional satisfaction of the nursing team. In fact, in Hematology and Hemotherapy services of a public hospital in São Paulo, it was verified that nurses and nursing technicians were satisfied with the Autonomy component, inferring appropriation and independence of their actions arising from their knowledge.¹¹

It should be emphasized that autonomy presupposes that workers are endowed with moral and intellectual independence to enjoy their capacities to govern and to make decisions freely in their work environment.¹² This component represented a factor generating of professional satisfaction due to the possible association with motivation and productivity at work, since the control over the work process and the use of knowledge of their professional competences seem to stimulate dedication, commitment and responsibility in the work environment, as well as favor the provision of care with a better quality.¹¹

Moreover, nursing workers indicated the Professional interaction component as fundamental to perform qualified work activities within the care teams. Interaction

with communication among workers is recognized as essential for the development of a good teamwork.¹³⁻⁴ However, we observed in this study a certain duality between the questions of interaction of nursing workers with the medical team, similar to that found in the Midwest region of Brazil. Nurses from a specialized state hospital in this region perceive cooperation with the medical team (70.3%), but they showed that they would like physicians to express greater respect for their skills and knowledge (74.5%).⁴

Remuneration proved to be a factor positively evaluated by the workers, once they considered their salary satisfactory and fair. In contrast, in a teaching hospital in the northwest of Paraná, nurses were dissatisfied with their remuneration.⁶ It is worth noting that workers who are satisfied with their remuneration can perform their daily work activities more satisfactorily,¹⁵ consequently resulting in a better quality of care and quality of life for the workers.

As for professional *status*, nursing workers showed to feel important, since their profession requires skills and knowledge specific to their performance. In a hospital in the Brazilian Midwest, most nursing workers perceived the need for specific skills and knowledge in their area, as well as the need for recognition by people considered important in their work.⁴

In this sense, it should be pointed out that, in the national and international epidemiological scenario, oncological pathologies have had a great repercussion. As a consequence, there has been a demand for permanent update among health workers, to guide them technically and psychologically for the development of skills in the provision of humanized care to patients.¹⁶ Thus, skills, knowledge and social recognition, besides promoting qualified care, are be able to provide greater satisfaction among workers.¹⁷

Regarding the requirements of the work, in agreement with the findings of this study, a study carried out in the central west region of Brazil observed that 61.8% of nursing workers disagree that they have enough time to

discuss care situations with the other members of the team.⁴ It is important to point out that moments of discussion among staff members about issues that emerge from work can contribute to the interpersonal relationship and promote patient safety and quality of care.⁴

Finally, with regard to organizational norms, it should be pointed out that although the nursing team has control over their activities, there are limitations observed among workers and managers that may interfere in the work and especially in the well-being of the team, and may thus adversely affect the satisfaction of professionals.¹⁸

CONCLUSION

We observed that the components related to job satisfaction should be evaluated, including organizational and subjective aspects, so that they may always be discussed and reworked, if necessary, for the development of healthier and more satisfactory work environments.

As limitations, there was an incomplete filling of the instruments and delay in their return. It is noteworthy that the study was conducted at a hospital school where professionals are often already tired of having to respond surveys.

We believe that with this study, other professionals will also develop research within this theme because it is through new productions that we will be able to explain more about this theme. Thus, we can contribute by giving greater visibility to this theme, which can explain other realities in basic care or in other hospitals, as well as help in the creation of means to promote greater satisfaction among nursing professionals.

It is important to carry out further studies on this theme, with identification of strategies to maintain the environment favorable to professional satisfaction and quality.

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