Pediatric work environment: satisfaction...



ORIGINAL ARTICLE

PEDIATRIC WORK ENVIRONMENT: SATISFACTION OF NURSING **PROFESSIONALS**

AMBIENTE DE TRABALHO PEDIÁTRICO: SATISFAÇÃO DOS PROFISSIONAIS DE ENFERMAGEM AMBIENTE DE TRABAJO PEDIÁTRICO: SATISFACCIÓN DE LOS PROFESIONALES DE ENFERMERÍA

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ABSTRACT

Objective: to know the satisfaction of the nursing professional in relation to the pediatric work environment. Method: a quantitative, descriptive, cross-sectional study with 20 nursing professionals using the Brazilian version of the Nursing Work Index Revised (NWI-R) instrument. The descriptive analysis of the data was done through tables. Results: it was verified that 60% of the professionals affirm to be satisfied in the work. It was verified that the majority of the subscales analyzed obtained averages below 2.5, indicating that the work environment is partially favorable to the professional practice in these questions. Conclusion: fragile points were identified such as the low sense of autonomy and organizational support, the compromise of the interpersonal relationship between the members of the multiprofessional team and the reduced control over the practice environment, hampering the satisfaction in the work of the Nursing professionals, the safety and quality of care. Descriptors: Work environment; Nursing; Job Satisfaction; Quality of Health Care; Work conditions; Pediatrics.

RESUMO

Objetivo: conhecer a satisfação do profissional de Enfermagem em relação ao ambiente de trabalho pediátrico. Método: trata-se de estudo quantitativo, descritivo, transversal, realizado com 20 profissionais de enfermagem, utilizando a versão brasileira do instrumento Nursing Work Index Revised (NWI-R). Realizou-se a análise descritiva dos dados por meio de tabelas. Resultados: constatou-se que 60% dos profissionais afirmam estar satisfeitos no trabalho. Verificou-se que a maioria das subescalas analisadas obteve médias abaixo de 2,5, indicando que o ambiente de trabalho é parcialmente favorável à prática profissional nesses quesitos. Conclusão: identificaram-se pontos frágeis como o baixo sentimento de autonomia e de apoio organizacional, o comprometimento da relação interpessoal entre os integrantes da equipe multiprofissional e o reduzido controle sobre o ambiente de prática, prejudicando a satisfação no trabalho dos profissionais de Enfermagem, a segurança e a qualidade do cuidado. Descritores: Ambiente de Trabalho; Enfermagem; Satisfação no Emprego; Qualidade da Assistência à Saúde; Condições de Trabalho; Pediatria.

RESUMEN

Objetivo: conocer la satisfacción del profesional de Enfermería en relación al ambiente de trabajo pediátrico. Método: se trata de un estudio cuantitativo, descriptivo, transversal, realizado con 20 profesionales de enfermería, utilizando la versión brasileña del instrumento Nursing Work Index Revised (NWI-R). Se realizó el análisis descriptivo de los datos por medio de tablas. Resultados: se constató que el 60% de los profesionales afirman estar satisfechos en el trabajo. Se verificó que la mayoría de las subescalas analizadas obtuvo promedios por debajo de 2,5, indicando que el ambiente de trabajo es parcialmente favorable a la práctica profesional en esos aspectos. Conclusión: se identificaron puntos frágiles como el bajo sentimiento de autonomía y de apoyo organizacional, el compromiso de la relación interpersonal entre los integrantes del equipo multiprofesional y el reducido control sobre el ambiente de práctica, perjudicando la satisfacción en el trabajo de los profesionales de Enfermería, seguridad y la calidad del cuidado. Descriptores: Ambiente de Trabajo; Enfermería; Satisfacción em el Trabajo; Calidad de la Atención de Salud; Condiciones de Trabajo; Pediatría.

Pediatric work environment: satisfaction...

INTRODUCTION

Job satisfaction can be defined as the positive vision of the workplace directly linked to the quality of care provided.¹ It is a factor that increases motivation and productivity, getting more dedication from professionals at work.²

Work satisfaction is considered as one of the most important variables of organizational behavior, as well as an indicator of the quality evaluation of nursing management. It was identified, in a study, that the psychological, emotional and social state of well-being are factors that interfere in the feeling of motivation and satisfaction in the accomplishment of the assistance activities, revealing the need to expand studies on job satisfaction under the worker point of view.³

It was shown in a study that evaluated the satisfaction of nurses managers and clinicians in the work, that the components that gained lower level of satisfaction among the nurses managers were the organizational norms and the remuneration; among clinical nurses, were the work requirements and organizational norms.²

The factors that most influence the quality of life in Nursing work are the physical and psychological shocks that this category suffers, the deficient physical structure and materials lack of and the remunerations, revealing the dissatisfaction with the commitment of the institution to the quality of life.⁴ Due worker's to job dissatisfaction among nurses, costly labor disputes, high staff turnover, and increased risk for patients are caused.5

They also result from job dissatisfaction, serious consequences that directly compromise patient and professional safety in work development of such the absenteeism, impairment in the quality of nursing activities, a greater number accidents at work, lack of interest professional development, apathy, others.6

In one study, it is said that job satisfaction favors the Nursing staff's attitudes towards patient safety, pointing to results such as the reduction of pressure injury and phlebitis indexes, as well as the reduction of the length of stay in the hospital internment.⁷

In a research, investments converged to increase the satisfaction of the Nursing professionals in their work environment, proving that the offer by the institution of a continuous and professional formation, the improvements in the environment,

organization and working conditions make possible the prevention of physical and mental deterioration of the nursing staff. To that end, it is fundamental to continuously evaluate the level of satisfaction of this worker in the work environment for the development of proposals aimed at optimizing the quality of worker satisfaction, as well as the assistance provided by him.⁸

In this context, attention is drawn to the safety of care provided to children, based on scientific studies that indicate high rates of occurrence of incidents during care delivery to this population, causing harm to all involved. According to the National Patient Safety Agency report, from 2007 to 2008, 910,089 incidents involving children and young people were reported, of which 5% occurred during child care.⁹

It is necessary, therefore, to carry out studies that measure the satisfaction of nursing professionals regarding the quality and safety of the pediatric work environment to identify environmental factors that interfere with safe care and to generate the advance of child care and his family, in addition to raising reflections on the safety of the child patient.

OBJECTIVE

• To know the satisfaction of the nursing professional in relation to the pediatric work environment.

METHOD

This is a quantitative, descriptive, crosssectional study carried out in the pediatric clinic of a teaching hospital in Goiânia, Goiás.

In the pediatrics unit, children from 0 to 18 years of age are housed in 23 beds, according to the clinical specialties, distributed in six wards, one of which is destined for resuscitation and stabilization and another for the isolation. The nursing team was composed of 32 professionals, of whom 11 (34.4%) were nurses, 16 (50%) were Nursing technicians and five (15.6%) Nursing auxiliaries.

The study population was constituted by all the Nursing professionals of the Pediatrics unit who were in action during the collection period and who agreed to participate in the study, by signing the Informed Consent Term. Those who, after three attempts, were not willing to answer the questionnaire and those who were on vacation or leave.

The data was collected in February and March 2016, by the researcher herself, through the simultaneous application of two self-applied instruments.

Personal variables such as age, marital status, sex, number of children, professional function performed category, the year of completion of institution, the graduation course technical and complementary vocational training were presented in the first one. The professional variables, such as the type of bond in the institution, the work shift, the working time in the pediatric clinic, the working time in the institution investigated, other employment links and the total weekly workload of the institution were also analyzed.

Also included in this report were questions aimed at obtaining the perception of the interviewees regarding the adequacy of the nursing professionals' dimensioning, the material and technological resources, the satisfaction with the work performed and the evaluation of the quality of the care provided to the patients in the unit.

The Nursing Work Index Revised (NWI-R) was selected as the second instrument, validated for Brazilian culture in a sample of nurses, and subsequently submitted to content validity to be applied between nursing assistants and technicians. The purpose of this study was to evaluate the characteristics of the nursing professional practice environment.

The Brazilian version of the NWI-R is composed of 15 items conceptually distributed in four subscales: "autonomy" (five items); "Relationship between the doctor and the nursing team" (three items); "Control over the environment" (seven items) and "organizational support" (ten items), in which the latter is derived from the first three subscales.

It is observed that the scale of measurement is of the type Likert, composed by four points, being: "totally agree (1)"; "Partially agree (2)"; "Partially disagree (3)" and "totally disagree (4)", thus, the result can vary from one to four points. The score is calculated, therefore, by means of the result of the average of the score attributed to the items of each scale. The resulting result is inversely proportional to the extent that, the lower the subscale score, the higher the nursing professional's perception of the attribute in the respective environment.

The information was typed in a double-conference database and analyzed statistically using SPSS 24.0 software. Descriptive analysis of the results, presented in the form of tables, with absolute and relative frequencies, mean, standard deviation (SD), median, minimum and maximum were performed. Averages of less than 2.5 were

Pediatric work environment: satisfaction...

considered for the NWI-R domains, indicative of environments favorable to professional practice.

This is a subproject linked to a larger project, entitled "Analysis of occurrences of adverse events in a sentinel hospital in the Midwest region", approved by the Ethics Committee on Human and Animal Medical Research of the institution (Protocol No. 064 2008).

The study was carried out in accordance with the recommendations proposed by the National Health Council, in Resolution 466 / 2012.10 which regulates research involving human beings.

RESULTS

Twenty (62.5%) nursing professionals were studied, being 65% nurses and 35% Nursing technicians. It is noteworthy that many Nursing technicians have a Nursing course. The profile of the professionals in table 1 is described.

Pediatric work environment: satisfaction...

Costa NN, Silva AEBC, Lima JC de et al.

Table 1. Profile of the nursing professionals who work in the

pediatric clinic unit. Goiânia (GO), Brazil, 2016.							
Professional Categorization Variables	n	%					
Sex							
Female	19	95					
Male	1	5					
Age							
30 - 40 years	3	15					
41 - 50 years	9	45					
>50 years	6	30					
No information	2	10					
Professional category							
Nurse	13	65					
Nursing Technician	7	35					
Function performed in the unit							
Nurse	6	30					
Nursing Technician	14	70					
Complementary training							
Specialization	8	40					
Master	1	5					
Others	1	5					
Type of employment relationship							
Statutory	16	80					
CLT	1	5					
Other	1	5					
Without information	2	10					
Work shift							
Night	11	55					
Day	9	45					
Working time at the pediatric clinic							
< one year	2	10					
On to 10 years	4	20					
11 years - 20 years	10	50					
> 21 years	3	15					
Without information	1	5					
Time working at the institution							
< one year	1	5					
On to 10 years	1	5					
11 years - 20 years	12	60					
> 21 years	6	30					
Other employment relationship							
Yes	12	60					
No	7	35					
Without information	1	5					
Weekly workload including other							
employment							
30-40 hours	8	40					
50-60 hours	7	35					
> 70 hours	4	20					
Without information	1	5					

The predominance of female professionals (95%) and over 40 years (45%), with a mean age of 45.9 years (dp \pm 6.7, min = 31 and max = 55 years).

The mean working time in the pediatric clinic was 13.22 years (SD \pm 7.14, min = 0.6 and max = 22 years), while the mean working time in the hospital was 15, 94 years (SD = 5.77, min = 0.6 and max = 23 years).

The average workload of 49.42 hours (dp \pm 16.85, min = 30 and max.) Was obtained by investigating the workload developed by the research professionals, including all their employment links. = 70 hours).

In terms of the material and technological resources available for the assistance, 75% of the respondents stated that there was an inadequacy in number and quantity, while 15%

stated that resources were adequate and 10% did not give an opinion.

Regarding the satisfaction of the professionals in the work developed in the pediatric clinic, it is considered that 60% said they were satisfied, 20% considered themselves dissatisfied; 10%, very satisfied and 10% did not report their satisfaction index.

As regards the quality of care provided to hospitalized children, 65% of professionals rated it as good; 20%, very good; 5%, bad and 10% did not present their opinion.

It is observed that, for most nursing professionals, the inadequacy of technological resources does not negatively influence the satisfaction they have with the work developed in the unit, nor the perception of the quality of care provided to children.

Pediatric work environment: satisfaction...

The data concerning the perception of the professionals about the characteristics of the environment of the professional practice of Nursing, obtained through the Nursing Work Index Revised, are organized according to the

subgroups autonomy, professional relation between nursing team and physicians and control over the environment of practice, as presented in table 2.

Table 2. Characteristics of the work environment of the nursing professionals who work in the pediatric clinic according to the autonomy subscales, the professional relationship between the nursing team and the doctors and the control over the environment of the practice. Goiânia (GO), Brazil, 2016

environment of the practice. Goiânia (GO), Brazil, 2016									
Characteristics of the nursing	T	Ά	P	A	F	D	٦	ΓD	M
professional practice environment	n	%	n	%	n	%	n	%	
Autonomy									
A team of supervisors who supports	3	15	10	50	6	30	1	5	2.25
the Nursing team.									
Nursing has control over its	2	10	12	60	5	25	1	5	2.25
practice.									
Freedom to make important	2	10	10	50	7	35	1	5	2.35
decisions in patient care and at									
work.									
I am not placed in a position where	11	55	4	20	2	10	3	15	1.85
I perform assignments that are									
against my principles.									
The Nursing manager supports his	1	5	11	55	6	30	2	10	2.45
team in their decisions, even if									
they conflict with those of the									
doctor.									
Professional relationship between the		_				20	_	40	2 40
Physicians and Nursing staff have	2	10	10	50	6	30	2	10	2.40
good working relationships.	4	_	7	25	0	40	4	20	2.75
Nursing and doctors work hard as a	1	5	7	35	8	40	4	20	2.75
team. Collaboration (joint practice)	1	5	10	50	7	35	2	10	2.50
9 '	')	10	30	,	33	2	10	2.50
between the Nursing team and the physicians.									
control on the environment of practi	CO								
Adequate support services that	2	10	11	55	6	30	1	5	2.3
allow me to dedicate time to	_	10		33	U	30	'	,	2.5
patients.									
Sufficient time and opportunity to	9	45	6	30	5	25			
discuss, with other members of the	,	13	Ŭ	30	,	23			2.80
nursing team, problems related to									2.00
patient care.									
Nursing staff in sufficient numbers	2	10	11	55	3	15	4	20	2.45
to provide patients with quality	_		• •				•		
care.									
The Nursing manager is a good	11	55	9	45	-	-	-	-	1.45
administrator and leader.									
Enough team to do the job.	3	15	10	50	5	25	2	10	2.30
Opportunity to work in a highly	1	5	10	50	6	30	3	15	2.55
specialized unit.									
The designation of patients	-	-	5	25	6	30	9	45	3.20
promotes continuity of care (ie:									
the same member of the nursing									
team cares for the same patients									
on consecutive days).									

TA: I totally agree; PA: I partially agree; PD: partially disagree; TD: I totally disagree; M: median.

In the autonomous subscale, 40% of clinic professionals disagree that they have the freedom to make important decisions in patient and work care, and that the Nursing manager supports them in their decisions, even if they conflict with those of the doctor.

In the subscale of relationship between the Nursing team and the medical team, 40% of the professionals disagree that these two teams have good working relations, 45% disagree that there is collaboration between them and 60% disagree that both work in team.

In the subscale of control over the environment of the practice, the percentage of professionals who believe that they do not have a full and adequate support service is accentuated (35%); in the same percentage of 35%, the professionals disagree that there is a sufficient number of professionals in the pediatric clinic to meet the demand of hospitalized children, while 35% also believe that the size of the Nursing team is insufficient to provide a quality care. It is noted that 65% of the participants also disagree, totally or partially, that the

Pediatric work environment: satisfaction...

dimensioning is carried out in the pediatric unit in order to allow the continuity of care.

It should be noted that the majority of professionals (75%) disagree that the designation of patients promotes the continuity of care.

Table 3 shows the characteristics of the control over organizational support related to situations in which the organization provides support for nurses to develop their professional practice.

Table 3. Characteristics of the work environment of the Nursing practice in the pediatric clinic unit according to the Organizational Support subscale. Goiânia (GO), Brazil, 2016.

clinic unit according to the Or					_				
Features of Organizational	<u>TA</u>		PA		PD		TD		M
Support Control	n	- %	n	%	n	%	n	%	
Adequate support services that allow me to dedicate time to patients.	2	10	11	55	6	30	1	5	2.3
Physicians and Nursing staff have good working relationships.	2	10	10	50	6	30	2	10	2.40
Nursing has control over its practice.	2	10	12	60	5	25	1	5	2.25
Sufficient time and opportunity to discuss, with other members of the nursing team, problems related to patient care.	9	45	6	30	5	25	-	-	2.80
Nursing team in sufficient numbers to provide patients with quality care.	2	10	11	55	3	15	4	20	2.45
The Nursing manager is a good administrator and leader.	11	55	9	45	-	-	-	-	1.45
Freedom to make important decisions in patient care and at work.	2	10	10	50	7	35	1	5	2.35
I am not placed in a position where I perform assignments that are against my principles.	11	55	4	20	2	10	3	15	1.85
Nursing and doctors work hard as a team.	1	5	7	35	8	40	4	20	2.75
The designation of patients promotes continuity of care (ie: the same member of the nursing team cares for the same patients on consecutive days).	-	-	5	25	6	30	9	45	3.20

TA: I totally agree; PA: I partially agree; PD: partially disagree; TD: I totally disagree; M: median.

It is pointed out from the results described above that 40% of Nursing professionals do not have, totally or in part, a good relationship with the medical team, 40% also believe, with totality or partiality, that they are not free to make important decisions and 65% agree, in

part or in full, that there is adequate staffing that allows continued patient care.

The distribution of Nursing Work Index Revised subscales is presented by means of the mean, standard deviation, median, minimum and maximum variation in table 4.

Table 4. Characteristics of the nursing care practice environment according to the Nursing Work Index Revised subscales by average, standard deviation, median and variance. Goiânia (GO), Brazil, 2016.

Characteristics of the care practice environment according to the subscales of the Nursing Work Index Revised	Average	Standard deviation	Median	Variation Min-Max
Autonomy	2.23	0.52	2.3	1.4 - 3.0
Control over the practice	2.43	0.47	2.50	1.43 -
environment				3.29
Relationship between	2.55	0.64	2.66	1.0 -
nurses and physicians				3.67
Organizational Support	2.38	0.42	2.4	1.5 - 3.0

Pediatric work environment: satisfaction...

It can be seen that most of the subscales analyzed obtained averages below 2.5, indicating that the work environment is partially favorable to professional practice in these questions.

DISCUSSION

It was possible, with this study, to identify that most of the evaluated variables presented positive results for the environment of the practice of Nursing professionals, which contributes to the quality and safety of the care offered to the pediatric population. It should be emphasized that only the subscale "relationship between nurses and doctors" did not obtain a satisfactory average.

It is understood that the participants of this study perceive their working environment with autonomy to perform their functions, in addition to being able to rely on organizational support and have control over their practice. These characteristics are frequently related to the satisfaction of professionals with their work, their profession and a low expectation of changing jobs.

It is observed that the largest nursing workforce identified in this study consists of female workers, as well as a similar study that, besides pointing out the female gender as the predominant nursing workforce, justified by the socio-historical trajectory of the category.¹⁴

It is noteworthy that almost half of the participating professionals had a specialization degree, which can be seen as an indication of commitment to the quality of professional performance, favoring the quality of care.¹⁴

In a study, the sociodemographic profile of female, married and child nurses was identified as a factor that made it difficult for the professionals to rest after being on duty. In the same study, we chose an age group of professionals (> 41 years) similar to the one in this study, which led us to infer that they are workers with a relative life experience and, therefore, greater maturity, which can be a favorable point in that it allows the decisionmaking both in the personal scope, as in the work, with more tranquility. 15 This hypothesis is also inferred in this study because, in addition to both presenting the average age of workers over 41 years of age, they are still associated with an average of over ten years of work time in the pediatric clinic.

It was recorded that the average weekly workload was 49.42 hours. It is known that excessive workload has an important relation

with the occurrence of adverse events and human errors during health care. 16

It was considered that the majority of professionals have satisfaction in the work developed in the pediatric clinic (70%). There were. however, points of dissatisfaction related to the lack of collaboration among the team, the lack of recognition in the work and the scarcity of material resources. The professionals' dissatisfactions are related both to personal aspects and to institutional aspects, and to know the factors that lead to the dissatisfaction of the Nursing professional is of paramount importance, as it reveals, thus, the general view of their needs, which makes possible the promotion of actions in a collective way, making it possible to maximize satisfaction and, consequently, to improve patient care. 17

It was emphasized that in the pediatric clinic there is a lack of support to the Nursing team. It was revealed in a survey that Nursing professionals disagree that the culture in their workplace allows them to learn from others' mistakes, disagree that their suggestions could be put into practice, and professionals say they do not receive feedback about their performance in the course of their activities. The lack of support by the institution and its Nursing leaders as a risk factor for the compromise of workers' performance and patient safety is considered.

It is noticed the lack of support to the team not only in the relationship between the members of the Nursing team and their leaders, but also between Nursing and the multiprofessional team. The importance of an interpersonal relationship and development of practices articulated by the multiprofessional team are highlighted for effective assistance. It should be emphasized in this study, the professionals demonstrated to have weak ties with the medical team. which compromises communication and increases the chances of errors. The follow-up of the information is hampered due to the troubled relationship between the teams due to the low interaction between these professionals, or to the precariousness of the system of registration of the care provided to the patient.¹⁸

It should be emphasized that the greater the autonomy, the control over the environment and the better relations between the medical and nursing staff, the better the nurses' assessment of the quality of care provided.¹²

It is also emphasized the overload of Nursing professionals as a finding of this research, because it becomes evident that the

Pediatric work environment: satisfaction...

Nursing team considers that there is not enough time for the exchange of experiences with the multiprofessional team, just as there are no Nursing professionals in sufficient quantity to carry out quality care. It is stated in a study that 78% of the incidents and adverse events identified were related to Nursing, and these events were associated with work overload, which resulted in an increase in hospitalization time and in the risk of death of the patient.¹⁹

It is a break in continuity of care as a relevant fact, because, like the other frailties found, it is an aggravating factor that can subject hospitalized children to events that compromise their health. Nursing care should be based on the integral care of the patient; however, the manner in which nursing teams are organized, centralized in procedures and the fragmentation of tasks, coupled with the scarcity of human resources, work overload, dissatisfaction and demotivation, jeopardize the continued care of hospitalized children.²⁰

It is clear that the division of care aims at the productivity of the service, assigning specific functions to the employees, such as a nursing professional in charge of the bath, other medication, other dressings, basing Nursing care in a Taylorist logistics. As a result of this fragmentation, the abilities to take care of hospitalized children are lost, leading to risks of error during medication, among others.²⁰

Comparing the means of the subscales of this study to those of another national study, we can see that nurses in the pediatric clinic have a more negative perception of the work environment regarding autonomy, control over the environment, relationships with physicians and to organizational support than the nursing professionals of a private pediatric hospital.⁷

CONCLUSION

The purpose of this study was to identify the environmental factors that compromise the satisfaction of the nursing worker who works in pediatric clinic, such as the fragility of teamwork and multiprofessional relationships, mainly between the medical team and Nursing, the lack of support, lack of time for the discussion of Nursing care within the team, inadequate team design and the low sense of autonomy and organizational support.

It is assessed that such factors can lead to the compromised safety of the hospitalized child and, therefore, must be identified so that managers act in the initiative to avoid demotivation, lack of attention and failures in care, to reinforce the culture of quality and patient safety in the work environment of the Nursing professional, investing in the strengthening of the autonomy of the sector, in the interpersonal relations of the multiprofessional team, in the control over the practice environment and in the consolidation of the organizational support.

Satisfaction points were identified as the fact that the Nursing manager was considered a good manager and leader and the professionals were not put in the position to carry out assignments that are against the principles of the team.

It is hoped that the results of this research can subsidize and promote the planning and adoption of strategies for a quality and safe nursing care to hospitalized children, thus contributing to a more humanized care.

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