

ORIGINAL ARTICLE

SATISFACTION AND DISSATISFACTION FACTORS IN THE WORK OF NURSES
FATORES DE SATISFAÇÕES E INSATISFAÇÕES NO TRABALHO DE ENFERMEIROS
FACTORES DE SATISFACCIÓN E INSATISFACCIÓN EN EL TRABAJO DE ENFERMEROS

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ABSTRACT

Objective: to identify the factors that motivates nurses' job satisfaction and dissatisfaction. **Method:** this is a qualitative, descriptive study, with 15 nurses from an emergency room at a university hospital. Data was collected through individual audio-recorded interviews and the Content Analysis Technique was used in the Thematic Analysis modality. **Results:** two categories emerged after analysis: << Factors that motivate job dissatisfaction >> and << Factors that motivate job satisfaction >>. Dissatisfaction was related to the insufficient number of human and material resources and the lack of appreciation of the nurse's society; satisfaction was associated with training opportunities and service meetings. **Conclusion:** strategies need to be programmed to maximize the experiences of satisfaction and minimize dissatisfaction, which will result in a better quality of care for patients, family members and the promotion of workers' health. **Descriptors:** Nurses; Job Satisfaction; Worker's Health; Work; Working Conditions; Admitting Department, Hospital.

RESUMO

Objetivo: identificar os fatores que motivam a satisfação e insatisfação no trabalho de enfermeiros. **Método:** trata-se de um estudo qualitativo, descritivo, com 15 enfermeiros de um pronto-socorro de um hospital de universitário. Coletaram-se os dados por meio de entrevistas individuais audiogravadas e se utilizou a Técnica de Análise de Conteúdo na modalidade Análise Temática. **Resultados:** emergiram-se após análise duas categorias: << Fatores que motivam a insatisfação no trabalho >> e << Fatores que motivam a satisfação no trabalho >>. Relacionou-se a insatisfação ao número insuficiente de recursos humanos e materiais e à falta de valorização da sociedade do enfermeiro; já a satisfação esteve associada com a oportunidade de capacitação e as reuniões do serviço. **Conclusão:** precisam-se programar estratégias que proporcionem maximizar as vivências de satisfação e minimizar a insatisfação, o que repercutirá em uma melhor qualidade de assistência aos pacientes, familiares e na promoção da saúde do trabalhador. **Descritores:** Enfermeiros; Satisfação no Emprego; Saúde do Trabalhador; Trabalho; Condições de Trabalho; Serviço Hospitalar de Admissão de Pacientes.

RESUMEN

Objetivo: identificar los factores que motivan la satisfacción e insatisfacción laboral de los enfermeros. **Método:** este es un estudio cualitativo, descriptivo, con 15 enfermeros de una sala de emergencias en un hospital universitario. Los datos se recopilaron a través de entrevistas individuales grabadas en audio y la Técnica de Análisis de Contenido se utilizó en la modalidad de Análisis Temático. **Resultados:** surgieron dos categorías después del análisis: << Factores que motivan la insatisfacción laboral >> y << Factores que motivan la satisfacción laboral >>. La insatisfacción se relacionó con la cantidad insuficiente de recursos humanos y materiales y la falta de apreciación de la sociedad del enfermero; la satisfacción se asoció con oportunidades de capacitación y reuniones de servicio. **Conclusión:** las estrategias deben programarse para maximizar las experiencias de satisfacción y minimizar la insatisfacción, lo que dará como resultado una mejor calidad de atención para los pacientes, los familiares y la promoción de la salud de los trabajadores. **Descriptor:** Enfermeras; Satisfacción Laboral; Salud Ocupacional; Laboral; Condiciones de Trabajo; Servicio de Admisión en Hospital.

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INTRODUCTION

It is known that work has an impact on the emotional state and well-being of people's lives, especially in health professionals, as they routinely experience positive and negative feelings, which reflect on satisfaction or dissatisfaction in the work environment.¹

It is pointed out that, when working with satisfaction, the results will have repercussions to increase the quality of life of workers, generating the desire to stay in the institution and, in turn, better care for patients, however, those who work dissatisfied harm the institution and themselves, since their performance and productivity will be low, generating absenteeism, stress, an increase in the number of work accidents, making the environment unpleasant. It is understood that, when the work environment offers unfavorable conditions, professionals can adopt resistant and defensive postures, reflecting on the quality of the service offered.²

It is informed that professional satisfaction is a complex and multifactorial construct, which concerns the affective reaction that the human being has with work, resulting from the comparison between real results with those that are desired and deserved, covering three main factors in Nursing: autonomy, interpersonal relationships and patient care.³ It was revealed, in a study conducted in China, that a significant portion of nursing professionals are not satisfied with their work, which has had a negative impact on the quality of care provided to the patient.⁴

It should be noted that nurses' professional satisfaction and dissatisfaction has become a critical issue, as it has a great influence on the results of the care provided and on the quality indicators of service provision.⁵ Thus, the institution must offer nurses the conditions to provide quality of life at work, health and safety. When the institution invests in the worker and in working conditions, there will be a happier, more motivated worker and, consequently, their functions will be better performed.²

It is, therefore, of fundamental importance that health institutions schedule actions to help their workers develop their work with maximum pleasure, since it will result in increased productivity, well-being, satisfaction, team growth and better results for patients.⁶ In this sense, it was stated by authors,⁵ that it is extremely important that managers identify the factors that contribute to job satisfaction and dissatisfaction, in order to implement strategies to enable the worker to experience maximum satisfaction when developing their activities. It is believed that developing research on the factors that generate (in) satisfaction in the work environment is necessary for workers' health.

In view of the foregoing considerations, the following research question arises: "What factors do nurses perceive to contribute to job satisfaction and dissatisfaction?"

OBJECTIVE

- To identify the factors that motivate nurses' job satisfaction and dissatisfaction.

METHOD

This is a qualitative, descriptive study, with nurses from an Emergency Room (ER) of a university hospital, a public institution with 313 beds, available to the Unified Health System (UHS). This unit was chosen due to the intense work process, with high demand and patient turnover, as it is an internship field for students in the health areas.

The inclusion criteria were listed: working at the ER for at least one year and being effective in the workforce. Exclusion criteria were established: to be on vacation or leave of any kind.

Data was collected between June and September 2018, through individual, semi-structured and audio-recorded interviews, which were previously scheduled and held in a reserved room at the workplace, had an average duration of 20 minutes and were conducted by the main researcher, from the following guiding question: "Tell me what is your perception of the factors that motivate satisfaction and dissatisfaction in your work?".

It is added that 15 nurses took part in the study. The interviews ended by saturating information, that is, when the convergence of the speeches occurred, represented by the successive repetition of the content of the statements.

The analysis of the empirical material was carried out through content assessment, treated qualitatively. For this, elements with common characteristics and with a greater number of information were gathered, the pre-analysis steps were followed, the initial ideas were systematized and the indicators for the interpretation of the information collected were identified, following the principles of completeness, representativeness, homogeneity and pertinence; exploring the material, the identification of the registration units, context, treatment, inference and interpretation of the results, which were based on the concepts of satisfaction, was coded.⁷

The research project was approved by the Research Ethics Committee, with CAAE n° 79899317.9.0000.5231. The Free and Informed Consent Term (FICT) was signed by all the participants and, to preserve anonymity, after the speeches, the letter E was used, followed by the Arabic number, suggestive of the order in which the interviews were conducted (Example : E1).

RESULTS

It was demonstrated, in the characterization of the participants, that the average age corresponded to 39 years, average professional training time of 11 years and predominance of the female sex. From the empirical corpus resulting from the interviews, two thematic categories were identified: Factors that motivate job dissatisfaction and Factors that motivate job satisfaction.

◆ Factors that motivate dissatisfaction in nurses' work

It can be seen, regarding the factors that lead to job dissatisfaction, that the lack of material resources, equipment and the inadequate physical structure of the institution generated dissatisfaction.

Few scrap materials and equipment; there is a dispute to see who gets the best materials. It also has bad infrastructure to perform some care and the place to prepare medication is terrible. (E5)

We do not have a place to do the patient's proper hygiene, this causes dissatisfaction and discouragement in seeing that we cannot provide adequate and humanized care to patients due to the lack of adequate infrastructure. The place to prepare the medicines is very bad. (E15)

In the statements of the interviewees, it is noticed the overload of activities due to the high demand from patients, which, associated with the lack of human resources, has been a constant, causing dissatisfaction and, in turn, causing stress.

We are working beyond acceptable limits, as we have insufficient human resources and demand only increases. In addition to that more than 50% of the Nursing team has a contract of call, that is, we have not filled the retirement vacancies. This is the fault of the state government, which has not contracted through public tender. (E2)

The institution does not have much to do because it is the government's policy not to hire. You know, we have a lot of vacancies to fill, the workers are aging, retiring and there is no replacement. Now, everything is a call contract regime, without a competition, we already have almost 50% of the employees working on a call regime. It works on a scale: one day I can't, the next day it doesn't come, I don't want it, that is, there is no commitment and involvement of the worker with the institution. (E6)

It was also pointed out, by the interviewees, as a reason for dissatisfaction, that society did not perceive the efforts that are made by all to maintain a minimum quality of care, as well as not recognizing the work of Nursing.

We need a policy to make citizens aware of the importance of our hospital, as it is a university hospital and serves a "needy" population. It is also necessary for society to recognize Nursing for what it performs. (E1)

We are not recognized for what we do, nor for society and also for many professionals who work with us. (E9)

◆ Factors that motivate nurses' job satisfaction

Regarding the factors that contribute to job satisfaction, it was noted by the interviewees that the training provides this feeling, since the improvement brings security to perform the care.

Continued training always motivates. Training always gives us greater security to develop our functions. (E8)

What motivates me is to see that the board has encouraged everyone to participate in qualification courses even during working hours and does not create an extra burden. Training always gives more security and competence to provide care to patients. (E10)

It was also affirmed by the interviewees that they experience feelings of satisfaction when there are meetings between the work team, since it is a time when everyone can speak and be heard.

The meetings we hold monthly are moments where we can talk about our difficulties and our potential. These meetings make us safer, as there are suggestions to change this or that or to point out what we have done best. I like meetings very much. (E13)

Our interpersonal relationship improves a lot with the meetings we have among all nurses. It is a time when we managed to raise our difficulties, we received suggestions, we were praised and even criticized, but we grow and mature with these moments. This is a potential for our work. (E14)

DISCUSSION

In research,⁸ it was shown that inadequate work conditions, such as lack of materials and equipment in quantity and quality, reflect on quality of life and job satisfaction and professionals are exposed to physical and psychological stress, which can trigger illnesses of physical and mental nature and increased absenteeism.²

It was revealed, in a study carried out in Brazil, that the inadequate infrastructure is perceived by nurses as a problem to be addressed, that is, they reported that the lack of equipment is a limitation for the development of work activities.⁹

It is noteworthy that this study was developed in a university hospital in which there is a considerable volume of students from different courses in clinical practices, increasing the use of materials and equipment and, in turn, resulting in more constant breaks, even taking , higher spending. Thus, the importance of inserting, in the graduation of health professionals, the theme of materials management, covering from its planning to the process of acquisition and distribution to the hospital, becomes fundamental.¹⁰

It is understood that hospital institutions, especially public ones, need to develop studies to verify the possibility of reducing costs and, for that, hospital cost management is necessary in order to optimize resources, that is, seek financial balance without losing the quality of the assistance provided. Thus, hospitals with competent and qualified administration are needed to face the problems related to the management of their resources.¹¹

It is necessary, although Brazilian public hospitals have limited budgets, strict control of consumption and costs must be carried out so that professionals and patients have the necessary material to provide quality care and with less stress among professionals.¹² It is observed, however, that the real needs of hospital institutions must be shown to the public authorities.

It is known that it is a fact, with regard to contracting, that the institutions managed according to public rules have not held public tenders, leading managers to hire professionals through other links in an attempt to guarantee the minimum number of workers to care assistance. It is pointed out that this hiring is contrary to the current laws, as well as does not contribute to the necessary bonds between these workers with the active team, there is a lack of commitment to the institution and, in turn, with the quality of patient care.¹³

Participants were assured with respect to the structure that they are inadequate to provide some care, and this is also seen in public hospital institutions in Kenya where decisions are made by the central government in all aspects, and nurses feel they are not participating adequately in decisions and policy formulation, feeling dissatisfied with their work.¹³ It is inferred, however, that when professionals participate in company decisions, they are more satisfied with their work.²

The interviewees expressed their opinion regarding the lack of human resources, which is a factor of dissatisfaction because there is work overload, and Nursing has the responsibility to provide care to patients and, therefore, needs competent human resources and in adequate amount to meet institutional demands and expectations.¹⁵

It was revealed, in a study,¹⁶ that nursing dissatisfaction, in addition to low wages, is also related to an insufficient number of nurses, as it causes great physical effort and mental overload, since many decisions cannot be made due to lack of employees. In another study,¹⁷ it was shown that the reduced number of nurses in relation to the number of patients leads to feelings of dissatisfaction and causes damage to mental health.

It is also noted that studies on this nursing work carried out in Brazil and Argentina have shown that the precariousness of work related to physical structure and inadequate materials, work overload, undersizing human resources and salary losses causes nurses to have more employment, leading them to illness.¹⁸

Regarding the recognition at work, by the interviewees of this study, it was noted that this is of paramount importance for the experiences of feelings of satisfaction. It is related to the low visibility and recognition of Nursing to dissatisfaction and lack of motivation in the work environment. Thus, greater recognition of the profession by the health team, by patients and by society as a whole is necessary to reduce losses in the care provided, and there is an urgency to seek strategies to show the relevance of Nursing.¹⁹ The lack of valorization and recognition of Nursing can influence the performance of their functions, their self-esteem and, in turn, the relationship of the professional with the patients, which can also impair the work performance, affecting the quality of the service provided.²⁰

It was demonstrated, in a survey conducted with nurses from four hospitals in Shanghai, that these professionals experience feelings of dissatisfaction when they are not recognized for the work they perform, either by colleagues or by society.²¹

Training by the participants of this study was expressed as a factor of satisfaction. Similar data was identified in a study with nurses in which it was revealed that investments in professional qualification / training is a reason for satisfaction, since improving knowledge provides security for workers to provide quality care.¹⁷

It is emphasized that the meetings between nurses were still a reason for satisfaction for the nurses in this study, because when there are service meetings, there is an improvement in communication, as it is a moment that can strengthen the group, teamwork, friendship, companionship, exchange of experiences, knowledge, doubts, in addition to establishing a bond of trust and the knowledge of each individual, that is, it is a time when the worker can speak and be heard.²²

This study is limited by the fact that only nurses from an ER in a university hospital located in southern Brazil were interviewed, however, it did not intend to end and generalize the understanding of the experiences of satisfaction and dissatisfaction in the work of nurses. However, it is believed that it will contribute to stimulate reflections on the theme, ratify studies already carried out, as well as awaken to the development of other researches.

CONCLUSION

It was concluded that the experiences of dissatisfaction were related to job insecurity due to the lack of material and human resources combined with the high demand of patients. There was also a lack of appreciation and recognition by society for the work of Nursing on grounds for job dissatisfaction.

The factors of job satisfaction were linked to the strategies adopted by the institution, by providing opportunities for nurses to improve their learning and professional growth, through the encouragement of training and the favoring of interpersonal relationships that occurred through the meetings in which it opens space for listening and exposing your ideas, strengthening the work team.

It is necessary that health service managers, together with their workers, program strategies that collaborate in policies and organizational dynamics, unveiling and producing quality indicators, to maximize the factors that provide satisfaction experiences, minimizing those that cause dissatisfaction, which, in turn, generates a better quality of care for patients and families and the promotion of worker health.

CONTRIBUTION

All authors contributed equally to the design, analysis and interpretation of the research; at critical writing and review with intellectual contribution; and the approval of the final version.

CONFLICT OF INTERESTS

Nothing to declare.

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