

Professional Satisfaction of Nurses Working in Operating Room of a Hospital School

ORIGINAL

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Abstract

Objective: To characterize in a sociodemographic way the nursing staff of the surgical center; Check the degree of importance assigned to each component of satisfaction: autonomy, interaction, professional status, task requirements, organizational policies, and pay; verify job satisfaction perceived by nurses.

Method: Exploratory, descriptive, quantitative study, consisting of 9 nurses working in the operating room. The research project was approved by the CEP/HULW, CAAE N° 24597513.2.0000.5183. Data were collected through questionnaires and then analyzed using descriptive statistics in SPSS 20.

Results: We found that the standby component was considered the most important for job satisfaction and Professional Status least important.

Conclusion: Nurses have a low level of job satisfaction, impacting the performance of its activities.

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Keywords

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Introduction

The Surgical Center (CC) is a closed physical area of the hospital, at risk, full of norms and routines. In it, the patient is in an unknown and stressful place, presenting himself incapacitated and dependent [1]. In addition, not only the patient presents emotional discomforts in this sector, the nurse is also exposed to these feelings daily. Because of the numerous anesthetic-surgical procedures, the nurse needs, in addition to scientific knowledge, responsibility, technical ability, emotional stability and knowledge of human relations, especially the latter because it is a sector that has two teams acting together, the medicine and o nursing [2].

The perioperative nursing includes the periods: preoperative, intraoperative and postoperative of the anesthetic-surgical process of the patient, being the competence of the nurse of the sector to coordinate and provide assistance to the patient in all periods. The complexity of CC requires the professional to predict, provide and manage the materials and equipment for performing anesthetic-surgical procedures [2, 3]. Over the years, the role of the nurse in the CC has improved, necessitating the integration of technical, administrative, care, teaching and research [4].

As the technology advances in surgical procedures, the nurse needs to improve further to achieve this development. In addition, the attributions of this professional are becoming bigger and more relevant. As a result, nursing professionals are exposed to increasing workload on a daily basis, resulting in the wearing down of the vital capacities of this worker, due to the demands and psychobiological demands of the work process [5]. This situation may alter nurses' professional satisfaction, as well as interfere with their quality of life.

It is known that the exercise of a profession is a source of income and a component of extreme relevance in the life of each one, because it interferes in the professional and social attitudes and behaviors

of the worker, in the physical and psychic health, and can also be a preceptor of general well-being and quality of life indicator [6, 7]. In a study about professional satisfaction, it was verified that low wages are the major cause of professional dissatisfaction, which is why nursing professionals are obliged to work in more than one institution, resulting in a double working day [8]. Another study on this theme evidenced the interprofessional relationship and the bureaucratic and administrative activities as being determining factors for the degree of professional satisfaction [2].

Considering that, in the last decades, the process of globalization has altered the relation between man and his work, with the focus of obtaining more and more productivity inversely proportional to the cost of production, resulting in an increase in the workday And decrease in remuneration, there was a decrease in workers' satisfaction in performing their daily tasks, with repercussions on changes in the quality of life [9].

It is considered, therefore, that nursing professionals, such as the working class that promotes health care, are exposed to the risks of work, it is important to evaluate the professional satisfaction of this class of workers, in an attempt to detect determining factors that interfere in this satisfaction, as well as to find solutions for possible problems.

According to this problem, it is questioned: Are CC Nurses satisfied with the work they do?? What factors influence the professional satisfaction of these nurses? What professional satisfaction is perceived by nurses, according to the following components: autonomy, interaction, professional status, organizational norms, work requirements and remuneration?

In view of the foregoing, this study aimed to: Describe the sociodemographic profile of nurses in a Surgical Center; Verify the degree of importance attributed to each of the components of professional satisfaction: autonomy, interaction, professional

status, work requirements, organizational norms and remuneration; To identify if there is professional satisfaction perceived by nurses.

Method

It is an exploratory, descriptive, cross-sectional study with a quantitative approach. Performed at a Federal Public Hospital, located in the city of João Pessoa-PB, which serves only patients from the Unified Health System (SUS) of several localities of the State. This institution acts as a school hospital, focused on the development of teaching, research and health care.

The population of the present study involved the nurses who work in the surgical center of the referred hospital. The inclusion criteria of the participants in this research were: to accept to participate in the study, to act in the service as a nurse, to belong to the permanent staff of the institution and to be present during the period of data collection, with the exclusion of persons who were on leave of any nature.

The sample was obtained randomly and by accessibility, composed of nine nurses, considering the above inclusion criteria [10]. It should be emphasized that the nursing staff of the mentioned sector is with a personnel deficit, which justifies the sample being so small, since this quantity constitutes the number of nurses that nowadays work in the Surgical Center, so what, to fill in the gaps in the scale, they amount to overtime, paid as Additional Hospital Sets.

Data collection was performed in the time period of December 2013 and January 2014. For the socio-demographic characterization, a structured questionnaire was elaborated with 20 items, referring to gender, age, marital status, professional training time, Service, time of service in the current unit and other professional activity. The socio-demographic data provided subsidies to characterize the nurses who work in the service, favoring the understand-

ing, reading and interpretation of the research data.

In order to investigate professional satisfaction, an instrument was used, the Professional Satisfaction Index (ISP) in its validated version for the Portuguese language and for the culture of Brazilian nurses of Intensive Care Units [11]. Through this, it is possible to evaluate the importance attributed by the nurses in relation to six components of the work: Autonomy (8 items), Interaction (10), Professional Status (7), Work Requirements (6), Organizational Standards (7) and Compensation (6). Thus, the ISP Attitude Scale contains 44 statements. In addition, it is possible to identify the professional satisfaction perceived by the nurses and the actual level of professional satisfaction of them in relation to the components.

The ISP is composed of two parts (Part A and Part B) and uses the method of measures of attitudes that relates the current work situation, associated with the measurement of expectations in relation to work. Part A contains the definition of the six components and the instructions for completion and a list that combines the six components of job satisfaction with each other, totaling 15 pairs. Thus, the nurse must choose, from each pair, the one considered most important for his professional satisfaction. Part B contains, in addition to instructions for completing this part, the Attitude Scale with 44 affirmations arranged on a seven-point Likert scale, ranging from "disagreeing entirely" (score 7) and "agreeing entirely" (score 1). It is noteworthy that 22 statements are sentenced positively and 22 Negatively, and that the nurse does not know which component is being evaluated, because the items are arranged randomly in the scale.

In the processing and analysis of the socio-demographic data and the ISP, the data originated were codified and typed in electronic spreadsheet in form of database, and later processed in a statistical program. The data collected were quantitatively conso-

validated using descriptive statistics procedures, using the simple and percentage frequency, arranged in tables and then analyzed and discussed based on the literature.

During the analysis, in order to preserve the identity of the participants of this study, they were identified by the researchers by the letter E (nurse), followed by the order number of the questionnaires (N1, N2, N3...).

This research is in accordance with Resolution No. 466/12 of the Ministry of Health [12], which incorporates, from the point of view of the individual and of the collectives, references to bioethics, such as autonomy, non-maleficence, beneficence, justice and equity, among others, and aims to ensure the rights and duties that concern the research participants, The scientific community and the State.

In addition, the Code of Ethics of nursing professionals was considered, attributing to nurses activity with competence to promote the health of the human being in its integrity, in accordance with the principles of ethics and bioethics.

The data were only collected after approval of the project by the Ethics and Research Committee (CEP), according to Resolution 466/12, with CAAE n ° 24597513.2.0000.5183. The participants of this study were instructed how many to the research objectives and signed the Informed Consent Term (TCLE).

Results

To characterize the sample, we obtained from the socio-demographic questionnaire that 6 (66.6%) of the participants were women, 5 (55.6%) were single, 6 (66.7%) had children, 6 (66.7%) have 12 to 20 years of training time, 6 (66.6%) have 10 to 18 years of service time in HULW, 5 (55.5%) have 6 to 12 years of training time. Service in the unit, 6 (66.7%) did not choose to work in this service and 7 (77.8%) did not have another job.

In order to identify the order of importance assigned by the nurses to each of the components of the ISP, the description of the statistical analysis presented in the methodology was followed, where **Table 1** presents, in particular, the Weighting Coefficient, which was obtained by dividing the number of times the component was chosen by the total size of the group surveyed, referring to a value that is part of the calculation of the actual level of professional satisfaction, classifying the importance attributed by the nurses to each of the components ISP.

The data presented in the sequence were systematized in tables according to the absolute frequency (N) and the percentage (%), representing values found in part B of the ISP where it evaluates the professional satisfaction perceived by the nurses of this study. For the analysis of the data referring to the Autonomy component, **Table 2**.

Table 3 shows the data analyzed for the Interaction component, focusing on interaction with the medical team.

Table 1. Frequency of the most important factors for the professional satisfaction of the nurses working in the Surgical Block of a Hospital Escola, João Pessoa, PB, Brazil, 2014.

Variables	N1	N2	N3	N4	N5	N6	N7	N8	N9	T ^a	CP ^b
Professional status	0	2	2	2	0	0	3	0	0	6	1
Remuneration	4	0	0	1	5	2	3	4	5	24	2.66
Organization norms	3	1	4	4	0	3	0	3	2	20	2.22
Requisites of the work	2	3	2	3	2	3	2	4	1	22	2.44
Interaction	2	4	5	4	4	3	2	1	3	28	3.11
Autonomy	4	5	2	1	3	4	5	3	4	31	3.44

Source: direct search, 2014. ^a: Total. ^b: Weighting coefficient

Table 2. Distribution of the frequencies according to the autonomy variable of the nurses of the Surgical Block of a Hospital Escola, João Pessoa, PB, Brazil, 2014.

Autonomy component variables		1	2	3	4	5	6	7	
7	I feel that I am supervised more directly ('up close') than necessary.	N	0	3	3	1	0	2	0
		%	0	33.3	33.3	11.1	0	22.2	0
13	I feel I have enough participation in planning care for each of my patients.	N	0	4	3	0	0	2	0
		%	0	44.4	33.3	0	0	22.2	0
17	I have many responsibilities and little authority.	N	0	4	1	0	0	4	0
		%	0	44.4	11.1	0	0	44.4	0
20	In my service, my manager (s) make all decisions. I have little direct control over my own work.	N	1	3	1	1	1	1	1
		%	11.1	33.3	11.1	11.1	11.1	11.1	11.1
26	A great deal of independence is allowed, if not required by me.	N	0	2	2	3	0	2	0
		%	0	22.2	22.2	33.3	0	22.2	0
30	Sometimes I feel frustrated because all my activities seem to be pre-programmed for me.	N	0	0	1	3	1	3	1
		%	0	0	11.1	33.3	11.1	33.3	11.1
31	In my work, sometimes I have to do things that go against my best professional judgment.	N	0	2	0	1	2	3	1
		%	0	22.2	0	11.1	22.2	33.3	11.1
43	In my work, I am free to make important decisions, which I consider appropriate, and count on my leadership (s) to support me.	N	1	1	2	0	1	4	0
		%	11.1	11.1	22.2	0	11.1	44.4	0

(1) Agree fully; (2) Agree; (3) Agree moderately (more or less); (4) Neutral or indecisive; (5) Disagree moderately (more or less); (6) Disagree; (7) Disagree entirely. Source: direct search, 2014

Table 3. Distribution of the frequencies according to the variable interaction with the medical staff of the nurses of the Surgical Block of a Hospital Escola, João Pessoa, PB, Brazil, 2014.

Component Variables Interaction with Medical Staff		1	2	3	4	5	6	7	
6	In my unit, physicians generally cooperate with the nursing team.	N	0	0	4	1	2	1	1
		%	0	0	44.4	11.1	22.2	11.1	11.1
19	In my unit, there is a lot of teamwork between nurse (s) and doctors.	N	0	2	4	0	0	2	1
		%	0	22.2	44.4	0	0	22.2	11.1
35	I would like the doctors here to show more respect for the skills and knowledge of the nursing staff.	N	1	5	2	1	0	0	0
		%	11.1	55.6	22.2	11.1	0	0	0
37	The doctors at this hospital usually understand and appreciate what the nursing staff does.	N	0	4	0	2	2	1	0
		%	0	44.4	0	22.2	22.2	11.1	0
39	The doctors of this hospital underestimate the nursing staff.	N	0	4	0	2	2	1	0
		%	0	44.4	0	22.2	22.2	11.1	0

Also regarding the Interaction component, **Table 4** shows the data regarding the interaction with the nursing team.

Table 4. Distribution of the frequencies according to the interaction with the nursing team of the nurses of the Surgical Block of a Hospital Escola, João Pessoa, PB, Brazil, 2014.

Variables of the component interaction with the nursing team		1	2	3	4	5	6	7	
3	In my service, the nursing staff is available and helping each other "when things are running"	N	0	4	2	0	1	0	2
		%	0	44.4	22.2	0	11.1	0	22.2
10	In my unit, it is difficult for new nurses to feel 'at ease'	N	0	3	1	2	1	1	1
		%	0	33.3	11.1	22.2	11.1	11.1	11.1

Variables of the component interaction with the nursing team		1	2	3	4	5	6	7	
16	In my service, there is a lot of teamwork and cooperation between the various levels of nursing staff	N	0	2	2	0	1	4	0
		%	0	22.2	22.2	0	11.1	44.4	0
23	In my service, the nursing staff is not as friendly and outgoing as I would like	N	1	2	0	1	2	3	0
		%	11.1	22.2	0	11.1	22.2	33.3	0
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	N	0	2	0	1	1	4	1
		%	0	22.2	0	11.1	11.1	44.4	11.1

(1) Agree fully; (2) Agree; (3) Agree moderately (more or more); (4) Neutral or indecisive; (5) Disagree moderately (more or less); (6) Disagree; (7) Disagree entirely. Source: direct search, 2014.

Table 5 shows the frequency distribution by item of the Work Requirements component, where six items were analyzed.

Table 5. Frequency distribution by item of the component requirements of the nurses' work of the surgical block of a Hospital Escola, João Pessoa, PB, Brazil, 2014.

Variables of the job requirements component		1	2	3	4	5	6	7
4	In this hospital, the nursing staff has a lot of administrative and bureaucratic work.	N	3	3	3	0	0	0
		%	33.3	33.3	33.3	0	0	0
15	I think I could do a better job if I did not have so much to do, all the time.	N	1	2	1	0	3	2
		%	11.1	22.2	11.1	0	33.3	22.2
22	I am satisfied with the types of activities I do in my work.	N	1	2	4	0	1	1
		%	11.1	22.2	44.4	0	11.1	11.1
24	I have enough time and opportunities to discuss patient care issues with other members of the nursing team.	N	0	0	2	0	2	5
		%	0	0	22.2	0	22.2	55.6

Variables of the job requirements component		1	2	3	4	5	6	7
29	I have enough time for direct patient care.	N	0	0	2	0	2	5
		%	0	0	22.2	0	22.2	55.6
36	I could provide much better assistance if I had more time with each patient.	N	4	2	2	0	0	1
		%	44.4	22.2	22.2	0	0	11.1

(1) Agree fully; (2) Agree; (3) Agree moderately (more or more); (4) Neutral or indecisive; (5) Disagree moderately (more or less); (6) Disagree; (7) Disagree entirely. Source: direct search, 2014.

Regarding the analysis of data referring to the Organizational Norms component, **Table 6** was constructed, having seven variables.

Table 6. Distribution of frequencies according to the organizational norms of the nurses of the Surgical Block of a Hospital Escola, João Pessoa, PB, Brazil, 2014.

Organizational Standards Component Variables		1	2	3	4	5	6	7
5	In my hospital, the nursing staff has sufficient control over scheduling their own work shift.	N	0	3	2	1	3	0
		%	0	33.3	22.2	11.1	33.3	0
12	There is a large gap between the administration of this hospital and the daily problems of the nursing service.	N	4	4	0	1	0	0
		%	44.4	44.4	0	11.1	0	0
18	In this hospital there are not enough opportunities to promote nursing staff.	N	0	4	3	2	0	0
		%	0	44.4	33.3	22.2	0	0
25	There is a great opportunity for the nursing team to participate in the administrative decision-making process.	N	0	1	1	0	4	1
		%	0	11.1	11.1	0	44.4	11.1
33	In this hospital, administrative decisions interfere greatly in patient care.	N	0	3	0	1	4	1
		%	0	33.3	0	11.1	44.4	11.1

Organizational Standards Component Variables		1	2	3	4	5	6	7	
40	I have all the power I want in planning the rules and procedures of this hospital and my unit.	N	0	0	0	2	1	4	2
		%	0	0	0	22.2	11.1	44.4	22.2
42	The head of nursing usually consult the staff on the daily problems and procedures.	N	1	0	2	1	1	3	1
		%	11.1	0	22.2	11.1	11.1	33.3	11.1

(1) Agree fully; (2) Agree; (3) Agree moderately (more or more); (4) Neutral or indecisive; (5) Disagree moderately (more or less); (6) Disagree; (7) Disagree entirely. Source: direct search, 2014.

Table 7. Distribution of frequencies according to the variable professional status of the nurses of the Surgical Block of a Hospital Escola, João Pessoa, PB, Brazil, 2014.

Professional Status Component Variables		1	2	3	4	5	6	7	
2	Nursing is not widely recognized as being an important profession.	N	4	1	1	0	1	2	0
		%	44.4	11.1	11.1	0	11.1	22.2	0
9	Most people recognize the importance of nursing care to hospitalized patients.	N	1	1	4	0	1	2	0
		%	11.1	11.1	44.4	0	11.1	22.2	0
11	In my mind, I have no doubts: what I do in my work is really important.	N	5	3	1	0	0	0	0
		%	55.6	33.3	11.1	0	0	0	0
27	What I do in my work really does not add anything significant.	N	0	0	0	0	0	8	1
		%	0	0	0	0	0	88.9	11.1
34	I feel proud when I talk to other people about what I do at work.	N	1	4	1	2	1	0	0
		%	11.1	44.4	11.1	22.2	11.1	0	0
38	If I had to decide everything over again, I would still go into nursing.	N	2	2	1	1	1	1	1
		%	22.2	22.2	11.1	11.1	11.1	11.1	11.1

(1) Agree fully; (2) Agree; (3) Agree moderately (more or more); (4) Neutral or indecisive; (5) Disagree moderately (more or less); (6) Disagree; (7) Disagree entirely. Source: direct search, 2014

Data related to the Professional Status component, also used for the evaluation of job satisfaction according to the ISP, are shown in **Table 7** below.

Lastly, data on Remuneration, the last component presented for the evaluation of the nurses' professional satisfaction, are set out in **Table 8**.

Table 8. Distribution of frequencies according to the variable remuneration of nurses of the Surgical Block of a Hospital Escola, João Pessoa, PB, Brazil, 2014.

Remuneration component variables		1	2	3	4	5	6	7	
1	My current salary is satisfactory..	N	0	1	3	0	1	3	1
		%	0	11.1	33.3	0	11.1	33.3	11.1
8	I have the impression that a large part of the nursing staff of this hospital is dissatisfied with their salary.	N	1	4	2	0	2	0	0
		%	11.1	44.4	22.2	0	22.2	0	0
14	Considering what is expected of nursing staff, in this hospital the salary we receive is reasonable.	N	1	3	1	1	1	1	1
		%	11.1	33.3	11.1	11.1	11.1	11.1	11.1
21	In this hospital, the current index of salary readjustment of nursing staff is not satisfactory.	N	2	4	1	1	0	1	0
		%	22.2	44.4	11.1	11.1	0	11.1	0
32	From what I hear about nursing staff from other hospitals, in this hospital our pay is fair.	N	0	1	4	0	1	3	1
		%	0	11.1	44.4	0	11.1	33.3	11.1
44	In this hospital, a salary readjustment is necessary for the nursing staff.	N	3	3	2	1	0	0	0
		%	33.3	33.3	22.2	11.1	0	0	0

(1) Agree fully; (2) Agree; (3) Agree moderately (more or more); (4) Neutral or indecisive; (5) Disagree moderately (more or less); (6) Disagree; (7) Disagree entirely. Source: direct search, 2014

Discussion

According to the values found in part A of the ISP, autonomy was the most chosen component of the nurses in this study, considered the most important for professional satisfaction, contrary to the Professional Status, considered the least important, as shown in **Table 1**. Similar data were found in another study when compared to this [13]. It is known that autonomy at work is an essential and important factor for all professions, since it generates the worker's independence and confidence for decision making, awakens the need to overcome its limits and go beyond expectations [5].

On the contrary, the impotence to solve certain situations, which the environment itself imposes, can accentuate the worker's discontent and frustration [13]. This fact reinforces "Autonomy" as the most important component for the professional satisfaction of nurses in this study.

Table 2 shows that most nurses agree that they feel that they are supervised more directly than necessary (item 7), that they have many responsibilities and little authority (item 17) and that they have little direct control about the work itself (item 20), besides disagreeing with their freedom to make important decisions (item 43). In item 13, 4 (44.4%) of the interviewed nurses agree that they feel that they have sufficient participation in planning care for each of their patients.

Considering that, currently, in health care, medical knowledge is the most valued; nurses' action in decision making becomes limited in the face of patient care [14]. However, participation in the planning of care for each of the patients, concretises the importance of multiprofessional care, not only that focus on the decisions of the doctor, but also of the other professionals of the health team of the CC, Because the specific knowledge of the various specialties is complemented by collective work [15]. This contributes both to improving the quality of patient care and to the professional satisfaction of the nurses involved in this process.

Nevertheless, in **Table 3**, related to the interaction with the medical staff, it was verified that 5 (55.6%) nurses would like the doctors of their service to show a greater respect for the skills and knowledge of the nursing staff (item 35). This data is directly related to the findings of item 39, where 4 (44.4%) of the nurses agree that physicians underestimate the nursing team too much.

There was a divergence in the answers, since 4 (44.4%) of the nurses moderately agreed that physicians generally cooperate with the nursing team (item 6) and also 4 (44.4%) and agree that doctors generally understand and appreciate what the nursing staff does (item 37). These data reveal that the interaction between the teams is done through each professional, being of each person's own interest.

It is known that a harmonious relationship between the multiprofessional team in the work environment contributes to the benefit of both the nurse and the patients assisted by it, since it favors the development of trust and integration relationships between the knowledge [16]. In contrast, the feeling of devaluation of work and conflicting occupational relationships may lead to progressive suffering in the nurses, negatively affecting the health / illness process [13, 17]. It is then important to work as a team, because once it is carried out, it brings great satisfaction to the worker's life, having a positive impact on his health.

Table 4 shows a contradiction in the findings of items 3 and 16. In the first item, 4 (44.4%) agreed that nursing staff were available and helped, but in the other item, 4 (44.4%) disagreed that there is a lot of teamwork and cooperation between the various levels of nursing staff.

In item 28, there is a positive interaction between the nursing team, stating that 4 (44.4%) of the nurses disagree that there is a distinction between nurses and those with less experience or different types of educational training, evidencing that the work environment is harmonious, welcoming and facilitating the development of activities.

Regarding the Work Requirements component, it was observed in **Table 5** that lack of time was an important factor for a better development of nursing activities. 24, 29 and 36 confirm when they show, respectively, that 5 (55.6%) of the nurses affirm that they do not have enough time and opportunities to discuss the problems of patient care with other members of the nursing team, 5 (55.6%) stated that they did not have enough time for direct patient care, and 4 (44.4%) fully agreed that they could provide much better care if they had more time with each patient. Another very important observation was that 3 (33.3%) of the nurses agreed that nursing staff had a lot of administrative and bureaucratic work (item 4), also contributing to the lack of time to provide patient care.

It assumes that this is due to the fact that there is a reduced number of professionals to meet a great demand in several sectors, overloading the worker, who will be responsible for developing extra activities, in a minimum time, of undesired quality and with low remuneration, contributing to the lack of willingness to carry out their work and evident professional dissatisfaction. A lot of administrative and bureaucratic work also contribute to this lack of time, since many nurses stay at the reception of the unit filling in pieces that are often unnecessary instead of performing activities such as promoting good quality care.

The data presented in **Table 6** show that 4 (44.4%) of the nurses fully agree that there is a lacune between the hospital administration and the daily problems of the nursing service (item 12). In addition, 4 (44.4%) nurses affirm that there is no great opportunity for the nursing team to participate in the administrative decision-making process (item 25) and also 4 (44.4%) affirm that Does not have all the power he desires in planning hospital and unit standards and procedures (item 40).

It is important to mention that the non-existence of interaction between the nursing team and the administrative management of the institution ge-

nerates in the worker an internal conflict of dissatisfaction at work because they feel excluded from the administrative decision making. Moreover, this gap promotes lack of quality in the work process, therefore, not knowing the real needs of the nursing staff, the administration is weakened in some decisions or do not solve some problems.

Another important fact was that 4 (44.4%) of the nurses agreed that there were insufficient opportunities for promotion of nursing staff in the institution (item 18). It is noteworthy that there was no consensus among nurses regarding item 42 (the head of nursing usually consults the staff in the daily problems and procedures), observing an equitable distribution for the answers.

In addition to this, the nursing promotion opportunities of the institution, which stimulate the worker's ability to think about work, are measures that reinforce the promotion of job satisfaction, besides arousing the worker's desire for this satisfaction. Moreover, the recognition of the worker as to the importance of his work helps him feel useful, productive and valued, strengthens his subject identity to the extent that his self-image is reinforced with possibilities for self-realization [18].

From the data presented in **Table 7**, we can see a strong feeling of professional satisfaction regarding the Professional Status, where 5 (55.6%) of the nurses affirm that what they do in their work is really important (item 11). Another demonstration of satisfaction is presented in item 27, when 8 (88.9%) of the nurses disagree that, what they do in their work does not really add anything significant. And also in item 34, in which 4 (44.4%) agree that they feel proud when they talk to other people about what they do in their work.

However, the nurses' feeling about their professional status is still ambiguous, since part of the professionals 4 (44.4%) fully agree that nursing is not widely recognized as being an important profession (item 2); Thus, the same percentage of nurses affirm that most people recognize the im-

portance of nursing care to hospitalized patients (item 9). This result points to the need for further studies in this area.

Already related to item 38 "if I had to decide everything again, I would still enter the nursing", there was no consensus in the participants' answers.

Regarding the Remuneration component, it can be observed that, in **Table 8**, 4 (44.4%) of the respondents stated that a large part of the nursing staff of this hospital is dissatisfied with their salary (item 8), and 4 (44, 4%) consider the current rate of unsatisfactory salary readjustment (item 21). A large part (33.3% - fully agree and 33.3% agree) still affirms that, to that end, a salary readjustment is necessary for the nursing staff (item 44).

Despite the evidence of professional dissatisfaction regarding remuneration, 4 (44.4%) of the nurses affirm that, compared to other hospitals, their remuneration is fair (item 32). And yet, 3 (33.3%) agree moderately that their current salary is satisfactory (item 1); However, in this item, there was a divergence of opinions, since 3 (33.3%) disagree with this statement.

It should also be pointed out that low remuneration obliges nursing professionals to undergo a weekly inhuman work day, where many have 2 to 3 jobs. This data reveals the need for salary readjustment, with effect of the salary floor for the nurse, and also the reduction of the weekly workload. This is the greatest struggle of nursing professionals, being one of the factors that contribute most to professional dissatisfaction. The double or triple working day generates mental, physical and social overload on the worker, reducing his speed and attention in some situations, and even interfering in his social life [13].

Therefore, the data analyzed comparatively and descriptively in the previous tables show the complex path to reach professional satisfaction, because in many answers verified there were ambiguities and lack of consensus. It is a fact that it is necessary

to carry out new research on this topic, in which each of the six components of the ISP.

It should be emphasized that this problem of professional dissatisfaction goes beyond the demands of the managers of the CC, thus raising the importance of the presence of appropriate measures of responsibility on the part of the Public Health Bodies, in an attempt to assure to the nursing workers, conditions worthy of work, both physical and psychological.

Added the development of mechanisms by the nursing class that awaken to pleasure for work and, above all, their profession, since many interviewees stated that they are not satisfied with this profession to the point of changing it if they have the opportunity.

Among these measures we can highlight salary improvements; Recognition of the nursing profession as to the importance of their work; Interaction between the multiprofessional team, where professionals help each other and respect opinions in the search for a common good; Eliminate the gap between hospital managers and the nursing team, which can participate in the administrative decision-making process; And also, offer nursing promotion opportunities.

Conclusion

A number of factors are needed to achieve job satisfaction. However, these factors are related to each other, contributing mutually to the achievement of this satisfaction, and consequent, good quality of life. As seen in this study, job satisfaction reflects directly on the worker's view of his work, his team, and his life. When the professional is satisfied with his work, he performs his activities with pleasure, not obligation.

Through this study it was possible to make a socio-demographic description of the nurses in the Surgical Center of the school hospital, to identify the degree of importance attributed by nurses to

each of the components of professional satisfaction, and to verify the professional satisfaction perceived by them.

The analysis of the questionnaire data allowed us to conclude that the autonomy component was considered the most important in terms of professional satisfaction, followed by Interaction, Remuneration, Work Requirements, Organizational Norms and, finally, Professional Status. With the descriptive verification of the professional satisfaction perceived by the nurses, it was possible to perceive that they present a low level of professional satisfaction.

In view of the above, it is important to alert hospital institutions about the need to evaluate the satisfaction of the professional in relation to their employment, in an attempt to reduce this dissatisfaction index and improve the performance of the worker's activities, affecting patient care. In addition, provide opportunities for the professional to act autonomously, promote a more harmonious and welcoming work environment, favor interaction between the team, institute norms and requirements in agreement with the related sector team, and also provide adequate and deserved remuneration To nursing professionals.

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