

# DISSATISFACTION IN THE WORK OF NURSES OF A UNIVERSITY HOSPITAL\*

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**ABSTRACT:** This study aimed to identify the factors which cause dissatisfaction in the work of nurses in a university hospital. A total of 15 nurses participated in this qualitative study with a descriptive-exploratory approach. Data collection occurred in November 2011 – May 2012 through semi-structured interviews; the accounts were subjected to Content Analysis. The category termed Experiences of dissatisfaction in the work of the nurse was obtained as a result, with the following subcategories: the lack of co-operation between colleagues, work overload, non-recognition of the work undertaken, the scarcity of human and material resources, and the work in a public institution. It is concluded that the experiences of dissatisfaction identified are related both to personal and institutional aspects.

**DESCRIPTORS:** Worker's health; Nursing; Work conditions.

## INSATISFAÇÃO NO TRABALHO DE ENFERMEIROS DE UM HOSPITAL UNIVERSITÁRIO

**RESUMO:** O objetivo deste estudo foi identificar os fatores geradores de insatisfação no trabalho de enfermeiros de um hospital universitário. Pesquisa de natureza qualitativa, abordagem descritivo-exploratória, com participação de 15 enfermeiros. A coleta de dados ocorreu no período de novembro de 2011 a maio de 2012, por meio de entrevista semiestruturada e os depoimentos foram submetidas à Análise de Conteúdo. Como resultado obteve-se a categoria denominada de vivências de insatisfação no trabalho do enfermeiro, com as seguintes subcategorias: a falta de cooperação entre os colegas, a sobrecarga de trabalho, o não reconhecimento do trabalho realizado, a escassez de recursos humanos e materiais e o trabalho em uma instituição pública. Conclui-se que as vivências de insatisfação identificadas estão relacionadas tanto aos aspectos pessoais como institucionais.

**DESCRIPTORES:** Saúde do trabalhador; Enfermagem, Condições de trabalho.

## INSATISFACCIÓN EN EL TRABAJO DE ENFERMEROS DE UN HOSPITAL UNIVERSITARIO

**RESUMEN:** El objetivo de este estudio fue identificar los factores que generan insatisfacción en el trabajo de enfermeros de un hospital universitario. Investigación de naturaleza cualitativa, abordaje descriptivo exploratorio, con participación de 15 enfermeros. Los datos fueron obtenidos en el periodo de noviembre de 2011 a mayo de 2012, por medio de entrevista semiestruturada y las deposiciones fueron sometidas al Análisis de Contenido. Como resultado se ha llegado a la categoría llamada de vivencias de insatisfacción en el trabajo del enfermero, con las siguientes subcategorías: falta de cooperación entre los compañeros, sobrecarga de trabajo, no reconocimiento del trabajo realizado, escasez de recursos humanos y materiales y el trabajo en una institución pública. Se concluye que las vivencias de insatisfacción identificadas están relacionadas tanto a los aspectos personales como a los institucionales.

**DESCRIPTORES:** Salud del trabajador; Enfermería, Condiciones de trabajo.

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## INTRODUCTION

Due to the process of globalization, economic and social transformations have occurred which altered the relationship between human beings and their labor. Also observed is the increasing search for increase of productivity – added, however, to a low cost of production, with the aim of achieving more competitive products in the capitalist world. Due to these demands, the pace and overload of the work increases, which can cause dissatisfaction in the workers when they undertake their activities, and thus interfere in their health-illness process<sup>(1)</sup>.

Work occupies a central place in human beings' lives and, depending on its organizational process and how it is undertaken, requires actions which meet the workers' needs in all their complexity. However, as it is not always possible to meet them, feelings of dissatisfaction, suffering and lack of interest, among others, may occur<sup>(2)</sup>.

The work organization exercises a specific action on human beings, and impacts on the psychological apparatus; according to certain conditions, the result of the person's reciprocity with work results in suffering and dissatisfaction. This can occur due to the clash between the person's personality, their individual project, and the prescription imposed by the work organization, which does not take these subjectivities into account. However, if the person's relationship with the organization of the activities is favorable, the work can also be a source of pleasure and satisfaction<sup>(3)</sup>.

In the Dejourian conception, the dissatisfaction in the work is directly related to the content of the task undertaken by the worker. This can result from feelings related to the obligation to undertake tasks which are not interesting, without meaning, or useless; from not knowing what the work represents in the set of the activities in the institution; from lacking qualifications; as a result of issues linked with salaries; in the valorization of the work, and in aspects such as responsibility, risk, or necessary knowledge<sup>(3)</sup>.

The nursing workers undertake their activities in a fragmented and individual form, and live with the pain and suffering of others, with recovery and with the patients' risk of imminent death, among other factors. Thus, they are subject to feelings of dissatisfaction and suffering which can contribute

to mental, psychological and physical strain<sup>(4)</sup>.

In the light of the above considerations, one should ask: Do nurses experience feelings of dissatisfaction in their work? Which factors can provoke feelings of dissatisfaction in the work?

It is essential to respond to these questions, as it shows the managers of hospital institutions that dissatisfaction can affect workers' health and, as a consequence, impair the quality of the care provided. This being the case, it is fundamental to ensure conditions which favor nurses' satisfaction in their work, given that this allows the promotion of health, the prevention of health problems and, consequently, better quality of care for the population.

It is emphasized in an integrative review, referent to Brazilian scientific production on the satisfaction and dissatisfaction of the nursing team that more investigations on this issue must be undertaken, with analogous methods and more extensive means of dissemination<sup>(5)</sup>.

This study aimed to identify if the nurses of a University Hospital in the North of the State of Paraná experience situations of dissatisfaction in their work, and what the factors which create these may be.

## METHOD

Exploratory, descriptive research, with a qualitative approach, undertaken with nurses in a University Hospital in the non-metropolitan of the State of Paraná, following authorization from the above-mentioned hospital's Board of Nursing.

The research participants were 15 nurses from the morning, afternoon and night shifts working on the Inpatient Units for male and female adults, the Maternity Unit, the Adult Intensive Care Unit, the Neonatal and Pediatric Intensive Care Unit, the Emergency Room and the Infectious Diseases Unit, were selected intentionally and met the following inclusion criteria: to be state employees, of both sexes, to have worked in the institution for more than two years, and to provide care directly to patients in the institution's different departments. Nurses who worked only in leadership positions and/or in administrative services were excluded, as were those on holiday or leave.

The definition of the number of subjects was

not based on criteria of numerical representativity; the interviews were held until there was a convergence of the accounts in relation to the phenomenon studied<sup>(6)</sup>.

Data collection took place in a meeting room in an inpatient department of the hospital, in the period November 2011 – May 2012 through individual, recorded interviews, following the signing of the Free and Informed Terms of Consent.

The interviews were guided by a semi-structured script, made up of two parts: objective questions concerning the socio-demographic profile of the participants, and two guiding questions: Tell me if you experience situations of dissatisfaction in your work; and, Which factors allow the experiences of dissatisfaction?

The technique of Content Analysis<sup>(7)</sup> was used for the analysis of the results, in the thematic modality with the stages: reading, determination of the record units, and meanings, codification and classification; and the treatment and interpretation of the results obtained. Through the skim reading, it was possible to proceed with the arranging of the record units, organizing them by themes. Through approximation and distancing, the categories and subcategories were constructed<sup>(7)</sup>.

In order to preserve anonymity, the interviewees were identified using the letters N1, N2, N3 and so on successively, for presenting their accounts.

The project was approved by the Committee for Ethics in Research Involving Human Beings, of the State University of Londrina (UEL), under decision N. 257 /2011, with CAAE under N. 0218.0.268.000-11.

## RESULTS

Regarding the socio-demographic profile, 10 were women, and 5 were men, aged between 31 and 58 years old. The length of work in the institution varied between three and 35 years. The number of staff directly subordinate to the nurses varied between two and 32.

From the interviewees' accounts, the category experiences of dissatisfaction in the work of the nurse emerged, with the following subcategories: the lack of co-operation between colleagues, the work overload, the non-recognition of the work

undertaken, the scarcity of human and material resources, and the work in a public institution.

In relation to the subcategory termed the lack of co-operation between colleagues, this encompassed the discourses which expressed the extent to which the lack of cooperation and solidarity are factors influencing the experiences of dissatisfaction in the work, as the following fragments demonstrate:

*I feel dissatisfied in relation to some colleagues, as there is no cooperation, there is no mutual help, and many will pull the carpet from under your feet, and push you out of their way.* (N3)

*What makes me pretty dissatisfied is that there are colleagues who don't cooperate, who don't help, and who show no solidarity.* (N1)

In the subcategory the work overload, the emphasis was placed on the overloading of work on the nurse when she needs to undertake managerial and assistential functions at the same time, as may be learnt in the discourse:

*Sometimes I have to conciliate management with care and, on the vast majority of occasions, it doesn't work out, we really do experience overload of work, which in its turn, creates dissatisfaction.* (N11)

The interviewees in the subcategory termed the non-recognition of the work undertaken expressed not being recognized as a factor for experiences of dissatisfaction, given that they do not feel valued for the work undertaken, as the following accounts reveal:

*The lack of recognition of our work and my effort which we make causes me great dissatisfaction.* (N2)

*Sometimes it seems that nobody values it, there is no recognition.* (N7)

Another subcategory revealed was the scarcity of human and material resources. The nurses confirmed this situation to be prejudicial to the

provision of care with quality, as may be verified in the accounts:

*For us nurses, when we have inadequate human resources for meeting the demands of the service, to provide high quality care is a factor of great dissatisfaction. (N1)*

*The lack of material, equipment, and working with insufficient numbers of human resources, caring for the patient, causes demotivation, it's very sad when you want to give the best, but you don't have conditions to do so; these are factors which cause me dissatisfaction, as the nurse responsible for the care. (N13)*

In relation to the subcategory identified as the work in the public institution, this was evidenced in the following discourses:

*It's what everybody says about the work in the public institution - it doesn't work. It really is bad, because you might want something to happen and it doesn't happen. It takes time to get anything done, and we become dissatisfied, sometimes I feel too tied up to deal with things, but I know this occurs due to the characteristics of the public institution. (N11)*

*What reduces my satisfaction, is the process, the bureaucracy, the delay to get things, that is to say, we can't get things done in certain matters, and I believe that this happens because we work in the public institution and everything depends on the State government, on the rectorate and on others. (N13)*

*Working in the public institution, you have the impression that you speak, speak, speak and your subordinate is not going to change because he is happy the way things are, of course, these are few like this, but they are there. This happens because the person knows that he is not going to lose his job, his position. (N15)*

From the accounts, one can see the conception that the public institution "jams" the appropriate undertaking of the activities, this factor being related to the dependence on other people for the work

to have resolute capacity. This causes feelings of dissatisfaction, as the nurses feel impotent in the face of the bureaucracy and the intransigent contentment of some staff with matters as they are.

## DISCUSSION

The knowledge of the dissatisfaction, and of the factors which lead to this feeling, is of extreme importance for the nurses and the managers in the health institutions, given that it provides everybody with a general view of these workers' real needs. Thus, actions of a collective character are sought, to reduce the dissatisfaction and maximize the satisfaction and, as a consequence, result in better care for the patients, family members and community.

For the Work Psychodynamics, the corporation is characterized by the workers' relationships of interdependency, in which individual errors and failures are diluted by the group's performance, and individual differences and specific talents come together for the benefit of the quality in the work. Through cooperation, it is possible to produce actions with greater transformative power than those undertaken individually<sup>(8)</sup>.

One study undertaken with the nursing technicians in an Emergency Room in a teaching hospital in Londrina identified that good relationships, mutual help and collaboration were factors which led to the union of the team, converting positively for the quality of the work and pleasurable experiences<sup>(9)</sup>.

In relation to overload, the accounts of the participants in the present study revealed that it causes dissatisfaction in the work. The work overload can lead to an increase in the psychological burden, which, in the absence of satisfactory ways of discharging tension, can be transformed into tension and displeasure, leading to the appearance of symptoms such as asthenia and fatigue. These consequently lead to staff falling ill due to the work, which comes to be considered as fatiguing and taxing<sup>(10)</sup>.

One study undertaken with nurses in a public state hospital institution, in the city of Natal in the state of Rio Grande do Norte (RN), identified through the interviewees' accounts that the work overload creates feelings of dissatisfaction, physical strain and stress<sup>(11)</sup>.

In a transversal study undertaken in two pediatric university tertiary hospitals in the Mid-West and South of the United States, dissatisfaction in the work and Burnout had a statistically-significant association on the quality of work and the quality of the care (n=199 nurses). The prevalence was for females, with a mean of 8 to 9 years of work and 45 years of age. It was evidenced that the dissatisfaction was associated with work overload related to how well the team was adjusted to the work<sup>(12)</sup>.

It is known that feelings are difficult to measure in quantitative studies due to the subjectivity inherent to them. This being the case, it is fundamental for studies to be undertaken through qualitative research<sup>(12)</sup>.

It was also ascertained through the accounts of the participants in the present investigation that dissatisfaction occurs due to not feeling valued or recognized for what they do. It is known that when the efforts for undertaking the work are not valued or pass unnoticed by those who participate in the process, suffering exists and, consequently, so do the dangers which it offers to the worker's health<sup>(13)</sup>.

Recognition is a necessary factor for the worker's satisfaction and, as a source of pleasure through professional valorization, expresses its influence in the individual's health, as well as in the quality of the work undertaken<sup>(13-14)</sup>.

In one study undertaken with nursing professionals in a General Hospital in Jacarepaguá and in a medium-sized Public Hospital in the city of Rio de Janeiro, it was identified that the lack of recognition was an important factor for the dissatisfaction of the professionals interviewed<sup>(15)</sup>.

Another study undertaken with nurses from public and private institutions in the city of Concepcion, Chile, aiming to identify the satisfaction and dissatisfaction in the work, demonstrated that the lack of recognition for the work undertaken was one of the factors which created feelings of dissatisfaction in the professionals' work<sup>(16)</sup>.

A transversal study undertaken in Japan with 5,956 nurses identified the situations of Burnout and dissatisfaction in the work and quality of care, determining that these factors were related to the work environment in 19 Japanese hospitals (15 of which were university hospitals). Among

the nurses, 56% presented emotional exhaustion, 60% reported dissatisfaction in the work and 59% reported that the quality of the care in the hospitals was bad or poor. These results suggest that these conditions are associated with the work environment and a large percentage of inexperienced nurses<sup>(17)</sup>.

It was concluded that teams which were not appropriately dimensioned, or which were too inexperienced to provide the care, and to deal with the problems of relationships or cooperation between the medical and nursing staff, are significantly associated with Burnout Syndrome and feelings of dissatisfaction in the work<sup>(17)</sup>.

The nurse's work process, as a leader, can lead to psychological suffering, due to the situations of distress and stress, which the nurse experiences as a result of this responsibility<sup>(18)</sup>.

One study which aimed to investigate the nursing workers' perceptions regarding satisfaction or dissatisfaction in the context of the work of an Intensive Care Unit revealed that the lack of material resources was an explanation presented by the workers for their being dissatisfied with their work activity<sup>(19)</sup>.

The frustration in relation to the lack of materials experienced by the workers leads them to constant improvising for undertaking the care activities, leaving them dissatisfied and subject to suffering. In evaluating the repercussions of the work conditions from the perspective of the suffering among nursing professionals in a public service, it was observed that the work conditions were described as determinant for the suffering, due to the lack of materials which compromised the quality of the care provided<sup>(20)</sup>.

It is known that there are discussions directed towards increasing the efficiency and quality of the public health services, which indicate, among other actions, a concern in relation to the management of human resources, in which these must be organized, aiming for the institution's functional needs<sup>(21)</sup>.

Low investment in the health sector in Brazil has been constant for years, and has been reflected in the quality of the services, in the low salaries, and in the lack of replacement of human resources, leading to different modes of contracting so as to meet these needs and the difficulties of management in these sectors<sup>(22)</sup>.

Comparing the working conditions of health professionals in the public sector resulting from the investments made by governmental bodies, one study<sup>(23)</sup> indicated that these professionals' satisfaction was lower in comparison with workers in private and philanthropic hospital institutions. It was observed that the highest level of dissatisfaction in relation to pay, benefits, and even disrespect for the professionals was found in state hospitals.

It is also ascertained that in public institutions, the autonomy of the human resources managers is highly limited, hindering the contracting of staff, and the firing of staff who do not want to work. In addition to this, some workers, aware of the near-impossibility of being fired, due to the stability which the public sector offers them, cease to carry out their activities, and even defy their superiors<sup>(21)</sup>.

In relation to the services' resolute capacity, this study's results are similar to those of another study, which aimed to identify the situations which create pleasure and suffering in the work among Community Health Workers. This identified that the shortcomings in the health services are factors which cause suffering in the work, such as, for example, the services' lack of resolute capacity<sup>(24)</sup>.

Being resolute leads to the possibility of the materialization of the work, in which the worker manages to give meaning to the effort made for undertaking the activity, which can constitute a strategy for avoiding dissatisfaction in the work, that is, can provide experiences of satisfaction<sup>(24)</sup>.

## FINAL CONSIDERATIONS

At the end of this study, one can ascertain that the experiences of dissatisfaction in the nurses' work originated from subjective factors such as: the lack of cooperation between colleagues, work overload, and the non-recognition of the work; and from factors directly related to the institution, as demonstrated by the accounts, such as the scarcity of human and material resources, and the work in the public sector.

It stands out that although the study's objectives were achieved, it presented limitations due to dissatisfaction in the work being an investigative object which involves the abstract,

subjectivity, that is, it is not held as a "concrete world", and suffers influences from the time, the space, and the individual characteristics of each nurse. Hence, it becomes necessary to consider the results in their uniqueness, given that one of the limits imposed by the method used is that it does not allow the generalization of the results.

It is believed, however, that the knowledge revealed can support discussions and reflection on the work process and, as a result, foster a search through collective actions, and strategies for minimizing and/or resolving them, allowing the promotion of health, the prevention of illness and the reduction of health problems for these health professionals. It may be asserted that the study contributed with evidence which can support further studies directed at workers' health in relation to satisfaction in the work.

Finally, in the light of the results shown in this study, it is also suggested that the nursing schools, both at undergraduate and postgraduate level, should reflect on the need for inserting into their curriculums or program contents, themes, modules, or courses, among others, which address Workers' health.

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