

FACTORS OF (DIS)SATISFACTION IN THE WORK OF THE NURSING TEAM IN PEDIATRIC ICU

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ABSTRACT: This study used a qualitative approach of the exploratory-descriptive type and aimed to investigate the factors which contribute to the nursing team's work satisfaction and dissatisfaction in the Pediatric Intensive Care Unit, and to propose approach strategies which promote satisfaction in work, according to the perception of the team members themselves. Data collection was undertaken with 18 professionals working in Pediatric ICU in two hospitals in the city of Curitiba in the state of Paraná between February and May 2011, using semi-structured interviews. The results were analyzed using the technique of content analysis and show the perception of the complexity which is involved in being a nursing professional working in intensive care, indicating and leading to reflection on the dialogic relationship between caring and being cared for.

DESCRIPTORS: Nursing team; Pediatric intensive care unit; Work satisfaction; Motivation; Role of the nursing professional.

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INTRODUCTION

Work has a central place in everybody's life and it could be no different for the nursing professional who, depending on how the nursing is undertaken and organized and on the conditions offered, requires actions to meet her needs, which may create feelings of satisfaction or dissatisfaction in the work environment. In the routine practice of nursing, characterized by activities which require high interdependence, motivation appears as an aspect which is fundamental in seeking greater efficiency – and, consequently, greater quality – in the care provided, coupled with the workers' satisfaction.

The level of professional satisfaction is coming to be seen as an essential and determinant factor for understanding care better. Dissatisfaction with the work environment is an issue which can affect the place's harmony and psychological stability, with the professional's satisfaction/motivation being seen as crucial for the assistance provided to the patients, principally in the Intensive Care Unit (ICU), where one finds patients who may potentially be more seriously-ill. Factors such as dissatisfaction at work can negatively influence the quality of the care provided to the patients, who must receive, first and foremost, quality care including

a certain level of professional excellence, the efficient use of resources, a minimum of risk to the patient/family, and a high degree of satisfaction on the part of the service users^(1,235).

The present study aims to investigate the factors which contribute to the satisfaction and to the dissatisfaction in the work of the nursing team in a Pediatric ICU, and to propose approach strategies which facilitate satisfaction in one's work, according to the perception of the team members themselves.

METHOD

The study is characterized as qualitative, of the exploratory-descriptive type. It is qualitative because it responds to highly specific issues, addressing a context which aims to acquire the meaning of relationships and social structures rather than quantity. The number of participants was defined by information saturation, and totalled 18 professionals, including nurses, nursing technicians and auxiliary nurses working in the Pediatric ICUs of two hospital centers in the city of Curitiba, State of Paraná, one being public and the other, phi-

lanthropic. For better visualization and understanding of the discourses obtained, the participants' identities were omitted, with codenames being used. These were feelings and emotions, followed by the letters Ph (Philanthropic) or P (Public), according to the institution.

The approach with the interviewees occurred following previous contact, the staff being asked about their interest in participating in the study, and clarifying the work's aims. Following acceptance, all the participants signed the Terms of Free and Informed Consent, respecting the precepts of Resolution 196/96 of the National Health Council, which were in place in the period in which the work was undertaken. The data collection period was February to May 2011. A semi-structured interview script with open questions was used and was recorded, in line with the study aims. Each staff member was interviewed once only and no time limits were established for the duration of the interviews.

The open questions were: What does satisfaction in the work environment mean to you? What does dissatisfaction in the work environment mean to you? How do you feel in your work environment currently? Why? Which elements contribute to satisfaction or dissatisfaction occurring in the work environment? What is their contribution such that sources of dissatisfaction may be minimized? How could the nurse contribute in the work environment so that her team could feel more motivated?

The inclusion criteria were: to be a nurse, nursing technician or nursing auxiliary; to accept voluntarily to participate in the research; to work in Pediatric ICU, and to have at least one year's experience in the department. The variables of gender, color, race or age were not considered.

The technique of content analysis⁽²⁾ was used for the process of analyzing the information, observing the phases proposed: pre-analysis, exploration of the material and treatment of the results, inference and interpretation. The accounts were divided in context units and recording units, and were organized in context units.

RESULTS

Ninety-one professionals work in the Pediatric ICU of the Philanthropic hospital, the majority being nursing technicians, caring for patients from 30 days to 17 years 11 months and 29 days old, with a total of 30 beds, of which only 24 are active, due to the lack of

human and material resources. In the Public hospital's Pediatric ICU, on the other hand, there are 25 staff members, the majority being nursing technicians. This Pediatric ICU cares for patients from 28 days old up to but not including 14 years old; it is a center of excellence and is classified as type III by the State Health Department. It has 10 beds, only six of which are active, due to the lack of material and human resources.

In relation to the professionals interviewed, five nurses, seven nursing technicians, and six auxiliary nurses were approached. They were from different shifts, and there were nine from each institution. It may be observed that in the ICUs the percentage of nurses is lower than that of the other members of the nursing team. Management and supervisory activities frequently fall to the nurse. In relation to gender, all of the participants were female, a historic characteristic of nursing.

The participants' ages varied between 20 and 59 years old. The majority of the nursing professionals in the philanthropic institution have worked in ICU for between one and five years; in the public institution the professionals have been working for between six and 21 years.

Two context units emerged from the content analysis: A) the nursing team's internal and external motivations relating to (dis-) satisfaction in their professional work in the Pediatric ICU; B) strategies which promote the nursing team's satisfaction in their work.

The nursing team's internal and external motivations relating to (dis-) satisfaction in their professional work in Pediatric ICU - Recording unit 1: (Dis-) satisfaction factors relating to the external motives arising from the work environment.

Beginning with the hierarchical level of the organization, firstly, emphasis is placed on the institution as a factor which creates dissatisfaction in the professionals, as shown in the discourse below:

What gets you down pressure from the institution plus that from patients' relatives. The institution expects so many things from you, like the uniform, something you do with the patient which wasn't to be done and the family complains, and nobody is ever satisfied, they just complain, and nobody ever thanks you [...] (Balance - Ph, nursing technician)

Another relevant factor present in the discourses relates to the salary offered by the institution (philanthropic) and benefits, which at the same time can bring

satisfaction to those who receive more benefits, and professional dissatisfaction to those who do not receive them:

I think the salary contributes significantly to dissatisfaction, yes, benefits which you have, some things which older employees have and others who have just entered don't get any more [...] (Empathy - Ph, nurse)

I think at the moment it would be more the salary, because the salary results in a high staff turnover, which ends up stressing those working there already, because there is excessive turnover. [...] (Honesty - Ph, nursing technician)

The nonexistence of a place for relaxing during work hours and the choice of the day off are also factors of dissatisfaction according to the accounts below:

The people complain a lot that there is no place set aside for the rest period, so this causes people to be dissatisfied too [...] (Empathy - Ph, nurse)

The dissatisfaction also occurs because sometimes we want a break and don't manage to, it's difficult to place another nurse in our place during our break, generally when it is the end of the week and we want some time off- there is already a queue. [...] (Intelligence - Ph, nurse)

There are factors that contribute to the professional satisfaction, as the participants expressed below in relation to human and material resources, as well as the bureaucratic barriers:

You have protective equipment, but the thing is, that having appropriate equipment to provide care is also important [...] (Happiness - P, auxiliary nurse)

The nursing team also reports the importance of "liking what you do" and of knowing how to act with quality. It may be perceived that their fondness for the profession causes them to carry out their professional activities with pleasure and provide quality care; according to the discourse below, this is one of the reasons for greater satisfaction within the work environment:

The first thing is, I really like working here in ICU, all the time I have spent working here has been directed more at the work with the children you know, and that is

what contributes [...] (Gratitude - P, nursing technician)

The work triggers different degrees of (dis-) satisfaction and (de-) motivation, principally in relation to how it is undertaken and the setting in which this happens. For the nursing professionals, satisfaction in the work environment involves:

Satisfaction is, first of all, having a work team, because if there is a good work team, everything works better, even if the situation in the work environment is not very favorable, without good working conditions [...] (Love - P, auxiliary nurse)

The nursing team's internal and external motivations regarding (dis-) satisfaction in the professional work in Pediatric ICU - Recording unit 2: Factors of (dis-) satisfaction in relation to each professional's internal motives.

For a person to feel satisfied in their work routine, their personal world must be taken into consideration, as in the accounts below:

First, the staff member himself, whether he likes or not what he does [...] (Hope - Ph, nursing technician)

For this satisfaction to happen, the person has to be happy with themselves, because like it or not, it is difficult for you to separate your personal life from your professional life, so if a person isn't happy with himself that will also be reflected in the work environment [...] (Truth - Ph, nurse)

In this way, one can recognise a series of facts, resources, feelings and situations which address the dimension of satisfaction and dissatisfaction:

Satisfaction in the work environment, is being able to come to work, you know, and carry out my tasks with quality and feel that I haven't only done the work that I came to do, but that I also contributed in some way to the team's work, I love working here [...] (Peace - P, nursing technician).

Dissatisfaction, I think that is when you come but I think you don't manage to do what you would like to, if you want to do more than what you do, often you can't [...] (Vigor - P, nurse)

The nursing team's internal and external motivations in relation to (dis-)satisfaction in the professional

work in Pediatric ICU - Recording unit 3: Feelings understood by the team referent to the work environment.

The majority of the professionals, in spite of mentioning feelings of dissatisfaction, currently feel satisfied with the work environment, as shown in the discourses below:

I feel fulfilled, I feel able to do all of the roles that I do, but always learning more [...] (Honesty - Ph, nursing technician)

I feel good, indeed, good, there are some things or others that sometimes we don't like but it's not all the time, it's normal, so currently I feel good [...] (Justice - P, auxiliary nurse)

Strategies which facilitate satisfaction in the nursing team's work - Recording unit 4: The individual contribution such that the sources of dissatisfaction may be minimized in the work environment.

The professionals from the nursing team show which attitudes they take such that dissatisfactions in the work environment may be minimized:

I try to fulfill my role as a nurse here in ICU, I do what I can and sometimes even what I cannot [...] (Intelligence - Ph, nurse)

I always try to resolve things, never to postpone things to sort out problems, I seek to converse, a dialog is the best solution for things [...] (Persistence - P, nursing technician)

Strategies which facilitate the nursing team's satisfaction in their work - Recording unit 5: Valorization of the professional in the work environment.

It was possible to perceive that the interviewees raised professional recognition as the main point for their motivation, as they consider this necessary to bring more satisfaction in their work in ICU:

We are more valued by the parents than by the team really, you know because you know that you need to be there, nobody says to you "Wow, your work is good, how well you work" [...] (Hope - Ph, nursing technician)

First, the recognition of the team, as much from the

medical team as the nursing team [...], (Vigor - P, nurse)

In the discourse below, the nurse talks about the institution's evaluation policy, which is a way of recognizing the work of its staff:

The institution itself does not have a policy for evaluating the employee, but I think that we have to have means so as to be able to evaluate and be evaluated, and these means can't be, like "ah, how am I doing" just in our dialog, I think there has to be something more official, there has to be something written about this [...]. (Charisma - P, nurse)

The nurses, as team leaders, are also great allies in this process of recognition of their teams, as shown in the accounts below:

I think that first of all it is valuing the team, you know? Always saying that although it may be difficult, and there are few of us, the service we provide is quality. (Vigor - P, nurse)

What we do is emphasize, strengthen the qualities which they have, [...], and how much their work is important for the institution, for the team, and principally for the main focus, which is the patient, the children [...]. (Truth - Ph, nurse)

In addition to recognition, the nurses feel the need for more autonomy, as the discourse below illustrates:

You want to go beyond what you do and often you can't manage to, and why? There are various problems, sometimes from the hierarchy, because you are a nurse, but you want to make the difference, you want to set up protocols, you want to put your knowledge into practice, and sometimes you are hindered in carrying out this procedure, because first you have to get it past the medical management, which sometimes says that now is not the time, let's wait a little longer, so what you have is this dynamic of being able to go further, because of your knowledge, I think that is what you studied for, there is scientific knowledge to put in practice, not to be kept back, and sometimes this is the big difficulty which we have, because you want to do, but are held back [...]. (Vigor - P, nurse)

Strategies which facilitate the nursing team's satisfaction in their work - Recording unit 6, Promotion

of meetings for sharing information, listening to the team, with the other employees alongside the nurses in the decision-making processes with their superiors.

The nursing team reinforces the need for them to be seen as beings who care for people, who present important questions which must be considered and presented to the other members, so that they may carry out quality work in the hospital organization, as shown in the discourses below:

There has always to be dialog, meetings, presenting what is really happening, what can be done, and set rules, but to put in place a better objective which everybody can achieve [...]. (Sensitivity - Ph, nursing technician)

Another question, which is also important, is participation in the decisions, in the meetings, in the commissions, that is to say, which need our vote and the worker's opinion in relation to the job, because the worker has to be active to show what the reality is like in the work, whether it is good enough or not [...]. (Happiness - P, auxiliary nurse)

The nursing professionals feel the need for this continuous education undertaken by the nurses, as shown in the discourses below:

I think that a little more continuous education in the unit would be good, this would minimize certain stressful factors which we can meet, you know, through forgetfulness, bad habits, habits, always working in the same way [...]. (Charisma - P, nurse)

I think there should be more courses, you know, they should do more of them, [...] we end up forgetting some things, so I think that we always need to be reminded [...]. (Joy - P, auxiliary nurse)

DISCUSSION

The low salaries offered in hospital organizations result from the low value given to manual work and from the connotations of charity and religion which still accompany them⁽³⁾. Satisfaction in the work involves the need for security related to the working conditions offered. Another important factor which ends up demotivating the staff relates to the rest area for those who do 12 hour shifts and the schedule for days off.

An individual, in working in a specific place, expects to find resources which allow him or her to

undertake the work, such as the adequacy of human and material resources and favorable relationships established in this environment. This context experienced is also significant for the nursing team, as it continues to be part of their life in the workplace, and this should provide them with the opportunity to carry out their roles in an environment which has appropriate human resources and adequate physical structure and material.

The nursing team submits to this process in which it loses its capacity to act in a more comprehensive way and to give opinions so as to obtain improvements, that is to say, to question. The nurse rarely participates in the discussions which involve changes in the dynamic of the work which could make better conditions possible⁽³⁾.

Motivation is the result of intrinsic and extrinsic factors, such as the work environment, the work itself, and principally the relationships which develop between chiefs and subordinates and among the subordinates. Each staff member in her work environment must be recognized as a unique individual, with abilities and difficulties, motivated by different factors.

The nurse Vigor expresses a desire to be able to speak out, to present ideas which according to her understanding could help to improve the work and benefit nursing and the care given to the patients. The valorization and recognition of the work undertaken are of great importance for encouraging motivation, given that once they are implemented, the individual feels the desire to carry out her work well, and this desire to work productively is of great importance to nursing, as this is a profession whose actions are directed towards the care for the patient, and if the staff member is demotivated with her work, this is reflected in how she cares for the patient⁽⁴⁾.

The nurses feel it is necessary for there to be a policy for evaluating the staff members' performance, an incentive on the part of the managers. In this way, the members of the team become aware of how they are carrying out their work and if there is something to improve. In the hospital institutions, this can be employed as an institutional evaluation or also as feedback. In administration, feedback is a procedure which consists of providing information to a person about their performance, conduct or the actions which they undertake - the aim being to guide or encourage more appropriate future behaviours. Professional satisfaction can also be encouraged through strategies which maximize commitment, motivation or recognition of the work undertaken. Inspiring the professionals in their work, either as a team or individually, ensures the achievement of better results⁽⁵⁾.

Generally speaking, human beings like being praised, as this brings emotional stimuli to their lives. A positive stimulus, thanks, and complements for the results in undertaking a task, a word of encouragement, among others, are acts which can transform the routine of the team's work, facilitating the development of the tasks which they undertake⁽³⁾.

In this we see that the work of the nurses is extremely stressful, as the professional has a lot of responsibility in the undertaking of her daily activities, sometimes with inadequate working conditions, while in contrast she does not have autonomy or even decision-making power which is compatible with her responsibilities in the organization.

The discourses demonstrate feelings which are favorable to the applicability of times for conversing and meetings as a factor for the relief of tensions and stress, promoted through periods of dialog, sharing information and different opinions and clarifying doubts - which also become a time for the team to relax, and be able to indicate problems and seek solutions together. When such times exist, which strengthen the group, teamwork, friendship, and companionship are important, as they foster the sharing of experiences and knowledge and allow the establishment of trust among the team members, as these know the individual and group characteristics, making it possible for the worker to express her feelings, needs, difficulties, and doubts, among others, such that the team work may be more supportive, calm and pleasurable⁽⁶⁾.

The role of the nurse in the team is extremely important, as she needs to know her team, and have attitudes which motivate the team members in their activities, working in such a way as to mitigate the strain and the tension which nursing work in ICU causes. In working within ICU, one is presented with intense physical activity and a high degree of emotional stress, the consequence of ongoing contact with high technology which masks the person-to-person relationship, with life and death situations and family anxiety - in addition to one's own expectations regarding one's efficiency in professional performance⁽⁷⁾.

The nurse with an administrative role, who focuses her work on the team, contributes to its achievement of satisfaction, and being a participatory manager, directly influences the people in her team. In this way, individualism, competitiveness or authoritarianism do not pervade the team. She must always carry out management directed towards transformations, that is to say, which is innovative, having as the guiding axis the

improvement of the quality of the nursing care and also the seeking of strategies which make possible greater satisfaction for the nursing team in its day-to-day work^(8:303).

In Recording Unit 6, Promotion of the team's continuous education, regarding issues aimed at the improvement of the nursing care, the activities of continuous education undertaken effectively constitute one of the ways of ensuring the maintenance of the nursing team's competence in relation to the nursing care. Continuous education pervades the professional as a form of encouragement and motivation of those who she assists, so that they too may show the experiences of autonomy, raising of self-esteem and personal development. It is understood that continuous education can make it possible to improve the relationship between client, family and team, as well as the understanding of the illness, due to the encouragement of the acquisition of knowledge, awakening self-knowledge in the professional⁽⁹⁾.

In the light of this context, emphasis is placed on the importance of the nurse understanding that the motivational factors act directly on the staff members' quality of life and on the quality of the products, and are held as the driving force, and it is this that drives the performance of the entire team⁽¹⁰⁾. It may be said that although learning is a tool capable of driving organizational growth, for this to really happen it is not enough to invest only in the leader's professional development; one must also invest in the development of the staff, even more so in nursing, given that its work process is structured collectively⁽⁴⁾.

The nurses can also create a motivating atmosphere by being a positive and enthusiastic model in the environment of their clinical work. Perhaps the most important role of the leader in relation to the unmotivated employee is to serve as a model. Leaders must be associated with a system of professional support in the search for positive reinforcement, information and guidance in professional development⁽¹¹⁾.

FINAL CONSIDERATIONS

It is possible to assert that there was understanding of the extent and complexity which surrounds being a nursing professional working in ICU. The various problems and difficulties, in the light of the nursing team's working conditions, lead one to reflect on the dialogic relationship between caring and being cared

for: on the one hand, there was the patient who needs comprehensive care from the team, in her bio-psycho and socio-spiritual needs, while on the other, one finds the professionals who must also be seen in terms of the comprehensiveness of their needs. Also, the work can be understood in different ways, considering that each person has their own conception of the world, their own aspirations, sadnesses, and happinesses.

In this context, the figure of the leader is of great importance for the development of the nursing team's motivation, as it is she who shall add value to her team, considering them competent, creative individuals who are, above all, able to carry out quality work, through providing conditions for satisfaction in the work with these professionals, which creates better quality of care for the service users, as well as promoting the worker's health. As a proposal, the authors believe that the institutions must provide an environment of embracement, valorization, and motivation - and must involve the staff member in viable decision-making processes, giving autonomy in the undertaking of the tasks related to her role.

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