

WORK SATISFACTION: PERCEPTION OF NURSES OF A UNIVERSITY HOSPITAL

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ABSTRACT: The aim of this study was to investigate the perceived work satisfaction of nurses in a hospital in southern Brazil. This quantitative study was conducted with 144 nurses of a university hospital, from December 2014 to February 2015, using the Index of Work Satisfaction. The results showed that 79.2% (n = 114) of the nurses reported having autonomy, however, 47.9% (n = 69) need to carry out activities that went against their better judgment in some situations. For 75.7% (n=109) the interaction with the nursing staff was satisfactory, while for 70.1% (n=101) the interaction with doctors was permeated by the devaluation of their work and knowledge. Regarding the salary, 79.2% (n=114) considered it satisfactory; 93.8% (n=135) considered their work important; 88.2% (n = 127) were satisfied with the work performed and 80.6% (n = 116) considered that bureaucratic activities hampered more qualified care. The importance is highlighted of the institutions evaluating the needs of professionals and seeking strategies to increase their satisfaction.

DESCRIPTORS: Nursing care; Nursing; Work satisfaction; Worker's health.

SATISFAÇÃO PROFISSIONAL: PERCEÇÃO DE ENFERMEIROS DE UM HOSPITAL UNIVERSITÁRIO

RESUMO: Objetivou-se investigar a satisfação profissional percebida de enfermeiros de uma instituição hospitalar do Sul do Brasil. Pesquisa quantitativa, desenvolvida com 144 enfermeiros de um hospital universitário, no período de dezembro de 2014 a fevereiro de 2015, utilizando-se o Índice de Satisfação Profissional. Os resultados evidenciaram que 79,2% (n=114) dos enfermeiros referem possuir autonomia, porém 47,9% (n=69) precisam realizar atividades que vão contra seu melhor julgamento em algumas situações. Para 75,7% (n=109) a interação com equipe de enfermagem é satisfatória, enquanto para 70,1% (n=101) a interação com médicos é permeada pela desvalorização do trabalho e conhecimentos. Quanto ao salário atual, 79,2% (n=114) o consideram satisfatório; 93,8% (n=135) consideram seu trabalho importante; 88,2% (n=127) estão satisfeitos com o trabalho realizado, e, 80,6% (n=116) consideram que as atividades burocráticas dificultam uma assistência mais qualificada. Ressaltamos a importância das instituições avaliarem as necessidades dos profissionais e buscarem estratégias para aumentar sua satisfação.

DESCRIPTORIOS: Assistência de enfermagem; Enfermagem; Satisfação no trabalho; Saúde do trabalhador.

SATISFACCIÓN PROFESIONAL: PERCEPCIÓN DE ENFERMEROS DE UN HOSPITAL UNIVERSITARIO

RESUMEN: El objetivo del estudio fue investigar la satisfacción profesional percibida por enfermeros de una institución hospitalar del Sur de Brasil. Investigación cuantitativa, desarrollada con 144 enfermeros de un hospital universitario, en el periodo de diciembre de 2014 a febrero de 2015, utilizándose el Índice de Satisfacción Profesional. Los resultados apuntan que 79,2% (n=114) de los enfermeros afirman presentar autonomía, pero 47,9% (n=69) necesitan realizar actividades que no están de acuerdo a lo que piensan ser mejor en algunas situaciones. Para 75,7% (n=109), la interacción con el equipo de enfermería es satisfactoria, mientras para 70,1% (n=101) la interacción con médicos muestra desvalorización del trabajo y conocimientos. Acerca del sueldo actual, 79,2% (n=114) lo creen satisfactorio; 93,8% (n=135) consideran su trabajo importante; 88,2% (n=127) están satisfechos con el trabajo realizado, y, 80,6% (n=116) piensan que las actividades burocráticas dificultan una asistencia más calificada. Se destaca la importancia de las instituciones de evaluar las necesidades de los profesionales y buscar estrategias para aumentar su satisfacción.

DESCRIPTORIOS: Asistencia de enfermería; Enfermería; Satisfacción en trabajo; Salud del trabajador.

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● INTRODUCTION

Increasing globalization and the evolution in the work process have led to professionals needing to be more qualified and perform their roles effectively. In the healthcare area it is no different as, with the progressive evolution of technology, growth of the requirement for high complexity care and aging of the population, it is necessary for health professionals to obtain broad knowledge and to constantly update their knowledge for the improvement of the care⁽¹⁾. The capitalist scenario is marked by competitiveness and the search for a high level of productivity with low production costs. In some cases, the increase in the work rate at the expense of job satisfaction can be seen⁽²⁾. On the other hand, satisfaction and well-being at work are seen in some services as a necessity, as job satisfaction is linked to productivity and seen as an attribute to overcome the barriers of competitiveness and search for quality⁽³⁾.

The relationship the professionals established with the work can reflect on their health, pleasure, satisfaction and quality of life. These factors depend on how the work is comprehended, the meaning and importance assigned by the professionals and the way they are included in the working environment⁽⁴⁾. Work satisfaction has been defined in different ways over the years due to the fact that work satisfaction is a complex and difficult concept. It is a subjective and individual state, which can be interpreted in different ways. In this sense, it can also vary depending on influences or internal and external factors of the working environment, such as working conditions, company policies, salary and relationships with colleagues and management⁽⁵⁾.

In the context of nursing work, which is widely developed in the hospital service, work satisfaction is of paramount importance, as nurses take responsibility for assisting patients without interruption⁽²⁾. Thus, if the professionals are satisfied, they will have more motivation to carry out their work with quality, optimizing the care provided. The level of work satisfaction can influence the harmony and psychological stability of the subject. Thus, insufficiently evaluated satisfaction can have negative implications on the professional working practice⁽⁶⁾ and, related to nursing, it can also affect the quality of the care provided. Therefore, it is important to highlight the need to assess work satisfaction, through specific instruments. An example of these is the Index of Work Satisfaction (IWS), which aims to study the work satisfaction of nurses and is statistically valid, reliable, easy to understand and used for the benefit of the nursing staff⁽⁷⁾.

Work satisfaction can influence the performance of employees, reflected in their health and relationships in the workplace. The study was justified considering the need to know the perceptions of the reality experienced by nurses in their working environment and also to identify variables that influence their work satisfaction. This study sought to answer the following question: What is the perception of work satisfaction of nurses working in a hospital in southern Brazil? The aim defined was to investigate the perceived work satisfaction of nurses in a hospital in southern Brazil, according to the dimensions of the IWS.

● METHOD

This was a quantitative study of the Survey type, conducted in a university hospital of the state of Rio Grande do Sul. The population consisted of 228 nurses working in the institution. The following inclusion criteria were used: to be a nurse and to have worked in the hospital for at least 30 days. The exclusion criterion used was the absence from the workplace during the data collection period, either due to sick leave or vacation. In this study a non-probabilistic convenience sample was used, however, to reduce possible bias due to the sample size, the sample size selection criteria was adopted⁽⁸⁾, which aimed to determine the minimum number of individuals needed in the sample to enable the effectuation of statistical tests. It is represented by the following mathematical expression:

$$n = \frac{\chi^2 \cdot N \cdot P(1-P)}{d^2 (N-1) + \chi^2 \cdot P(1-P)}$$

Where: n = sample size; χ^2 = chi-square value for 1 degree of freedom to the 0.05 confidence level

and that is equal to 3.89 (predetermined fixed value); N = population size; P = the proportion of the population to be estimated (it is assumed to be 0.50 since this proportion would provide the maximum sample size); d = the degree of accuracy expressed as a proportion (0.05). Thus, based on the total number of nurses 228, a sample with a minimum number of 144 participants was obtained as a result.

Data collection, which covered the period December 2014 to February 2015, was carried out with the application of two questionnaires, one on sociodemographic and working data to characterize the participants and another, called the Index of Work Satisfaction (IWS), to investigate work satisfaction⁽⁷⁾. The collection was carried out by the author of the study and by nursing students and Master's students. The nurses were invited to participate in the study, the collectors presented the objectives, form of participation and also delivered the Consent Form (CF). The questionnaires remained with the nurses, to be returned on a pre-scheduled date, with three attempts made to recover the questionnaires.

The IWS was developed in 1997 in North America⁽⁷⁾ and adapted, validated and translated into Portuguese in 1999⁽⁹⁾. It is a questionnaire reorganized into two parts (A and B). The instrument makes it possible to identify the importance attributed by nurses regarding six components of the work: Autonomy, Interaction, Professional Status, Task Requirements, Organizational Policies and Pay⁽¹⁰⁾.

The analysis of the IWS data was only performed for Part B (Attitude Scale), which assesses work satisfaction perceived by these nurses in relation to their work⁽¹⁰⁾. For the analysis, the questions were grouped according to the components presented. Frequency distribution matrices were created, grouping the answers "agree", "disagree" and "neutral".

The EpiInfo 6.4 program was used to construct the database, with independent the data double entered and the subsequent correction of errors and inconsistencies. After this verification, descriptive statistics were used for the data analysis, with distribution of absolute and relative frequencies, using the statistical software PASW Statistics (Predictive Analytics Software), of the Statistical Package for the Social Sciences (SPSS) version 21.0 for Windows. For the development of the study, the ethical aspects were observed, according to Resolution 466/12⁽¹¹⁾. This study was reviewed and approved by the Research Ethics Committee of the Federal University of Santa Maria (CEP/UFSM). under number CAAE 24330213.8.0000.5346 and authorization number 558.262.

● RESULTS

Of the 144 nurses that participated in the study, the majority were female (n=130, 90.3%), mainly aged between 31 to 40 years (n=61, 42.4%). In relation to marital status, 97 (67.4%) were married or had a companion and 54 (37.5%) had no children. The hospital service unit with the highest percentage of nurses was the Intensive Care Unit (ICU), including the cardiac, adult, pediatric and neonatal ICUs (n=23, 16%). The majority of the study participants did not have another job (n=128, 88.9%). Regarding the time since professional qualification, the predominance was 1 to 10 years (n=55, 38.2%), the length of service in the institution was also 1 to 10 years (n=45, 31.3%) and time working in the current unit was also found to be 1 to 10 years (n=64, 44.4%).

Table 1 presents the distribution of responses for the autonomy component of the IWS.

Table 1 - Distribution of responses for the Autonomy component. Santa Maria, RS, Brazil, 2015

AUTONOMY		Agree	Neutral	Disagree	Total
7. I feel I am supervised more closely than I need to be.	n	22	21	101	144
	(%)	(15.3)	(14.6)	(70.1)	(100)
13. I feel I have sufficient input into the program of care for each of my patients.	n	114	8	22	144
	(%)	(79.2)	(5.6)	(15.3)	(100)
17. I have too much responsibilities and not enough authority.	n	58	13	73	144
	(%)	(40.3)	(9)	(50.7)	(100)
20. In my service, my supervisors make all the decisions. I have little control over my own work.	n	33	11	100	144
	(%)	(22.9)	(7.6)	(69.4)	(100)

26. A great deal of independence is permitted, if not required, of me.	n	53	45	46	144
	(%)	(36.8)	(31.3)	(31.9)	(100)
30. I am sometimes frustrated because all of my activities seem programmed for me.	n	47	17	80	144
	(%)	(32.6)	(11.8)	(55.6)	(100)
31. I am sometimes required to do things in my job that are against my better nursing judgment.	n	69	14	61	144
	(%)	(47.9)	(9.7)	(42.4)	(100)
43. I have the freedom in my work to make important decisions as I see fit, and can count on my supervisors to back me up.	n	93	15	36	144
	(%)	(64.6)	(10.4)	(25)	(100)

According to the results obtained, the nurses participating in the study referred to having autonomy in their activities, however, sometimes needed to proceed with something contrary to their better professional judgment. This is evident in the responses to: "Q13: I feel I have sufficient input into the program of care for each of my patients" (79.2% agreement) and "Q31: I am sometimes required to do things in my job that are against my better nursing judgment" (47.9% agreement).

Table 2 presents the distribution of responses for the interaction component of the IWS.

Table 2 - Distribution of responses for the Interaction component. Santa Maria, RS, Brazil, 2015

PROFESSIONAL INTERACTION					
Interaction with medical team		Agree	Neutral	Disagree	Total
6. Physicians in general don't cooperate with the nursing staff on my unit.	n	97	10	37	144
	(%)	(67.4)	(6.9)	(25.7)	(100)
19. There is a lot of teamwork between nurses and doctors on my own unit.	n	81	12	51	144
	(%)	(56.3)	(8.3)	(35.4)	(100)
35. I wish doctors here would show more respect for the skill and knowledge of the nursing staff.	n	101	16	27	144
	(%)	(70.1)	(11.1)	(18.8)	(100)
37. Physicians at this hospital generally understand and appreciate what the nursing staff does.	n	67	16	61	144
	(%)	(46.5)	(11.1)	(42.4)	(100)
39. The physicians at this hospital look down too much on the nursing staff.	n	67	13	64	144
	(%)	(46.5)	(9)	(44.4)	(100)
Interaction with nursing staff		Agree	Neutral	Disagree	Total
3. The nursing personnel on my service don't hesitate to pitch in and help one another when things get in a rush.	n	131	2	11	144
	(%)	(91.0)	(1.4)	(7.6)	(100)
10. New employees are not quickly made to "feel at home" on my unit.	n	49	13	82	144
	(%)	(34.0)	(9)	(56.9)	(100)
16. There is a good deal of teamwork and cooperation between various levels of nursing personnel on my service.	n	109	4	31	144
	(%)	(75.7)	(2.8)	(21.5)	(100)
23. The nursing personnel on my service are not as friendly and outgoing as I would like.	n	35	12	97	144
	(%)	(24.3)	(8.3)	(67.4)	(100)
28. There is a lot of "rank consciousness" on my unit; nursing personnel seldom mingle with others of lower ranks.	n	11	10	123	144
	(%)	(7.6)	(6.9)	(85.4)	(100)

Related to the interaction with the medical and nursing staff, the nurses had good interactions with the nursing and medical staff, there was cooperation and assistance among the professionals, however, the nurses said they would like the physicians to give them more recognition and have more respect for the work done by them. Both "Q35: I wish doctors here would show more respect for the skill and knowledge of the nursing staff" (70.1% agreement) and "Q16: There is a good deal of teamwork and cooperation between various levels of nursing personnel on my service" (75.7% agreement) stood out.

Table 3 presents the distribution of responses for the pay and professional status components of the IWS.

Table 3 – Distribution of responses for the pay and professional status components. Santa Maria, RS, Brazil, 2015

PAY		Agree	Neutral	Disagree	Total
1. My present salary is satisfactory.	n	114	2	28	144
	(%)	(79.2)	(1.4)	(19.4)	(100)
8. Excluding myself, it is my impression that a lot of nursing service personnel at this hospital are dissatisfied with their pay.	n	48	25	71	144
	(%)	(33.3)	(17.4)	(49.3)	(100)
14. Considering what is expected of nursing service personnel at this hospital, the pay we get is reasonable.	n	87	8	49	144
	(%)	(60.4)	(5.6)	(34)	(100)
21. The present rate of increase in pay for nursing service personnel at this hospital is not satisfactory.	n	85	19	40	144
	(%)	(59)	(13.2)	(27.8)	(100)
44. An upgrading of pay schedules for nursing personnel is needed at this hospital.	n	100	20	24	144
	(%)	(69.4)	(13.9)	(16.7)	(100)
PROFESSIONAL STATUS		Agree	Neutral	Disagree	Total
9. Most people appreciate the importance of nursing care to hospital patients.	n	104	4	36	144
	(%)	(72.2)	(2.8)	(25.0)	(100)
11. There is no doubt whatever in my mind that what I do in my job is really important.	n	135	3	6	144
	(%)	(93.8)	(2.1)	(4.2)	(100)
27. What I do in my job doesn't add up to anything really significant.	n	7	1	136	144
	(%)	(4.9)	(0.7)	(94.4)	(100)
34. It makes me proud to talk to other people about what I do in my job.	n	129	9	6	144
	(%)	(89.6)	(6.3)	(4.2)	(100)
38. If I had the decision to make all over again, I would still go into nursing.	n	106	14	24	144
	(%)	(73.6)	(9.7)	(16.7)	(100)
41. My particular job really doesn't require much skill or know how.	n	4	1	139	144
	(%)	(2.8)	(0.7)	(96.5)	(100)

Regarding the pay component, the professionals indicated that they were satisfied with their current salary, especially when compared to the salary received in other hospitals. However they said that they would like a wage increase. The responses to “Q1: My present salary is satisfactory” (79.2% agreement) and “Q44: An upgrading of pay schedules for nursing personnel is needed at this hospital” (69.4% agreement) are highlighted.

With regard to the professional status, the nurses claimed that what they do is important and requires a lot of knowledge and skill, however, they said that they would like more recognition and appreciation for the work they perform. This can be seen in “Q11: There is no doubt whatever in my mind that what I do in my job is really important” (93.8% agreement).

Table 4 shows the distribution of responses for the task requirements and organizational policies components of the IWS.

Table 4 - Distribution of responses for the Task Requirements and Organizational Policies components. Santa Maria, RS, Brazil, 2015

TASK REQUIREMENTS		Agree	Neutral	Disagree	Total
4. There is too much clerical and “paperwork” required of nursing personnel in this hospital	n	83	15	46	144
	(%)	(57.6)	(10.4)	(31.9)	(100)

15. I feel I could do a better job if I didn't have so much to do all the time.	n	97	5	42	144
	(%)	(67.4)	(3.5)	(29.2)	(100)
22. I am satisfied with the types of activities that I do in my job.	n	127	3	14	144
	(%)	(88.2)	(2.1)	(9.7)	(100)
24. I have plenty of time and opportunity to discuss patient care problems with other nursing service personnel.	n	65	7	72	144
	(%)	(45.1)	(4.9)	(50.0)	(100)
29. I spend sufficient time in direct patient care.	n	57	12	75	144
	(%)	(39.6)	(8.3)	(52.1)	(100)
36. I could deliver much better care if I had more time with each patient.	n	116	7	21	144
	(%)	(80.6)	(4.9)	(14.6)	(100)
ORGANIZATIONAL POLICIES		Agree	Neutral	Disagree	Total
5. The nursing staff have sufficient control over scheduling their own work shifts.	n	97	9	38	144
	(%)	(67.4)	(6.3)	(26.4)	(100)
12. There is a great gap between the administration of this hospital and the daily problems of the nursing service.	n	104	11	29	144
	(%)	(72.2)	(7.6)	(20.1)	(100)
18. There are not enough opportunities for advancement of nursing personnel at this hospital.	n	68	16	60	144
	(%)	(47.2)	(11.1)	(41.7)	(100)
25. There is ample opportunity for nursing staff to participate in the administrative decision-making process.	n	35	20	89	144
	(%)	(24.3)	(13.9)	(61.8)	(100)
33. Administrative decisions at this hospital interfere too much with patient care.	n	86	22	36	144
	(%)	(59.7)	(15.3)	(25)	(100)
40. I have all the voice in planning policies and procedures for this hospital and my unit that I want.	n	47	16	81	144
	(%)	(32.6)	(11.1)	(56.3)	(100)
42. The nursing administrators generally consult with the staff on daily problems and procedures.	n	67	11	66	144
	(%)	(46.5)	(7.6)	(45.8)	(100)

The task requirements are the activities performed routinely by the professionals and the participants were satisfied with the types of activities they did, however, they had a lot of administrative and bureaucratic work, which put the care activities in the background, due to the lack of time for direct patient care. This was shown by "Q36: I could deliver much better care if I had more time with each patient" (80.6% agreement).

Related to organizational policies, the nurses believed that the nursing staff had control over the scheduling of their work shift and decision making within the unit to which they belonged, however, felt limited in the decision making regarding the hospital. This was evident in "Q12: There is a great gap between the administration of this hospital and the daily problems of the nursing service" (72.2% agreement).

● DISCUSSION

In the analysis of work satisfaction, through the IWS instrument, it can be seen that autonomy was a present and satisfactory component for the participants. The autonomy of the nurses is equivalent to professional independence, which give the nurses freedom to make decisions within their knowledge and also allows them to perform tasks that provide satisfactory results in their work. Some favorable points for the achievement of autonomy are the construction of knowledge, skills, holistic care and health education, among others⁽¹²⁾.

There was an interaction with the medical and nursing teams, with the professionals relating well and cooperating with each other, however, the nurses did not feel respected by the physicians regarding their knowledge and skills. This finding also occurred with nurses of the Mobile Emergency Service (SAMU) in Natal, who said they would like the physicians to show more respect for the skills and

knowledge of the nursing staff. This may be the result of the historical superiority that physicians have in decision-making, in relation to nurses⁽¹³⁾. Regarding the interaction of the nursing team, a study also showed, the same as this study, that there is collaboration between the various levels of nursing staff and that the team help when "things are in a rush in the work"⁽¹³⁾.

The pay is an important factor for work satisfaction and the participants considered their salary satisfactory, however, would have like it to be readjusted. Lower pay can be a great motivation for work dissatisfaction⁽¹⁾. Low wages lead to the need for more than one job, usually causing an overload that interferes with the quality of the care and with work satisfaction⁽¹⁴⁾.

Concerning the Professional Status, when nurses are recognized and valued they develop their actions with greater commitment and satisfaction. Recognition and social prestige can make nurses feel satisfied and complete in the performance of their work activities. Satisfaction can be a stimulus for carrying out the care with higher quality and a lack of appreciation causes discontent and lack of motivation for nurses⁽¹⁵⁾.

Although the nurses said they were satisfied with the activities carried out at work, they claimed to have a lot of administrative and bureaucratic work. The conditions of bureaucratization, inflexibility, routinization and overload in the work have been identified as causing dissatisfaction in the nursing teams^(1,9-10). The task requirements are directly related to the working conditions, occupational hazards and stress, among others⁽¹⁶⁾.

Regarding the organizational policies, the limitations existing between the services and workers regarding administrative and managerial issues can interfere with the work and well-being of the nursing team. For the transformation of a job that requires great commitment into a pleasant and qualified activity to occur, more flexibility in the organization and work standards is needed, so that there is the adequation of the organizational policies, taking into account the needs of workers, giving them greater freedom to organize their service⁽¹⁷⁾.

● CONCLUSION

Some limitations of the study that should be noted are; the delay in returning the instruments and the difficulty of getting the nurses to accept to participate in the study. As it is a teaching hospital, the participants were saturated because of the large number of studies performed in the place. It should be remembered that this study was conducted in only one hospital, therefore the reality portrayed in the study is unique, as the perception of experiences of each subject was sought. It is important that the work environment and provision of pay also foster pleasure for those who perform the work, taking into account the organizational and subjective aspects, ensuring satisfaction for the professionals so that they will be motivated to perform quality work.

The study enabled the construction of nursing knowledge, assimilation of current problems in the health services and the reflection of the members of the healthcare team regarding possible improvements in relationships in the work environment, organization of services and quality of care provided. Thus, hospitals need to attend to the needs of professionals better, so that they can perform their work with more satisfaction and quality. Professionals must also commit to changes occurring in the workplace, demanding and contributing to the improvements of the institution.

● REFERENCES

1. Paiva FFS, Rocha AM, Cardoso LDF. Satisfação profissional entre enfermeiros que atuam na assistência domiciliar. *Rev. esc. enferm. USP*. 2011; 45(6): 1452-8.
2. da Silva RM, Beck CLC, Guido LA, Lopes LFD, dos Santos JLG. Análise quantitativa da satisfação profissional dos enfermeiros que atuam no período noturno. *Texto Contexto Enferm*. 2009; 18(2): 298-305.
3. Oliveira ECL. Satisfação profissional, qualidade de serviço e segurança do utente: um estudo de caso em instituições de economia social[dissertação]. Coimbra: Universidade de Coimbra; 2015.

4. de Moura LLF. Qualidade de vida no trabalho: uma aplicação prática do modelo de Walton no contexto de uma empresa em Picos-PI [monografia]. Picos (PI): Universidade Federal do Piauí; 2011.
5. Fraser TM. Human stress, work and job satisfaction: a critical approach. Geneva: International Labour Office; 1983.
6. Martinez MC, Paraguay AIBB. Satisfação e saúde no trabalho: aspectos conceituais e metodológicos. Cad. psicol. soc. trab. 2003; (6): 59-78.
7. Stamps PL. Using the index of work satisfaction in an organizational setting. Nurses and work satisfaction: an index for measurement. 2ª ed. Chicago: Health Administration Press; 1997.
8. Hill MM, Hill A. Investigação por questionário. Lisboa: Editora Sílado; 2002.
9. Lino MM. Satisfação profissional entre enfermeiras de UTI: adaptação transcultural do index of work satisfaction (IWS) [dissertação]. São Paulo (SP): Universidade de São Paulo; 1999.
10. Lino MM. Qualidade de vida e satisfação profissional de enfermeiras de unidades de terapia intensiva [tese]. São Paulo (SP): Universidade de São Paulo; 2004.
11. Ministério da Saúde (BR). Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Resolução n. 466, de 12 de dezembro de 2012. Brasília; 2012.
12. Monteiro AI, dos Santos ADB, de Macedo IP, Gurgel PKF, Cavalcante JMP. A expressão da autonomia do enfermeiro no acompanhamento do crescimento e desenvolvimento da criança. Rev.enferm. UERJ. 2011; 19(3): 426-31.
13. Campos RM, de Farias GM, Ramos CS. Satisfação profissional da equipe de enfermagem do SAMU/Natal. Rev. Eletr. Enf. 2009; 11(3): 647-57.
14. Mauro MYC, da Paz AF, Mauro CCC, Pinheiro MAS, Silva VG. Condições de trabalho da enfermagem nas enfermarias de um hospital universitário. Esc. Anna Nery. 2010; 14(2): 13-8.
15. da Silveira RS, Funck CR, Lunardi VL, Avila LI, Lunardi Filho WD, Vidal DAS. Percepção dos trabalhadores de enfermagem acerca da satisfação no contexto do trabalho na UTI. EnfermFoco. 2012; 3(2): 93-6.
16. Siqueira VTA, Kurcgant P. Satisfação no trabalho: indicador de qualidade no gerenciamento de recursos humanos em enfermagem. Rev. esc. enferm. USP. 2012; 46(1): 151-7.
17. Kessler AI, Krug SBF. Do prazer ao sofrimento no trabalho da enfermagem: o discurso dos trabalhadores. Rev. Gaúcha Enferm. 2012; 33(1): 49-55.