

# PROFESSIONAL SATISFACTION OF NURSES AT A SURGICENTER IN AN EXCELLENCE HOSPITAL

*Satisfação profissional de enfermeiros que atuam no bloco cirúrgico de um hospital de excelência*

*Satisfacción profesional de enfermeras que trabajan en centro quirúrgico de un hospital de excelencia*

Lúcia Helena de Almeida Gouveia<sup>1</sup> , Vivian Finotti Ribeiro<sup>2</sup> , Rachel de Carvalho<sup>3\*</sup> 

**ABSTRACT: Objectives:** To analyze and compare the professional satisfaction index (PSI) of surgical block (SB) nurses. **Method:** Comparative and quantitative field study that used the PSI in the evaluation of autonomy, interaction, compensation, organizational standards, professional status and work requirements of nurses working in the SB of a private hospital in São Paulo. **Results:** Of the 49 nurses in the sample, 39 worked in the operating room (OR) and post-anesthesia recovery room (PARR) and 10 worked in the material and sterilization center (MSC). Interaction was the most important component, and professional status was the least important. However, professional status obtained the highest level of satisfaction, while work requirements received the lowest. The PSI was 11.04 (low level), considering possible variation between 0.9 and 37.1. There was a significant difference for interaction, with greater satisfaction of OR/PARR nurses compared to MSC nurses. **Conclusion:** Professional satisfaction of SB nurses assessed by PSI was low. It is important to have knowledge of the factors that influence this index, as satisfaction directly interferes in the quality of care and prevents occupational diseases, besides being an indicator of results in the work process.

**Keywords:** Job satisfaction. Surgicenters. Operating room nursing. Recovery room. Sterilization.

**RESUMO: Objetivos:** Analisar e comparar o índice de satisfação profissional (ISP) de enfermeiros do bloco cirúrgico (BC). **Método:** Estudo de campo, comparativo e quantitativo que utilizou o ISP na avaliação da autonomia, interação, remuneração, normas organizacionais, status profissional e requisitos do trabalho de enfermeiros atuantes do BC de um hospital privado de São Paulo. **Resultados:** Dos 49 enfermeiros da amostra, 39 atuavam em centro cirúrgico (CC) e sala de recuperação pós-anestésica (SRPA) e 10 no centro de material e esterilização (CME). A interação foi o componente de maior importância, e o status profissional, o de menor; no entanto status profissional obteve o maior nível de satisfação, e requisitos do trabalho, o menor. O ISP foi 11,04 (baixo nível), considerando possível variação entre 0,9 e 37,1. Houve diferença significativa para interação, com maior satisfação dos enfermeiros do CC/SRPA em comparação com os do CME. **Conclusão:** A satisfação profissional de enfermeiros do BC avaliada pelo ISP foi baixa. Conhecer os fatores que influenciam nesse índice é importante, pois a satisfação interfere diretamente na qualidade da assistência, previne doenças ocupacionais, além de ser indicador de resultados no processo de trabalho.

**Palavras-chave:** Satisfação no emprego. Centros cirúrgicos. Enfermagem de centro cirúrgico. Sala de recuperação. Esterilização.

**RESUMEN: Objetivos:** analizar y comparar el índice de satisfacción profesional (ISP) de las enfermeras en el quirófano. **Método:** Estudio de campo, comparativo y cuantitativo que utilizó el ISP en la evaluación de autonomía, interacción, remuneración, normas organizacionales, estatus profesional y requisitos de trabajo de enfermeras que trabajan en el BC de un hospital privado en São Paulo. **Resultados:** De las 49 enfermeras de la muestra, 39 trabajaron en el centro quirúrgico (CQ) y la sala de recuperación postanestésica (SRPA) y 10 en el centro de material y esterilización (CME). La interacción fue el componente más importante, y el estado profesional, el más bajo, sin embargo, el estado profesional obtuvo el mayor nivel de satisfacción y los requisitos laborales, el más bajo. El ISP fue 11.04 (nivel bajo), considerando una posible variación entre 0.9 y 37.1. Hubo una diferencia significativa en la interacción, con una mayor satisfacción de las enfermeras de CQ/SRPA en comparación con las de CME. **Conclusión:** La satisfacción profesional de las enfermeras de quirófano evaluadas por el ISP fue baja. Es importante conocer los factores que influyen en este índice, ya que la satisfacción interfiere directamente con la calidad de la atención, previene enfermedades ocupacionales, además de ser un indicador de resultados en el proceso de trabajo.

**Palabras clave:** Satisfacción en el trabajo. Centros quirúrgicos. Enfermería de quirófano. Sala de recuperación. Esterilización.

<sup>1</sup>Master in Nursing from Faculdade Israelita de Ciências da Saúde Albert Einstein (FICSAE) – São Paulo (SP), Brazil.

<sup>2</sup>Nurse from Universidade Federal de Uberlândia (UFU); postdoctoral fellow in Health Sciences from Universidade Federal do Estado de São Paulo (UNIFESP) – São Paulo (SP), Brazil.

<sup>3</sup>Nurse from Universidade de São Paulo (USP) de Ribeirão Preto; master and postdoctoral fellow in Nursing from USP. Professor of undergraduate and graduate courses at FICSAE – São Paulo (SP), Brazil.

\*Corresponding author: prof.rachelcarvalho@gmail.com

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## INTRODUCTION

Professional satisfaction should be understood as a measure of workers' quality of life, since a satisfied person is more productive. It stems from the relationship between activities at work and what the person aspires to receive, and goes beyond material and financial rewards, being determined by a set of stimuli<sup>1</sup>. It is a pleasant state that comes from the result of the worker's evaluation of their actions and what they receive, meeting important life goals<sup>2</sup>. Professional satisfaction is related to low staff turnover<sup>3</sup>.

Work has been studied throughout history, since it is essential and complementary to the life of human beings, providing them with social activity and *status*. In this sense, it is not exclusively a way of meeting basic needs. It is also a source of identity, self-esteem, expansion of potentialities, and a way to feel like an active participant in society's undertakings<sup>4</sup>.

In health, especially in the hospital field, the work process is stressful and exhausting, but it is also developed through a very close relationship with the patient, which can evoke feelings of joy, satisfaction and pleasure to workers, without which the professional practice would be virtually impossible.

For nursing, the concept of work comprises knowledge of the practice resulting from aspects that are particular to the type of care and management taking place within a hospital, in which activities go uninterrupted, divided into relay shifts, in order to guarantee the provision of care<sup>5</sup>.

The basis for the nurse's work are the human relations with the patient and their family and/or the multidisciplinary team. The practice of nurses in a surgical block (SB), which includes the operating room (OR), post-anesthesia recovery room (PARR) and material and sterilization center (MSC) areas, goes beyond performing technical-scientific procedures, because the satisfaction of these professionals may change according to the working conditions. There are many factors that influence the triggering of job satisfaction. Therefore, staying motivated is imperative for the quality of care provided to patients by the nursing staff<sup>6</sup>.

In the context of the practice of nurses in the SB, a survey was conducted in a teaching hospital whose results showed general satisfaction of the 17 nurses with professional activity and work recognition, but there was dissatisfaction with physical and psychological stress, location of the company, benefits, *status* of professional role and personal development<sup>7</sup>.

Thus, the importance of studying the factors causing satisfaction and dissatisfaction in the work of perioperative nurses is justified.

## OBJECTIVES

- To analyze the professional satisfaction index of nurses working in the surgical block of a private hospital in São Paulo;
- To compare the professional satisfaction index of nurses working in the operating room and in the post-anesthesia recovery room to that of nurses working in the material and sterilization center.

## METHOD

Descriptive-exploratory, quantitative and comparative study carried out in a private large excellence hospital in São Paulo, recognized by national and international organizations. Subjects were 49 nurses of the SB, divided according to areas of expertise: 39 from the OR and PARR and 10 from the MSC. The OR and PARR professionals in this study were jointly analyzed for acting in both areas, according to the scale of work. Therefore, they are the same professionals, and all are exposed to the same variables.

Data collection was carried out between December 2015 and February 2016, by means of an instrument to characterize professionals and the professional satisfaction index (PSI), created by Paula Stamps (in 1997) and translated and validated into Portuguese by Margarete Lino<sup>8</sup>. It is a closed, self-explanatory questionnaire with 44 questions that determine professional satisfaction, based on six components: autonomy, interaction, remuneration, organizational standards, professional *status* and work requirements. The components are presented in a model of discrepancy between the expectations and rewards perceived by the worker, which is measured by the importance and level of satisfaction given to each component by the nurse.

The PSI consists of two parts:

- Part A (pairwise comparisons): measures the importance given to each component. It lists six components that describe how people feel about their work. After reading the definition of each one of the components, professionals should choose the one they think is the most important among two, from a list of 15 combinations. For analysis, a frequency matrix that points out how many times each component is chosen in relation to the others is created. The more times the component is chosen, the more important it is for the participant;

- Part B (attitude scale): identifies professional satisfaction regarding the six components assessed in Part A by means of a seven-point Likert type scale, made up of declarative items expressing the subject's degree of agreement or disagreement. The direction of the scale is positive, and higher scores are given for responses that indicate a higher level of satisfaction. For items with positive wording, the highest score (7) is given for the answer "I completely agree" and the lowest (1) for "I completely disagree". For items with negative wording, the highest score (7) is given for "I completely disagree" and the lowest (1) for "I completely agree".

For the analysis of part A of the PSI, the proportions were converted to standard deviations, based on the normal distribution of responses, generating a Z-matrix. For each of the components, the average of the Z-scores was calculated and a correction factor of 2.5 was added (to eliminate negative Z-scores), resulting in the weighting coefficient of the component, which represents the importance attributed to each of the six components on the scale.

For part B of the PSI, the total component score was calculated by adding the scores of its items and dividing by the number of nurses. The total score of the scale was calculated by adding the total scores of the components, and its value can vary between 44 and 308. The average component score was calculated by dividing the total component score by the number of items comprising it. The average score of the scale was calculated using the average scores of the components, and its value is between 1 and 7.

To determine the PSI of each component, the adjusted score of the component was calculated by multiplying the weighting coefficient of the component (part A) by the average score of the component (part B). The PSI was calculated by averaging the adjusted scores of the components. The values of the adjusted scores of the components are obtained with weighted averages between the importance given by nurses to the components of the scale and their perception of professional satisfaction regarding them<sup>9</sup>. These scores represent the actual level of professional satisfaction and range from 0.9 to 37.1.

Statistically, categorical variables are described by absolute and relative frequencies, and numerical variables by summarized measures, such as mean and standard deviation (SD) or median and quartiles, besides minimum and maximum values. The Shapiro-Wilk normality test was applied to the

distribution of the adjusted scores of the components and the PSI. To compare the groups of SB nurses (OR/PARR and MSC) in relation to the adjusted scores of the components and the PSI, Student's *t* test was applied. The analyses were carried out with the Statistical Package for the Social Sciences (SPSS) software, considering a 5% significance level.

The research followed the recommendations of Resolution 466/2012 of the National Health Council, and was approved by the Research Ethics Committee of the institution, via Plataforma Brasil (Certificado de Apresentação para Apreciação Ética — CAAE 50921115.0.0000.0071/opinion 1.335.637).

## RESULTS

Most of the 49 nurses participating in the survey were female (79.6%), lived with a partner (79.6%), were aged between 25 and 56 years, average of 37.6 years (SD=8.0) and worked in the OR and PARR section (39/79.6%).

As for the level of education, more than half had concluded a post-graduation course (69.4%), mainly *lato sensu*, with courses related to management and Master of Business Administration (MBA) in hospital administration (34.7%). The length of experience in nursing varied between two and 30 years, and half of the professionals had, on average, eight years of experience in nursing (Q1=5 years and Q3=12 years).

Table 1 shows data from the components related to professional satisfaction.

Regarding the satisfaction with the autonomy component, most items were evaluated positively. The nurses agree that they have enough participation in patient care planning (79.6%) and freedom to make important decisions, with the support of the management (71.4%). They disagree that the management makes all decisions, leaving them with no direct control over their own work (73.5%), and do not feel that they are supervised more than necessary (65.3%).

Regarding satisfaction with the interaction component, most items were evaluated positively, except for the desire for doctors to show more respect for the skills and knowledge of the nursing team (85.7%). The nurses agree that everyone is willing and helpful (87.8%), that there is teamwork and cooperation (75.5%), and disagree that there is a lot of distinction between positions (89.8%).

As for the professional *status* component, nurses consider their work important. However, regarding external recognition, they agree that nursing is not widely recognized

**Table 1.** Responses provided by the 49 nurses in the surgical block (SB) to the items on the professional satisfaction index (PSI) attitude scale.

<b>Autonomy</b>	<b>Agree N (%)</b>	<b>Neutral or undecided N (%)</b>	<b>Disagree N (%)</b>
7. I feel I am supervised more directly ("closely") than necessary**	6 (12.2)	11 (22.4)	32 (65.3)
13. I feel I have enough participation in the planning of care for each of my patients*	39 (79.6)	1 (2.0)	9 (18.4)
17. I have many responsibilities and little authority**	22 (44.9)	5 (10.2)	22 (44.9)
20. In my service, my manager makes all the decisions. I have little direct control over my own work**	8 (16.3)	5 (10.2)	36 (73.5)
26. A great deal of independence is allowed, if not required by me*	20 (40.8)	23 (46.9)	6 (12.2)
30. Sometimes I feel frustrated because all my activities seem to be pre-programmed for me**.	11 (22.4)	11 (22.4)	27 (55.1)
31. In my job, sometimes I must do things that go against my better professional judgment**	16 (32.7)	5 (10.2)	28 (57.1)
43. In my work, I am free to make important decisions that I consider appropriate, and I count on my manager to support me*.	35 (71.4)	5 (10.2)	9 (18.4)
<b>Interaction</b>			
3. In my service, the nursing staff is available and helps when things are hectic*	43 (87.8)	0 (0.0)	6 (12.2)
6. In my unit, doctors usually cooperate with the nursing staff*	21 (42.9)	11 (22.4)	17 (34.7)
10. In my unit, it's hard for newcomer nurses to feel comfortable**	13 (26.5)	5 (10.2)	31 (63.3)
16. In my service, there is much teamwork and cooperation between the various levels of the nursing staff*	37 (75.5)	5 (10.2)	7 (14.3)
19. In my unit, there's a lot of teamwork between nurses and doctors*	28 (57.1)	7 (14.3)	14 (28.6)
23. In my service, the nursing staff is not as friendly or extroverted as I would like**	12 (24.5)	6 (12.2)	31 (63.3)
28. In my unit, there are many distinctions in positions: nurses rarely talk to those with less experience or different types of educational backgrounds**	2 (4.1)	3 (6.1)	44 (89.8)
35. I would like the doctors here to show more respect for the nursing staff's skills and knowledge**	42 (85.7)	5 (10.2)	2 (4.1)
37. The doctors at this hospital generally understand and appreciate what the nursing staff does*	27 (55.1)	6 (12.2)	16 (32.7)
39. The doctors at this hospital underestimate the nursing staff**	27 (55.1)	10 (20.4)	12 (24.5)
<b>Professional Status</b>			
2. Nursing is not widely recognized as an important profession**	30 (61.2)	2 (4.1)	17 (34.7)
9. Most people recognize the importance of nursing care to hospitalized patients*	37 (75.5)	2 (4.1)	10 (20.4)
11. There is no doubt in my mind: what I do in my work is important*	47 (95.9)	0 (0.0)	02 (4.1)
27. What I do in my job adds nothing significant**	0 (0.0)	1 (2.0)	48 (98.0)
34. I feel proud when I talk to other people about what I do in my work*	47 (95.9)	2 (4.1)	00 (0.0)
38. If I had to decide everything again, I'd still get into nursing*	40 (81.6)	3 (6.1)	6 (12.2)
41. My work, in particular, does not require much skill or specific knowledge**	1 (2.0)	0 (0.0)	48 (98.0)

Continue...

**Table 1.** Continuation.

<b>Autonomy</b>	<b>Agree N (%)</b>	<b>Neutral or undecided N (%)</b>	<b>Disagree N (%)</b>
<b>Work Requirements</b>			
4. In this hospital, the nursing staff has a lot of administrative and paperwork-related tasks**	43 (87.8)	2 (4.1)	4 (8.2)
15. I think I could do a better job if I didn't have so much to do all the time**	30 (61.2)	7 (14.3)	12 (24.5)
22. I am satisfied with the types of activity I perform in my work*	48 (98.0)	1 (2.0)	0 (0.0)
24. I have enough time and opportunities to discuss the issues of patient care with other members of the nursing staff*	12 (24.5)	9 (18.4)	28 (57.1)
29. I have enough time for direct patient care*	21 (42.9)	6 (12.2)	22 (44.9)
36. I could provide much better care if I had more time with each patient**	41 (83.7)	5 (10.2)	3 (6.1)
<b>Organizational rules</b>			
5. At my hospital, the nursing staff has enough control over the scheduling of their own work shift*	28 (57.1)	3 (6.1)	18 (36.7)
12. There is a big gap between the management of this hospital and the daily problems of the nursing service**	21 (42.9)	13 (26.5)	15 (30.6)
18. In this hospital, there are not enough promotion opportunities for the nursing staff**	11 (22.4)	4 (8.2)	34 (69.4)
25. There are a lot of opportunities for the nursing team to participate in the administrative decision-making process*	21 (42.9)	9 (18.4)	19 (38.8)
33. In this hospital, administrative decisions greatly interfere with patient care**	24 (49.0)	13 (26.5)	12 (24.5)
40. I have all the power I want in the planning of this hospital's and my unit's standards and procedures*	17 (34.7)	5 (10.2)	27 (55.1)
42. Nursing manager usually consults with staff on daily problems and procedures*	30 (61.2)	4 (8.2)	15 (30.6)
<b>Compensation</b>			
1. My current salary is satisfactory*	34 (69.4)	3 (6.1)	12 (24.5)
8. I have the impression that a large part of the nursing staff at this hospital is dissatisfied with their salary**	18 (36.7)	7 (14.3)	24 (49.0)
14. Considering what is expected from the nursing staff, the salary we receive in this hospital is reasonable*	33 (67.3)	4 (8.2)	12 (24.5)
21. In this hospital, the current rate of salary readjustment of nursing staff is not satisfactory**	22 (44.9)	12 (24.5)	15 (30.6)
32. From what I hear about the nursing staff of other hospitals, our pay is fair in this hospital*	32 (65.3)	7 (14.3)	10 (20.4)
44. In this hospital, a salary readjustment is required for nursing staff##	33 (67.3)	10 (20.4)	6 (12.2)

\*Positive statements; \*\*negative statements.

(61.2%), although they identify that most people understand the importance of assistance to hospitalized patients (75.5%). Nurses have no doubt that their work is important (95.9%), they feel proud when they talk to other people about their work (95.9%) and, if they had to choose a career again, they would choose nursing (81.6%). They disagree that their work does not require specific skills or knowledge (98.0%).

In the case of satisfaction with work requirements, most items were evaluated negatively. The nurses agree that they have a lot of administrative and paperwork tasks (87.8%) and that they could work better if they did not have so much to do (61.2%) and if they had more time with each patient (83.7%). On the other hand, they are satisfied with the activities they perform (98.0%).

Satisfaction in the organizational standards component showed more homogeneous distribution. Two items presented a higher prevalence of responses: nurses disagree that there are no opportunities for staff promotion in the hospital (69.4%) and agree that management consults the team on problems and procedures (61.2%).

Regarding the satisfaction with the remuneration component, most nurses agree that the salary is satisfactory (69.4%), considering what is expected from the nursing function (67.3%), and that remuneration is fair in comparison with other hospitals (65.3%), but most say that a salary adjustment is necessary (67.3%).

### Job satisfaction index: part A — results of paired comparisons of factors

By calculating the component weighting coefficient, the values of each component were obtained, and the higher the coefficient, the greater the importance attributed by nurses. The most

important component was interaction (2.92), and the least important was professional *status* (1.82). The autonomy, remuneration, organizational standards and work requirements components obtained coefficients of 2.84; 2.61; 2.43 and 2.39, respectively.

### Job satisfaction index: part B — Attitude scale results

Table 2 describes the total and average scores of the components and the professional satisfaction scale. The highest average score among the components was professional *status* (5.75), and the lowest in satisfaction was work requirements (3.49). The total score was 197.67, and the average score was 4.49, indicating a trend towards low professional satisfaction.

### Job satisfaction index: parts A and B

Table 3 shows the scores calculated based on the responses provided by nurses in PSI pairwise comparisons (Part A) and PSI attitude scale (Part B).

**Table 2.** Total and average scores of the scale and components of the Professional Satisfaction Index (PSI) by order of importance in the sample of nurses (n=49).

Component	Number of items	Range of scores	Total score of the component	Average score of the component
Professional <i>status</i>	6	6 to 42	40.22	5.75
Autonomy	7	7 to 49	38.14	4.77
Interaction	8	8 to 56	44.12	4.41
Compensation	7	7 to 49	25.41	4.23
Organizational rules	6	6 to 42	28.82	4.12
Work requirements	10	10 to 70	20.96	3.49
			Total score of the scale	Average score of the scale
Scale	44	44 to 308	197.67	4.49

**Table 3.** Calculated scores for the Professional Satisfaction Index (PSI) in the sample of nurses (n=49).

Component	Weighting coefficient of the component (Part A)	Average score of the component (Part B)	Adjusted score of the component
Autonomy	2.836	4.77	13.52
Interaction	2.924	4.41	12.90
Professional <i>status</i>	1.817	5.75	10.44
Work requirements	2.385	3.49	8.33
Organizational rules	2.427	4.12	9.99
Compensation	2.611	4.23	11.06
Scale			PSI
			11.04



For all PSI components, the adjusted scores were below 13.52, and the general PSI was 11.04. Considering the overall PSI components, the result was low professional satisfaction of the participating nurses.

### Comparison of job satisfaction index by sections of the surgical block

There was no evidence of difference between the mean scores adjusted for the remuneration ( $p=0.244$ ), professional *status* ( $p=0.663$ ), autonomy ( $p=0.334$ ), organizational standards ( $p=0.433$ ) and work requirements ( $p=0.161$ ) components and between the means of PSI ( $p=0.850$ ) for nurses working in OR and PARR compared to those working in MSC, but there is evidence of difference between the means of the adjusted score of the interaction component ( $p=0.003$ ). The average score of OR and PARR nurses is higher than that of MSC nurses (difference=2.25; 95% confidence interval — 95%CI 0.79–3.71;  $p=0.003$ ), indicating that OR and PARR nurses are more satisfied with the interaction component than MSC nurses.

## DISCUSSION

The objective of this investigation was to understand professional satisfaction in the hospital environment, aiming the study at nurses who work in the SB. The profile of the nurses in the sample is of adult and young women who live with their partners, have concluded postgraduate courses and have experience in the field.

Autonomy was one of the most important components and with highest professional satisfaction. The items in this component indicate that nurses feel confident in performing their duties and making decisions, supported by management. When the autonomy component is considered important and has good satisfaction, a good prognosis of organizational climate, productivity and quality of assistance is obtained<sup>1</sup>. Autonomy can be perceived as a relevant component in the development of the profession and in achieving satisfactory results, since it contributes to the professional feeling competent to make decisions with freedom, independence and common sense<sup>10</sup>.

The interaction component was evaluated as the most important and the third in satisfaction. Responses suggest that the item that influenced nurses' dissatisfaction was the desire for doctors to show more respect for the nursing team's skills

and knowledge. The professional relationship between doctors and nurses may present dissatisfactions due to the hierarchical position in which doctors are placed in society. In a field such as the SB, where technical-scientific knowledge is well marked, with clear specificities between medical and nursing knowledge, this hierarchical relationship may become more evident and cause discomfort among professionals if there is no recognition and respect for each other's knowledge. Nurses who work in this field have a very close relationship with doctors-surgeons and anesthesiologists, which can be one of the factors that generate conflicts, differences, dissatisfactions and stress. A study with nurses in an OR identified interpersonal relationships and communication among professionals as the greatest difficulties they faced<sup>11</sup>.

In other studies, conducted with nurses of Family Health Units (FHU)<sup>12</sup> who worked in home care<sup>13</sup>, teamwork was identified as one of the main reasons for professional satisfaction. In contexts where nurses work primarily as a team, interaction is an important component of job satisfaction. The relevance given to the interaction component reveals that nurses value the harmony of teamwork, mutual help and respect from doctors and co-workers. The dynamics of the SB requires a high degree of interaction and teamwork. Therefore, it can be inferred that nurses value interaction, cooperation and teamwork, which is reflected in their attitudes in practice, contributing to a work environment where they are satisfied with the results of these actions. Interaction and autonomy were also the components that presented the highest scores in other studies with nurses working in the hematology and hemotherapy fields<sup>13</sup>.

The professional *status* component was evaluated as less important and the one of greater professional satisfaction for the nurses of the SB. This is because nurses agree that nursing is not widely recognized as an important profession (61.2%). Still, internally, they recognize the importance of the profession, are proud of it and value their practice as holders of specific skills. This result was also found with nurses working in home care<sup>13</sup>. Historically, the nursing profession faces difficulties regarding recognition and appreciation, as well as low pay, which may reflect on the little importance that nurses gives to professional *status*, regardless of the work context<sup>13</sup>. In contrast, a survey of OR nurses in a public hospital indicated dissatisfaction related to their function's *status*<sup>7</sup>.

The work requirements component is the penultimate in order of importance and the last in professional satisfaction. The nurses do not assess satisfactorily the type of work they perform, when associated with administrative and

paperwork-related tasks, the volume of work and the time they must perform all tasks with quality and timely. In this sense, staff sizing can impact not only on the quality of care, but also on professional satisfaction and the level of work-related stress. In a prospective study carried out in Sweden<sup>14</sup>, reduction of personnel, high demands, low autonomy and lack of support at work were identified as important predictors for work overload. In nursing, dissatisfaction at work is more often associated with the elements the institution offers the worker in relation to his expectations<sup>7,15</sup>.

The organizational standards and remuneration components remained in intermediate positions in terms of importance and satisfaction. Both, in general terms, refer to the hospital to which the nurses are related, which shows that in the private health institution in which these nurses operate, there are favorable conditions for good work performance. Nevertheless, there are points for improvement, such as remuneration, where most agree that a salary readjustment for the nursing staff is necessary.

For all PSI components, the adjusted scores and the overall PSI, the result was low professional satisfaction of nurses participating in the survey and working in SB, with no statistically significant difference in any of the components between the OR and PARR nurses and those of the MSC. There was an exception in the difference between the means of the adjusted score of the interaction component ( $p=0.003$ ), demonstrating that the nurses of the OR and PARR are more satisfied than the nurses of the MSC. This result can be understood by the peculiarity of MSC, a closed section, isolated from the others due to the work process related to the handling of sterile materials, which requires lower circulation of people<sup>16</sup>.

A survey of 45 professionals from the MSC nursing team at a private hospital identified that all professionals believe that their work directly interferes with the quality of care provided to the patient. The nurses highlighted teamwork, respect, commitment, interaction, leadership and professional development as factors that facilitate their work. On the other

hand, the lack of initiative in decision making and planning, as well as the lack of materials in the area, hampers its performance and causes stress in the workplace<sup>17</sup>.

Thus, satisfaction can be related to the feelings and determined by the perceptions and needs of professionals, according to the importance they give to each of the components of the PSI. Satisfaction and dissatisfaction are two extremes of an ongoing process, which acts by influencing a worker's health and quality of life, as well as their professional performance<sup>15</sup>.

It is believed that the subjectivity and the involvement of the nurses' feelings in answering the questionnaire may have sensitized them regarding their job satisfaction.

The limitation of the study lies in the fact that it was conducted in only one private institution. Relevant results can be achieved if there are comparisons between nurses from more than one institution and/or between public and private institutions.

## CONCLUSION

The results led to the conclusion that the professional satisfaction of the nurses participating in the study, who worked in the SB of a private hospital evaluated by the PSI, was low. As for the components of importance, interaction was the most relevant, and professional *status* was the least relevant. Regarding professional satisfaction, nurses were more satisfied with professional *status* and less satisfied with work requirements.

When comparing the level of professional satisfaction by the area of the SB nurses (OR and PARR with MSC), no significant difference was found in the overall analysis of the PSI or each component, except in the interaction component, where the MSC nurses had lower satisfaction than the OR and PARR nurses.

It is important to know the factors that influence professional satisfaction, because satisfaction directly interferes in the quality of care and prevents occupational diseases, besides being an indicator of results in the work process that involves the activities of nurses.

## REFERENCES

1. Siqueira VT, Kurcgant P. Satisfação no trabalho: indicador de qualidade no gerenciamento de recursos humanos em enfermagem. *Rev Esc Enferm USP*. 2012;46(1):151-7. <http://dx.doi.org/10.1590/S0080-62342012000100021>
2. Chaves LD, Ramos LH, Figueiredo EN. Satisfação profissional de enfermeiros do trabalho no Brasil. *Acta Paul Enferm*. 2011;24(4):507-13. <http://dx.doi.org/10.1590/S0103-21002011000400010>



3. Korompeli A, Muurlink O, Tzavara C, Velonakis E, Lemonidou C, Sourtzi P. Influence of shiftwork on greek nursing personnel. *Saf Health Work* [Internet]. 2014 [acessado em 1º ago. 2018];5:73-9. Disponível em: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4147231/pdf/main.pdf>. <http://dx.doi.org/10.1016/j.shaw.2014.03.003>
4. Navarro VL, Padilha V. Dilemas do trabalho no capitalismo contemporâneo. *Psicol Soc.* 2007;19(N. Esp.):14-20. <http://dx.doi.org/10.1590/S0102-71822007000400004>
5. Veiga KC, Fernandes JD, Paiva MS. Análise fatorial de correspondência das representações sociais sobre o trabalho noturno da enfermeira. *Rev Bras Enferm.* 2013;66(1):18-24. <http://dx.doi.org/10.1590/S0034-71672013000100003>
6. Barbosa LR. Relações entre liderança, motivação e qualidade na assistência de enfermagem: revisão integrativa da literatura [dissertação]. Ribeirão Preto: Universidade de São Paulo, Escola de Enfermagem de Ribeirão Preto; 2007. 139 p.
7. Ferreira EM, Possari JF, Moderno AMB. Fatores de satisfação e profissional do enfermeiro d de um hospital universitário insatisfação e centro cirúrgico de grande porte. *Rev SOBECC.* 2006;11(2):15-23.
8. Lino MM. Satisfação profissional entre enfermeiras de UTI [dissertação]. São Paulo: Universidade de São Paulo, Escola de Enfermagem; 1999. 236 p.
9. Campos RM. Satisfação da equipe de enfermagem do serviço de atendimento móvel às urgências (SAMU) no ambiente de trabalho [dissertação]. Natal: Universidade Federal do Rio Grande do Norte, Centro de Ciência da Saúde; 2005. 193 p.
10. Monteiro AL, dos Santos AD, de Macedo IP, Gurgel PK, Cavalcante JM. A expressão da autonomia do enfermeiro no acompanhamento do crescimento e desenvolvimento da criança. *Rev Enferm UERJ.* 2011;19(3):426-31.
11. Stumm EM, Macalai RT, Kirchner RM. Dificuldades enfrentadas por enfermeiros em um centro cirúrgico. *Texto Contexto Enferm.* 2006;15(3):464-71. <http://dx.doi.org/10.1590/S0104-07072006000300011>
12. Lima L, Pires DEP, Forte ECN, Medeiros F. Satisfação e insatisfação no trabalho de profissionais de saúde da atenção básica. *Rev Esc Anna Nery.* 2014;18(1):17-24. <http://dx.doi.org/10.5935/1414-8145.20140003>
13. Paiva FF, de Mattia Rocha A, Cardoso LD. Satisfação profissional entre enfermeiros que atuam na assistência domiciliar. *Rev Esc Enferm USP.* 2011;45(6):1452-8. <http://dx.doi.org/10.1590/S0080-62342011000600025>
14. Hanson LLM, Theorell T, Oxenstierna G, Hyde M, Westerlund H. Demand, control and social climate as predictors of emotional exhaustion symptoms in working Swedish men and women. *Scand J Public Health.* 2008;36(7):737-43. <https://doi.org/10.1177/1403494808090164>
15. Sartoreto IS, Kurcgant P. Satisfação e insatisfação no trabalho do enfermeiro. *Rev Bras Ciênc Saúde.* 2017;21(2):181-8. <https://doi.org/10.4034/RBCS.2017.21.02.12>
16. Lopes DFM, Silva A, Garanhani ML, Merighi MAB. Ser trabalhador de enfermagem da Unidade de Centro de Material: uma abordagem fenomenológica. *Rev Esc Enferm USP.* 2007;41(4):675-82. <http://dx.doi.org/10.1590/S0080-62342007000400019>
17. Silva Florêncio ACU, Carvalho R, Sousa Barbosa G. O impacto do trabalho do centro de materiais na qualidade da assistência. *Rev SOBECC.* 2011;16(1):31-9.