FACTORS CAUSING DISSATISFACTION AMONG NURSES IN THE PRIVATE HOSPITAL CONTEXT

FATORES QUE ACARRETAM INSATISFAÇÃO NO TRABALHO DO ENFERMEIRO NO CONTEXTO HOSPITALAR PRIVADO

FACTORES QUE LLEVAN A LA INSATISFACCIÓN EN EL TRABAJO DE ENFERMERÍA EN EL CONTEXTO HOSPITALARIO PARTICULAR

Louise Aracema Scussiato [1]
Aida Maris Peres [1]
Louise Bueno Lelli Tominaga [1]
Keity Daiany dos Santos Galvão [2]
Dayane Cristina de Lima [2]

[1] Universidade Federal do Paraná – UFPR, Programa de Pós-Graduação em Enfermagem. Curitiba, PR – Brazil.
[2] Centro Universitário Autônomo do Brasil – UniBrasil, Curso de Graduação em Enfermagem. Curitiba, PR – Brazil.

Corresponding author: Louise Aracema Scussiato
E-mail: louisearacema@yahoo.com.br

ABSTRACT

Objective: to verify the nurse's level of satisfaction and to identify the factors causing dissatisfaction in the nurse's work within the hospital service. **Methods:** an exploratory study of mixed methods, conducted in a private hospital in a capital of southern Brazil. Data collection took place between August and September 2017 with care nurses. At first, a job satisfaction scale was applied, which is divided into five dimensions: satisfaction with co-workers; with pay; with leadership; with the nature of the work; and with promotions. Later, those nurses whose scale result was "dissatisfied" were invited to answer a semi-structured interview. The qualitative data of the interviews were analyzed according to thematic-categorical content analysis, using the MAXQDA© software for data organization. **Results:** forty nurses participated in the research, of which 10 expressed dissatisfaction with inadequate remuneration; with the lack of promotions and professional growth; with the working arrangements; with the lack of professional recognition and appreciation; with working outside the scope of employment; with the competitiveness and disunity between professionals and the multidisciplinary team; and lack of leadership. However, it was evidenced that working with what they like and the friendships that are built with co-workers at work were satisfaction factors for dissatisfied nurses. **Conclusion:** recognition of the nurses' dissatisfaction factors may support the implementation of an institutional plan to change the identified situation. Satisfied workers are more motivated and produce better.

Keywords: Nursing; Motivation; Working Environment; Job Satisfaction.

RESUMO

Objetivo: verificar o grau de satisfação do enfermeiro e identificar os fatores causadores de insatisfação no trabalho do enfermeiro dentro do serviço hospitalar. Métodos: estudo exploratório de métodos mistos, realizado em uma instituição hospitalar privada de uma capital do Sul do Brasil. A coleta de dados ocorreu entre os meses de agosto e setembro de 2017 com enfermeiros assistenciais. No primeiro momento foi aplicada uma escala de satisfação no trabalho que está dividida em cinco dimensões: satisfação com os colegas; com o salário; com a chefia; com a natureza do trabalho e com as promoções. No segundo momento, aqueles enfermeiros cujo resultado da escala foi "insatisfeito" foram convidados a responderem uma entrevista semiestruturada. Os dados qualitativos das entrevistas foram analisados segundo a análise de conteúdo temático-categorial, com apoio do software MAXQDA© para organização dos dados. Resultados: participaram da pesquisa 40 enfermeiros, dos quais 10 se manifestaram insatisfeitos com a remuneração inadequada; com a falta de promoção e crescimento profissional; com o regime de trabalho; com a falta de reconhecimento e valorização profissional; com o desvio de função; com a competitividade e desunião entre os profissionais e a equipe multiprofissional; e com a falta de liderança. No entanto, ficou evidenciado que trabalhar com o que gosta e as amizades que se constroem com colegas no trabalho foram fatores de satisfação para os enfermeiros insatisfeitos. Conclusão: o reconhecimento dos fatores

de insatisfação dos enfermeiros pode subsidiar a implantação de um plano institucional para mudar a situação identificada. Trabalhadores satisfeitos são mais motivados e produzem melhor.

Palavras-chave: Enfermagem; Motivação; Ambiente de Trabalho; Satisfação no Emprego.

RESUMEN

Objetivo: verificar el grado de satisfacción de los enfermeros e identificar los factores que causan insatisfacción laboral dentro del servicio hospitalario. *Métodos:* estudio exploratorio de métodos mixtos, realizado en un hospital particular de una capital del sur de Brasil. La recogida de datos tuvo lugar entre agosto y septiembre de 2017 con enfermeros asistenciales. Primero se aplicó una escala de satisfacción laboral dividida en cinco dimensiones: satisfacción con los colegas, con el sueldo, con el jefe, con el tipo de trabajo y con las promociones. Después, se invitaron a aquellos enfermeros cuyo resultado en la escala había dado "insatisfecho" a que respondieran una entrevista semiestructurada. Los datos cualitativos de las entrevistas se analizaron de acuerdo con el análisis de contenido temático-categórico, respaldado por el software MAXQDA© para la organización de datos. *Resultados:* en la investigación participaron 40 enfermeros, 10 de ellos expresaron insatisfacción con la remuneración inadecuada; con la falta de promoción y crecimiento profesional; con el régimen laboral; con la falta de reconocimiento y valoración profesional; con la desviación de la función; con la competitividad y la desunión entre los profesionales y el equipo multiprofesional y con la falta de liderazgo. Sin embargo, trabajar en lo que les gusta y las amistades que se crean con los colegas en el trabajo eran factores de satisfacción para los enfermeros insatisfechos. *Conclusión:* el reconocimiento de los factores de insatisfacción de los enfermeros puede respaldar la implementación de un plan institucional para cambiar la situación identificada. Los trabajadores satisfechos están más motivados y producen mejor.

Palabras clave: Enfermería; Motivación; Ambiente de Trabajo; Satisfacion en el Tabajo.

INTRODUCTION

Work plays an important role in individuals' lives, as it is a source of income and an opportunity for personal growth, but it can also cause stress, generating dissatisfaction with the work.[1]

Job satisfaction is determined by comparing expectations about the job and the actual experience, relating to the beliefs and emotions that individuals have about their job.[2]

In setting the level of job satisfaction, it focuses on how nurses feel about their work, how personal relationships are like in the workplace, and how leaders influence worker satisfaction levels. Satisfied employees tend to be more productive and committed to their employers.[2]

Satisfaction is understood as the permanent pursuit of happiness and pleasurable aspects, whether in the personal, financial, social and work fields. Job satisfaction is a state of pleasure and well-being in which the individual is motivated. Thus, it is possible to know the worker's perception about what he/she considers most important.[3,4]

Job satisfaction can be difficult to define as it is a subjective state and can vary from person to person. This condition can be defined as a positive emotional state, a feeling of well-being, which may result from various aspects and that may influence attitudes towards oneself, family and people in the workplace.[5,6]

It is believed that job satisfaction can influence worker's performance, productivity, absenteeism, employee turnover, health and well-being.[5,6] In the health sector, satisfaction can significantly influence professionals' personal life, the development of their activities and the quality of care provided.[7]

In Nursing, work is characterized by excessive workload and direct contact with stressful situations, precarious working conditions, and human and material resources, and other factors that can negatively affect job satisfaction. Studies show that appreciation and recognition are obtained from actions directed to the patient and appear as sources of pleasure and personal satisfaction in the field.[7,8]

Dissatisfaction is characterized by discontent, lack of motivation and annoyances generated in personal or professional life. It is noted that the dissatisfaction of nurses encompasses personal and institutional aspects such as the lack of time to perform patient care satisfactorily for both parties and the lack of compatibility with work, due to the environment or the job performed.[9] Besides satisfaction and dissatisfaction, there is a third possibility, indifference, which is characterized as the state in which the worker is neither satisfied nor dissatisfied.[10]

Lack of autonomy, insecurity, recognition, working hours, work overload, salary not compatible with the responsibility required by the job, lack of inputs and many hours of work devoted to administrative problems are also factors of dissatisfaction in the work environment.[9] Thus, it is necessary to investigate what contributes to nurses' dissatisfaction at work, so that problems can be identified and actions and solutions that increase job satisfaction can be developed, with consequent improvement in the quality of care provided by them.[7,8]

There are a variety of instruments in Brazil that measure job satisfaction, such as the Job Satisfaction Index (*Índice de Satisfação Profissional*, ISP), the Job Satisfaction Measurement Questionnaire (*Questionário de Medida de Satisfação no Trabalho*, QMST), the Job Satisfaction Questionnaire S20/23 (*Questionário de Satisfação no Trabalho*, QST-S20/23), the Team Satisfaction Assessment Scale for Mental Health Services (*Escala de Avaliação de Satisfação da Equipe em Serviços de Saúde Mental*, SATIS-BR) and the Job Satisfaction Scale (*Escala de Satisfação no Trabalho*, EST).[5,10]

However, the Job Satisfaction Scale (EST) was elected for this research, which is multidimensional, created and validated to assess the worker's level of contentment regarding the five dimensions of work: job satisfaction, satisfaction with co-workers,

satisfaction with leadership, satisfaction with promotions and satisfaction with the nature of the work.[11] This scale was elected because the items addressed fit the Nursing experience better regarding what is expected in the work environment.

In a hospital environment, nurses need to be satisfied with their work in the five dimensions mentioned above, as this way they can provide effective and efficient quality care. It is important for the hospital management to know the nurses' level of job satisfaction. From this knowledge it is possible to locate the flaws and gaps so that attitudes can be taken.

Nurses satisfied at work improve the care quality, take positive attitudes and make effective contributions to team and institutional development. The motivation for this research also came from the authors' experience with nurses working at a hospital environment in which was found high dissatisfaction. Given the above, this research aims to verify the nurses' level of satisfaction and to identify the factors that cause nurses to experience dissatisfaction with their work in the hospital service.

METHODS

This is a research from a larger thematic project entitled "Factors that cause dissatisfaction among nurses in the public and private hospital context", using mixed methods, which combines or associates the qualitative and quantitative form. This method is more than a simple collection and analysis of both types of data, as it also involves both approaches together, so that the overall reason for the study is greater than that of qualitative or quantitative research when conducted separately. It is an exploratory, as it aims to describe precise situations and to discover the relationships between its component elements, and descriptive study, because it observes, records, analyzes, and correlates facts or phenomena without manipulating them.[12,13]

Data collection took place between August and September 2017, in a private hospital in the southern Brazil, after approval by the Research Ethics Committee (REC) and the completion of the Free and Informed Consent Form (FICF) by participants. The selected site is a reference in quality in highly-complex clinical and surgical treatments, such as liver and hematopoietic stem cell transplantation.

The participants selected and included in the study were all care nurses who worked at the institution for at least six months in the morning, afternoon or evening shifts. Nurses who were on vacation and sick and maternity leave, vacation-relief workers and those who were not in the hospital during data collection were excluded.

To preserve the participants' anonymity, the following coding was used: ENF – followed by an Arabic number.

Data collection was performed in two phases, the first consisting of a closed questionnaire divided into two parts, the first introducing topics such as gender, age, length of service in the institution, length of experience, work shift and sector of activity. The second part introduced the Job Satisfaction Scale (EST), containing 25 statements divided into five dimensions, namely: satisfaction with co-workers; satisfaction with pay; satisfaction with the leadership; satisfaction with the nature of the work; and satisfaction with promotions. To answer the EST, nurses used a Likert-type score ranging from 1 (extremely dissatisfied) to 7 (extremely satisfied).[11] In the second phase, only nurses who had "dissatisfaction" as a result of the EST were selected, and later they answered a semi-structured interview prepared by the authors with the questions: what makes you satisfied at work? Do you consider yourself dissatisfied in your work? What makes you dissatisfied with your work?

After collecting data from the first phase, they were calculated and processed using the *Microsoft Excel*® program, and the level of job satisfaction was established according to the EST analysis. The EST proposes that, to determine the level of satisfaction, one should calculate the average of the answers, resulting in: average from 1 to 3.9 classified as dissatisfaction, between 4 and 4.9 classified as indifference, and between 5 and 7 classified as satisfaction.[11]

The interviews were recorded, transcribed in full and analyzed according to the thematic-categorical content analysis (TCCA),[14] using the MAXQDA® software for data organization.[15] From the extensive and intensive readings it was possible to get acquainted with the content in an attempt to find important messages that were implicit in the interviews.[14]

The technique of categorical thematic content analysis assumes some steps defined by Bardin, namely: pre-analysis; material exploration or coding; analysis of results – inference and interpretation. From this perspective, Oliveira[14] developed a systematization of procedures required by the TCCA. The steps and instruments that support its development are presented with:

1. skimming the text, intuitive or partially-oriented reading of the text;
2. definition of hypotheses;
3. determination of the registration units (RUs) – defined as a cut-off of the interview text that contains a complete statement about the object of study; it can be a sentence, a word or a segment;
4. marking in the text of the beginning and end of each observed UR;
5. definition of units of meaning (UM) – units of understanding that express signifiers and meanings contained in an RU;
6. thematic analysis of the UM;
7. categorical analysis of the UM;
8. analysis and presentation of results;
9. discussion of results and return to the objective of the study.[14]

Regarding ethical aspects, this research is in accordance with Resolution No. 466/12 of the National Health Council (*Conselho Nacional de Saúde*, CNS), which provides guidelines and standards related to research involving human beings.[16] It was also approved by the Research Ethics Committee (REC) of *Sociedade Educacional Herrero* with opinion number 2,210,860. And the selected hospital institution signed the letter of prior authorization for the research.

RESULTS

Of the 88 nurses in the institution, 40 (45.4%) participated in the research, 24 (27.2%) refused to participate and 24 (27.2%) did not fit the inclusion criteria.

Regarding the general characteristics of all participants, 36 (90%) were women and four (10%) were men, aged 24 to 52 years, length of experience ranging from two to 30 years, length of service at the institution from seven months to 24 years, 21 (52.5%) work at the night shift, eight (20%) at the morning shift, five (12.5%) at the afternoon shift and six (15%) with a 12x36h daytime scale.

The EST showed the nurses' job satisfaction: five nurses (12.5%) were satisfied, 25 (62.5%) were indifferent and 10 were (25%) dissatisfied.

By analyzing the average of all participants, it was found that only in the dimension "satisfaction with co-workers" nurses feel satisfied. As for salary and job promotions, nurses are dissatisfied; and they are indifferent regarding the leadership and nature of work, as evidenced in Table 1.

The results on dissatisfied nurses reveal their satisfaction regarding the number of friends they have among co-workers; however, it is possible to notice that participants expressed dissatisfaction when it comes to trust in co-workers.

With regard to salary, the results of this dimension show the dissatisfaction of employees with the salary received, especially regarding their effort at work.

When analyzing the average satisfaction with the leadership, participants were dissatisfied with the boss' interest in their work. And in the other items of this dimension they feel indifferent, which is the state in which the employee is neither satisfied nor dissatisfied.[10]

The dimension "satisfaction with the nature of the work and promotions" reveals that participants were dissatisfied, showing dissatisfaction when it comes to promotion opportunities in the company.

Table 1 - Interpretation of the five EST dimensions of participating nurses. *Curitiba*, PR, Brazil, 2017

Dimension	General mean of the nurses
Satisfaction with the colleagues	
With the team spirit of my co-workers	5.12
With the kind of friendship my co-workers show for me	4.92
With how I relate to my co-workers	5.12
With how many friends I have among my co-workers	5.12
With the trust I have in my co-workers	4.8
MEAN "satisfaction with co-workers" dimension	5.02
Satisfaction with the salary	
With my salary compared to how much I work	3.57
With my salary compared to my professional competence	3.47
With my salary compared to the cost of living	3.02
With the amount of money I get from this company at the end of each month	3.62
With my salary compared to my work efforts	3.49
MEAN "satisfaction with pay" dimension	3.49
Satisfaction with the leadership	
With the way my boss organizes the work in my sector	4.32
With my boss' interest in my work	4.15
With the understanding between me and my boss	4.67
With the way my boss treats me	4.75
With my boss' professional competence	4.55
MEAN "satisfaction with the leadership" dimension	4.49

... continued

Table 1 - Interpretation of the five EST dimensions of participating nurses. *Curitiba*, PR, Brazil, 2017

Dimension	General mean of the nurses
Satisfaction with the nature of the work	
With my level of interest in my tasks	5.3
With how my work catches my attention	4.4
With the opportunity to do the kind of work I do	5
With the concerns required by my job	4.2
With the variety of tasks I perform	4.37
MEAN "satisfaction with the nature of the work" dimension	**4.65**
Satisfaction with promotions	
With the number of times I have been promoted in this company	3.95
With the guarantees that the company offers to those who are promoted	3.72
With the way this company promotes the employees	3.6
With the opportunities to be promoted in this company	3.62
With the time I have to wait to get a promotion at this company	3.55
MEAN "satisfaction with promotions" dimension	**3.69**

Source: the authors, 2017.

Table 2 - Interpretation of the five EST dimensions. *Curitiba*, PR, Brazil, 2017

Dimension	Mean of the dissatisfied nurses
Satisfaction with the colleagues	
With the team spirit of my co-workers	4.45
With the kind of friendship my co-workers show for me	4.45
With how I relate to my co-workers	4.63
With how many friends I have among my co-workers	5
With the trust I have in my co-workers	3.90
MEAN "satisfaction with co-workers" dimension	**4.48**
Satisfaction with the salary	
With my salary compared to how much I work	2.63
With my salary compared to my professional competence	2.54
With my salary compared to the cost of living	2.45
With the amount of money I get from this company at the end of each month	3.09
With my salary compared to my work efforts	2.18
MEAN "satisfaction with pay" dimension	**2.57**
Satisfaction with the leadership	
With the way my boss organizes the work in my sector	3.63
With my boss' interest in my work	2.90
With the understanding between me and my boss	3.63
With the way my boss treats me	3.54
With my boss' professional competence	3.45
MEAN "satisfaction with the leadership" dimension	**3.43**
Satisfaction with the nature of the work	
With my level of interest in my tasks	5
With how my work catches my attention	3.72

... continued

Table 2 - Interpretation of the five EST dimensions. *Curitiba*, PR, Brazil, 2017

Dimension	Mean of the dissatisfied nurses
Satisfaction with the nature of the work	
With the opportunity to do the kind of work I do	4.09
With the concerns required by my job	2.63
With the variety of tasks I perform	3.27
MEAN "satisfaction with the nature of the work" dimension	**3.74**
Satisfaction with the promotions	
With the number of times I have been promoted in this company	3.54
With the guarantees that the company offers to those who are promoted	3.18
With the way this company promotes the employees	2.36
With the opportunities to be promoted in this company	2.54
With the time I have to wait to get a promotion at this company	2.63
MEAN "satisfaction with promotions" dimension	**2.85**

Source: the authors, 2017.

Table 3 - Synthesis of registration units and units of meaning in the ACTC of dissatisfied nurses. *Curitiba*, PR, Brazil, 2017

Code US	Unit of significance	Total RU/UM	Total US
US 1	Working with what they like	7	4
US 2	Liking the sector	2	2
US 3	Lack of professional recognition and appreciation	2	1
US 4	Professional recognition and appreciation	1	1
US 5	Working outside the scope of employment	3	3
US 6	Lack of promotions and professional growth	1	1
US 7	No longer performing their duties	2	2
US 8	Availability of human and material resources	1	1
US 9	Dissatisfaction with the working arrangements	3	2
US 10	Work overload	2	2
US 11	Remuneration	1	1
US 12	Autonomy	2	1
US 13	Providing quality care	5	4
US 14	Competitiveness and disunity	3	2
US 15	Lack of leadership	2	2

Nº. of pages analyzed by the software: 6.
Source: the authors, 2017.

From the interviews with the dissatisfied nurses, following the ACTC technique,[14], the skimming and intuitive reading of the answers was made first and then the following hypotheses were suggested: professional satisfaction is related to work with what the employee likes. The dissatisfaction of nurses is related to the activities that are not related to care. Dissatisfaction at work is related to inadequate pay.

After the hypotheses were suggested, 17 RUs and 37 UM were defined. Of the total UM, 18 made up the category "**aspects that provide satisfaction to nurses**" and 19 were included in the category "**aspects that provide dissatisfaction to nurses**".

For the creation of the categories it was necessary to group the US by similarities, as presented in Table 4.[14]

According to the "**aspects that provide satisfaction to nurses**" category, an excerpt expressing the most prominent US1 content was extracted from the interviews:

[…] *I'm a nurse, I like to provide care, the sector where I work is a sector that I identify with the patient profile* (ENF-3).

In the category "**aspects that provide dissatisfaction to nurses**", the most significant units of meaning were US 5, 7, 10, 11 and 14, included in the following excerpts:

Table 4 - Summary of creation of categories in the categorical thematic content analysis. *Curitiba*, PR, Brazil, 2017

Categories	Units of Significance	Total Nº. of RUs/US	% RUs/US
Aspects that provide satisfaction to the nurses	Working with what they like	7	38.8%
	Liking the sector	2	11.1%
	Availability of human and material resources	1	5.55%
	Providing quality care	5	27.7%
	Autonomy	2	11.1%
	Professional recognition and appreciation	1	5.55%
	TOTAL	11	100%
Aspects that provide dissatisfaction to the nurses	Remuneration	1	5.26%
	Lack of promotions and professional growth	1	5.26%
	Dissatisfaction with the working arrangements	3	15.78%
	Lack of professional recognition and appreciation	2	10.52%
	Working outside the scope of employment	3	15.78%
	Do not perform their duties	2	10.52%
	Work overload	2	10.52%
	Competitiveness and disunity	3	15.78%
	Lack of leadership	2	10.52%
	TOTAL	17	100%

Nº. of pages analyzed by the software: 6.
Source: the authors, 2017.

[…] *doctors think of nurses as their secretaries, as if we had to do things for them, and it's not like that; we have our own work, we are responsible for one thing, and they are responsible for another thing, the technician for another, the physiotherapist for another… each one is responsible for one thing and they complement each other, we are a multidisciplinary team* (ENF-3).

[…] *if the clock is not working, I'm the one who have to call the hospitality department… I think these are things other people can do, my attention has to be focused on the patient and my team* (ENF-4).

[…] *for a 12-hours-on, 36-off shift, you only have two days off, so I find that outrageous, so I feel very dissatisfied with that, with the work overload* (ENF-12).

[…] *every nurse does not make much money* (ENF-29).

[…] *we are a very disunited working class and this has a very negative repercussion in our work environment, you know, there is always competitiveness among nurses and regarding shifts, among technicians and nurses, so somehow in some moments this competitiveness impact on care* (ENF-27).

DISCUSSION

It is possible to note through the surveys that the majority of the professionals are women. Nursing is a profession linked to the female gender since its creation, being identified as an "act of caring", which required characteristics that are seen as part of the female "nature"; however, this reality has been modified with the growing number of men presented in the Nursing staff, a change that is recent, dating from the early 1990s.[17, 18]

According to data from the Federal Nursing Council (*Conselho Federal de Enfermagem*, COFEN), 84.6% of the category is composed by women, throughout Brazil.[18] This data is very close to that found in this research.

After analyzing the results, it was observed that nurses who expressed dissatisfaction in the EST feel satisfied with regard to the duties and the activity sectors. However, as for the answers observed in the category "aspects that provide dissatisfaction to nurses", working outside the scope of employment was one of the topics mentioned by dissatisfied nurses, causing them demotivation; they reported several times that they are responsible for things that should be intended to other professionals and that this disturbs Nursing care. ENF-4 emphasized her dissatisfaction when performing activities such as calling the hospitality department to change the clock battery in the patient's room.

Motivation is one of the important factors for quality work and productivity, making the worker more balanced and productive, willing to do more and better.[19]

Nursing has five work processes, namely: providing care, managing, teaching, researching and participating politically.[20] And it is possible to note with the results that nurses like to provide care; however, they also mention working outside the scope of employment, which causes demotivation, which may impact the quality care provided directly to the patient by the professional.

It is noted that nurses are dissatisfied with their salary compared to their professional competence, to how long they work and to their cost of living according to the EST, later confirmed in the interview.

According to Nunes *et al.*,[4] in addition to job dissatisfaction, being underpaid leads to increased absenteeism, turnover and distress.

By analyzing both the total number of participating nurses and only the dissatisfied ones, it is possible to note that the dimension regarding the salary appears with a level of dissatisfaction, being the factor that possibly generates the most dissatisfaction among these professionals. Other studies with nurses also revealed that remuneration was correlated with lower satisfaction.[21,22]

Nurses were dissatisfied with management, reporting a lack of leadership from their supervisors. It is noteworthy that this research site was in the process of adapting to the new leadership after recent replacement of the Nursing manager in the period prior to data collection, which may have contributed to this result.

However, it is necessary for Nursing leaders to reflect and self-assess their leadership, paying attention to what the team thinks about their actions and practices, as the way leadership is established influences how the Nursing staff's performance will be.[23]

Regarding competitiveness and disunity, dissatisfied nurses report noticing the lack of union between the team, which ends up generating misunderstandings in the Nursing professional category.

The dimension "satisfaction with promotions" reveals that nurses are dissatisfied, because in this institution they are not being promoted to new positions. According to Tamayo[24], job satisfaction depends on whether what people seek is the same as what they get; the greater the inconsistency between what they expect to get from work and what they actually get, the greater their level of dissatisfaction.

Thus, it is emphasized that it is important for hospital management to know the level of job satisfaction of nurses, because it is from this knowledge that it is possible to know the failures and gaps so that attitudes can be taken. A study conducted between 2012 and 2015 reinforces the need to investigate the factors that generate dissatisfaction to improve Nursing practices and patient care.[21] Nurses who are happy with their jobs work better, have positive attitudes and contribute to the growth of the institution.

CONCLUSION

This research was able to achieve the proposed objectives, such as verifying the nurses' level of satisfaction and identifying the reasons for satisfaction and dissatisfaction of these professionals. The nurses were satisfied with their co-workers regarding interpersonal relationships and number of friendships in the workplace. However, they recognized as factors of dissatisfaction: lack of professional recognition and appreciation, working outside the scope of employment, lack of promotions and professional growth, dissatisfaction with the working arrangements, inadequate remuneration, lack of leadership, competitiveness and disunity.

The results of this research allowed identifying the factors causing dissatisfaction and, based on them, the hospital institution can review these items so that the level of satisfaction of the employees evolves and, consequently, they will be able to perform their activities with greater satisfaction, providing quality care. It is known that workers satisfied with their work environment produce better, both in quantity and quality, are more motivated, and can contribute to the improvement of work processes.

However, it is noteworthy that the scale used (EST) is not strict and may present different results depending on the time and context in which the answers are collected.

As a limitation of the study, it is noteworthy that some participants postponed the delivery of the completed questionnaire or even lost the instrument several times, which made data collection difficult.

It is also relevant to highlight that the research was conducted in only one institution, which is another limitation, as the results found cannot be generalized to the other private hospital institutions. Thus, it is suggested that further research be conducted with a larger number of institutions, so that it is possible to verify in which dimensions nurses are dissatisfied, and then the managers of these institutions can outline and execute strategies that increase the nurses' level of satisfaction.

REFERENCES

1. Tenani MNF, Vannuchi MTO, Haddad MCL, Matsuda LM, Pissinati PSC. Satisfação dos Trabalhadores de Enfermagem recém-admitidos em Hospital Público. REME - Rev Min Enferm. 2014[cited 2017 April 06];18(3):585-91. Available from: https://issuu.com/folium/docs/reme_19_01

2. Lorber M, Savic SB. Job satisfaction of nurses and identifying factors of job satisfaction in Slovenian Hospitals. Croat Med J. 2012[cited 2017 April 06];53(3):263-70. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3368291/

3. Jesus MSP, Jesus JS. Medidas de satisfação no trabalho em uma instituição de ensino superior. Rev Negócios em Projeção. 2012[cited 2017 Mar

14];3(2):29-48 Available from: https://revista.projecao.br/index.php/Projecao1/article/view/256/173.

4. Nunes CM, Tronchin DMR, Melleiro MM, Kurcgant P. Satisfação e insatisfação no trabalho na percepção de enfermeiros de um hospital universitário. Rev Eletrônica Enferm. 2010[cited 2017 Mar 31];12(2):252-7. Available from: https://www.fen.ufg.br/revista/v12/n2/v12n2a04.htm

5. Bacha AM, Grassioto OR, Fonsechi-Carvasan GA, Machado HC, Cacique DB. Validação do Questionário de Satisfação no Trabalho em Hospital Universitário. RAS. 2013[cited 2017 Mar 14];15(60):95-104. Available from: http://www.cqh.org.br/portal/pag/anexos/baixar.php?p_ndoc=935&p_nanexo=%20481

6. Melo MB, Barbosa MA, Souza PR. Job satisfaction of nursing staff: integrative review. Rev Latino-Am Enferm. 2011[cited 2017 Mar 14];19(4). Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692011000400026

7. Versa GLGS, Matsuda LM. Satisfação profissional da equipe de enfermagem intensivista de um hospital de ensino. Rev Enferm UERJ. 2014[cited 2017 Mar 6];22(3):409-15. Available from: http://www.facenf.uerj.br/v22n3/v22n3a19.pdf

8. Kessler AL, Krug SBF. Do prazer ao sofrimento no trabalho da enfermagem: o discurso dos trabalhadores. Rev Gaúcha Enferm. 2012[cited 2017 Mar 6];33(1):49-55. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472012000100007

9. Jeong DJY, Kurcgant P. Fatores de insatisfação no trabalho segundo a percepção de enfermeiros de um hospital universitário. Rev Gaúcha Enferm. 2010[cited 2017 Mar 6];31(4):655-61. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472010000400007

10. Siqueira MMM, organizadora. Medidas do comportamento organizacional: ferramentas de diagnóstico e de gestão. Porto Alegre: Artmed; 2008.

11. Souza AC, Milani D, Alexandre NMC. Adaptação cultural de um instrumento para avaliar a satisfação no trabalho. Rev Bras Saúde Ocup. 2015[cited 2017 Mar 6];40(132):219-27. Available from: http://www.scielo.br/pdf/rbso/v40n132/0303-7657-rbso-40-132-219.pdf

12. Cervo AL, Bervian PA. Metodologia científica. 5ª ed. São Paulo: Prentice Hall; 2002.

13. Creswell JW, Clark VLP. Pesquisa de métodos mistos. 2ª ed. Porto Alegre: Penso; 2013. 288 p.

14. Oliveira DC. Análise de conteúdo temático-categorial: uma técnica maior nas pesquisas qualitativas. In: Lacerda MR, Costenaro RGS. Metodologias da pesquisa para a Enfermagem e saúde: da teoria à prática. Porto Alegre: Moriá; 2016. p. 481-511.

15. Maxqda [software]. The Art of Data Analysis. Berlim: VERBI Software; 2018 [cited 2017 Mar 6]. Available from: https://www.maxqda.com/about

16. Ministério da Saúde(BR). National Health Council. Diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Resolução n. 466, de 12 de dezembro de 2012. Brasília: Ministério da Saúde; 2012.

17. Passos E. De anjos a mulheres: ideologias e valores na formação de enfermeiras. 2ª ed. Salvador: EDUFBA; 2012[cited 2017 Nov 12]. Available from: http://books.scielo.org/id/mnhy2.

18. Conselho Federal de Enfermagem – COFEN. Pesquisa inédita traça perfil da enfermagem. Diagnóstico da profissão aponta concentração regional, tendência à masculinização, situações de desgaste profissional e subsalário. Brasília: Cofen; 2015[cited 2017 Oct 23]. Available from: http://www.cofen.gov.br/pesquisa-inedita-traca-perfil-da-enfermagem_31258.html

19. Bezerra FD, Andrade MFC, Andrade JS, Vieira MJ, Pimentel D. Motivação da equipe e estratégias motivacionais adotadas pelo enfermeiro. Rev Bras Enferm. 2010[cited 2017 Nov 12];63(1):33-7. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672010000100006

20. Sanna MC. Os processos de trabalho na Enfermagem. Rev Bras Enferm. 2007[cited 2017 Nov 12];60(2):221-4. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672007000200018

21. Oliveira EM, Barbosa RL, Andolhe R, Eiras FRC, Padilha KG. Nursing practice environment and work satisfaction in critical units. Rev Bras Enferm. 2017[cited 2019 July 17];70(1):79-86. Available from: http://dx.doi.org/10.1590/0034-7167-2016-0211

22. Silva VLS, Camelo SHH, Soares MI, Resck ZMR, Chaves LDP, Santos FC, et al. Leadership practices in hospital nursing: a self of manager nurses. Rev Esc Enferm USP. 2017[cited 2017 Nov 10];51:e03206. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342017000100407

23. Brayer A, Marcinowicz L. Job satisfaction of nurses with master of nursing degrees in Poland: quantitative and qualitative analysis. BMC Health Serv Res. 2018[cited 2019 July 17];18(1):239. Available from: https://www.ncbi.nlm.nih.gov/pubmed/29615022

24. Tamayo A. Prioridades axiológicas e satisfação no Trabalho. Rev Adm. 2000[cited 2019 Aug 02];35(2):37-47. Available from: http://www.spell.org.br/documentos/ver/16319/prioridades-axiologicas-e-satisfacao-no-trabalho