

JOB SATISFACTION OF NURSING TECHNICIANS WITH HIGHER EDUCATION IN THE HOSPITAL WORK

SATISFAÇÃO NO TRABALHO HOSPITALAR DE TÉCNICOS DE ENFERMAGEM COM FORMAÇÃO SUPERIOR SATISFACCIÓN EN EL TRABAJO HOSPITALARIO DE TÉCNICOS DE ENFERMERÍA CON EDUCACIÓN SUPERIOR

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ABSTRACT

The objective of this study was to understand the job satisfaction of nursing technicians with higher education. This is a descriptive research with qualitative approach with 14 nursing technicians. The scenarios were the intensive care units of a university hospital, located in a municipality in the State of Rio Grande do Sul, Brazil. For the data collection, a semi-structured interview was used. As a result, two categories emerged: "It was a watershed": job satisfaction related to improvement after attending higher education; and Feelings of dissatisfaction: frustration and underutilization of the knowledge acquired. Workers perceive a more critical position and present a broader view in labor praxis. However, faced with situations in which they cannot intervene and with non-appreciation for performed activities, feelings of frustration and underutilization arise in the labor context. It is concluded that the achievement of a higher education course by the nursing technicians working in hospitals contributed to the qualification of the care provided, thus impelling to feelings of satisfaction. However, it is necessary, in the scope of health institutions, to rethink aspects that could target greater participation and appreciation of the qualification of these workers.

Keywords: Job Satisfaction; Occupational Health; Licensed Practical Nurses; Professional Training; Intensive Care Units; Nursing.

RESUMO

O objetivo deste estudo foi compreender a satisfação no trabalho hospitalar de técnicos de enfermagem com formação superior. Optou-se por pesquisa descritiva, com abordagem qualitativa com 14 técnicos de enfermagem. Os cenários foram as unidades de terapia intensiva de um hospital universitário, localizado em um município do interior do estado do Rio Grande do Sul, Brasil. Para a coleta de dados foi utilizada a entrevista semiestruturada individual. Como resultado, emergiram duas categorias: "foi um divisor de águas" – satisfação no trabalho relacionada ao aprimoramento após o curso superior; e sentimentos de insatisfação: frustração e subutilização do conhecimento adquirido. Os trabalhadores percebem um posicionamento mais crítico e apresentam uma visão mais ampla na prática laboral. Porém, diante de situações em que não podem intervir e da não valorização por atividades desempenhadas, surgem sentimentos de subutilização e frustração no contexto do trabalho. Concluiu-se que a realização de um curso superior para os trabalhadores técnicos de enfermagem nesse cenário hospitalar contribuiu para a qualificação do cuidado prestado, impelindo para sentimentos de satisfação. Porém, deve-se repensar, no âmbito das instituições de saúde, aspectos que possam almejar a participação mais ativa e o reconhecimento da qualificação desses trabalhadores.

Palavras-chave: Satisfação no Emprego; Saúde do Trabalhador; Técnicos de Enfermagem; Capacitação Profissional; Unidades de Terapia Intensiva; Enfermagem.

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RESUMEN

El objetivo de este estudio fue conocer la satisfacción laboral de los técnicos de enfermería con formación superior. Investigación descriptiva con enfoque cualitativo llevada a cabo con 14 técnicos de enfermería. Los escenarios fueron las unidades de terapia intensiva de un hospital universitario de un municipio del estado de Rio Grande do Sul, Brasil. Para la recogida de datos se utilizó la entrevista semiestructurada individual. Como resultado surgieron dos categorías: "fue un punto de inflexión": satisfacción laboral relacionada con la propia superación después del curso y sentimientos de insatisfacción: frustración y subutilización del conocimiento adquirido. Los trabajadores perciben que asumen una postura más crítica y que tienen una visión más amplia para ejercer sus labores. Sin embargo, ante situaciones donde no pueden intervenir y cuando no se les reconoce la importancia de sus tareas, surgen sentimientos de subutilización y frustración. Se concluye que el curso superior contribuye a la calificación de los cuidados brindados por los enfermeros en el ambiente hospitalario y que genera sentimientos de satisfacción. Sin embargo, habría que repensar, en el ámbito de las instituciones de salud, en los aspectos que incentivan la participación más activa y el reconocimiento de la cualificación profesional.

Palabras clave: Satisfacción en el Trabajo; Salud Laboral; Enfermeros no Diplomados; Capacitación Profesional; Unidades de Cuidados Intensivos; Enfermería.

INTRODUCTION

Job satisfaction can be defined as "a degree of positive affective orientation towards work".¹ It contains a subjective value that can vary depending on the person, context and time. It is also subject to the influence of internal and external influences on the work environment, and can affect the physical and mental health of the worker, directly interfering in their social and/or professional behavior.² However, despite the acknowledgement of the relationship between job satisfaction and the health of individuals, knowledge production needs studies that better investigate this relationship,³ especially on health work.

Most health workers work in hospitals, which are complex organizations with intense activities, which can cause different feelings of job satisfaction. In the set of workers that work in these spaces, the nursing technicians represent a significant contingent of professionals. According to data from the Brazilian Nursing Council (COFEN), in February 2017 there were 1,057,625 nursing technicians registered in Brazil, representing, together with the nursing assistants, more than 80% of the workforce of Nursing workers.⁴

Considering the representativeness and importance of these workers for the provision of health care in Brazil, it is convenient to discuss their training and the interface with subjectivity and labor. The social construction of nursing technicians' qualification has historically been delineated by aspects related to the social and sexual division of labor, as well as power relations marked by professional hierarchies and the segmented, delegated and undervalued character of the work performed by these professionals.⁵ In spite of these historical questions that are still present in many scenarios, studies have revealed significant professional qualification of these workers, especially in higher education.^{6,7}

A research commissioned by the COFEN and carried out by the Oswaldo Cruz Foundation (FIOCRUZ) showed that 85.4% of Brazilian mid-level nursing workers wanted to seek a better professional qualification, but they stated as reasons for non-improvement the lack of financial conditions (24.6%), lack of time and en-

couragement (13.9%), lack of institutional support (11.2%), difficulty to stop working (10.2%) and high cost of participation (13.8%).⁸

The feelings of job satisfaction of nursing technicians represent an important object of study, since the knowledge of these feelings can help in the improvement of elements important for the well-being of workers, such as the organizational environment and the management of human resources.⁹ In particular, knowing the interface between the professional qualification of this worker and their job satisfaction can contribute to a better understanding of how the work of these individuals is configured in the practice scenario. In this sense, this study aims to understand the satisfaction in the hospital work of nursing technicians with higher education.

METHOD

This is a descriptive study with a qualitative approach. The research was carried out in intensive care units (Neonatal Intensive Care Unit - NICU, Pediatric Intensive Care Unit - PICU, Cardiology Intensive Care Unit - CICU and Adult Intensive Care Unit - AICU) of a high-complexity hospital of the interior of the state of Rio Grande do Sul, Brazil. The research scenario covers a population of about 1.5 million and keeps its services 100% focused on users of the Unified Health System.

The study population was composed by nursing technicians. The inclusion criteria were being a nursing technician linked to the Single Legal Regime (RJU), having completed any higher education course for at least six months and having been working in one of the intensive care units (ICU, CICU, PICU or NUTI) for more than six months, a time considered for adaptation and knowledge of the sector. We excluded nursing technicians who had been away from work activities during the data collection period.

The selection of the participants was done by means of a technique called "snowball", in which, for each sector, the first participant was randomly drawn. All the others were indicated by the

last participant interviewed in the sector. Thus, each participant indicated another member of the team they deemed to be able to contribute to the research objectives. Before the interviews were carried out, the objectives were explained, and the participants received the Informed Consent Form (ICF). After reading the ICF, they were asked to sign it, in case of agreement with the terms.

The data collection was carried out from March to May 2016 and its termination was determined by the saturation of the data.¹⁰ Data were collected through semi-structured interviews with questions guided by a previously elaborated script that included questions related to: meanings of work for the participant, positive and negative points of the work, work experiences that provided satisfaction or dissatisfaction, feelings about the higher education course and the participant's perspectives in relation to his/her future as a worker. The interviews were recorded and transcribed later, without identification of the interviewee. To maintain the anonymity of the participants, the names were replaced by NT01, NT02, NT03, and so on. A total of 14 interviews were carried out, with an average duration of 45 minutes; they were performed at the participants' workplace.

It should be emphasized that the fact that the interviews were carried out at the participants' workplace resulted in the lack of an appropriate private space for the interviews. This situation caused some interruptions, restrictions of time and lack of privacy in the development of dialogues.

For the analysis of the interviews, the thematic content analysis was used. This technique consists in counting the nuclei of meaning that are most repeated and those that mean something to the target, that is, it is the calculation of the units of meaning for the character of discourse.¹⁰ In order to perform thematic analysis, three stages are proposed: pre-analysis (represented by the choice of the documents to be analyzed and the resuming of the hypotheses and the initial objectives of the research), exploration of the material (the aim is to achieve text comprehension from the construction of categories, consisting of a process of reduction of the material to significant words and expressions) and treatment of the results obtained (step in which the interpretation of the data also happens).¹⁰

The ethical principles set forth in Resolution 466/12 of the National Health Council were respected. The study was approved by the Ethics Committee in Local Research, obtaining a favorable opinion with Certificate of Presentation for Ethical Assessment (CAAE) No. 52247316.3.0000.5346.

RESULTS

The study was composed of 14 nursing technicians, the majority being female and having a partner. Most of them worked the night shift and were between 36 and 45 years old. The average time working as a nursing technician was 14 years,

and the exercise of this function exclusively in the institution studied ranged from four to 14 years.

As for the higher education courses, half of the participants chose to follow in the same area of knowledge of the nursing technical course, attending the undergraduate course in Nursing. The other undergraduate courses referred to by the participants were: Management of People and Human Resources (4), Public Management (2) and Physiotherapy (1). The time of completion of the higher education course ranged from one to 11 years, with an average of five years. All the participants of the research concluded their higher education training after being already nursing technicians. And 85.72% (n = 12) had completed at least one graduate course, of whom one participant was a graduate at master's level and another one had two graduate courses.

The total salary range of the participants was between four minimum salaries (by the table of Career Plan of the Technical Professionals of Student Affairs, a nursing technician earned less than this value at the time of the interviews) and eight or more salaries. The mean (71.42%, n = 10) was between four and six salaries.

The analysis of the interviews made it possible to identify two categories: "It was a watershed" – job satisfaction related to improvement after attending higher education; and Feelings of dissatisfaction – frustration and underutilization of the acquired knowledge.

"IT WAS A WATERSHED": JOB SATISFACTION RELATED TO IMPROVEMENT AFTER ATTENDING HIGHER EDUCATION

Workers reported that satisfaction first emerges from the possibility of providing better quality care from the higher qualification. Workers reported that after completing their higher education, they had an expanded view of the development of their activities as nursing technicians. This situation can be illustrated by the following statements:

[...] it was a very good experience. The technician studies the content in a more succinct way, the basics, and in college you study deeper subjects. [...] Since I was already working, I was able to associate things, why this, why that; so it was really good. I think it helps a lot in seeing the whole [...] NT01

[...] what is very positive is this openness of vision about the comprehensiveness of the patient. [...] Not only those veins to get or the medication to do. [...] I can see the patient as a whole [...] NT06

In this way, because the ICUs are complex settings, workers feel the need to keep up to date and in constant transformation:

[...] having not only a basic notion, but the basis of the reason why we have to do it. Why is it? What is the physiology? The pathology? So I think every professional should seek knowledge, because we are always learning. And even here in the ICU, where they say most things happen, we do not know everything. You always have to be searching; you have to be always learning [...] NT04

The nursing technicians also mention the appreciation by the nursing team and other members of the multidisciplinary team, as they become reference for their knowledge, which emerges as a factor of satisfaction:

[...] I think it facilitates, it helps a lot; I see that the nurses themselves have more confidence, they ask for help. [...] NT01

[...] with the other colleagues, because you have the undergraduate course; it only facilitates, because they trust you even more. [...] NT02

[...] sometimes the doctors come and ask us. They may have studied a lot more about that drug, but you have that experience of what it causes at that time. [...] NT04

Another factor of satisfaction in the work is the change of status and positioning of these individuals before their work and before the team. The workers reported that after completing the higher education, they have been more requested by nurses to assist in the performance of more complex procedures, besides being more requested to give their opinion about certain clinical cases:

[...] for example, if it calms down, the staff always asks me: "you can stay on the medication, you know more things". Staying in control of medications, seeing the time, you have to have more vision. [...] NT01

[...] Many times the physician comes and says, "Please, come here, I have a doubt." I may not always help, but sometimes it makes a difference in a team. So I guess this all helps. [...] NT07

Another change felt by these workers is that, although exercising the same function, their positioning in relation to the most diverse situations of daily work becomes more critical. The participants compared the higher education course to a "watershed", as they began to have a broader view of their work world and with that they began to think on different situations, going in search of their answers, as shown in the statements:

[...] so, doing physiotherapy for me was actually a watershed. For seeing the patient as a whole [...] To understand the reason for a tracheostomy, to be able to understand the reason for a secretion, why that secretion has that color. I can understand things I could not understand before. [...] NT06

[...] higher education, after I started to get the hang of it, I think it opened my mind a lot. [...] just to talk to other people who know more, that made me change my way of thinking, of seeing things, seeing the world, understanding certain situations. Watching, even dealing with people who know less than I do, or one who knows more [...] NT09

Finally, data from this category highlight the satisfaction of nursing technicians with the transformations caused in the work environment, in the team and in their own professional attitudes, as shown in the testimonials:

[...] there is all this care that we do; observing the other supporting teams that sometimes come and only change the glove. [...] they only took off the glove and went to another patient who had nothing [no infection], which was the only clean, also postoperative. Then I reminded them of the importance of washing hands and also changing the glove. Because there is no use in studying, the hospital is paying you for it and you do not have awareness. [...] NT13

[...] I see things, you know? So if I look at a CPAP [mechanical ventilation device], I'll see if it was wrong. If the baby is this way, then let's turn him to prone position because he may ventilate better. How is the lung? How is the RX? People who do not have higher education may not see it. [...] NT03

[...] I have colleagues who make an electro [electrocardiogram], if it's poor or well done, it does not matter. [...] And they take the patient off the stretcher and have them sit in the chair, which I would never do it. I already know that patient is having a heart attack. I know the electro. We end up getting to know electro. [...] And then it rings the alarm and you start to medicate and treat to that end. So I think it makes a difference. [...] NT07

FEELINGS OF DISSATISFACTION: FRUSTRATION AND UNDERUTILIZATION OF THE ACQUIRED KNOWLEDGE

This category includes the feelings of dissatisfaction that emerged from the experience of nursing technicians with their work after attending higher education. The results show that, although doing the same tasks together with the same people

and in the same place of work they were before their graduation, these subjects come to perceive their work as routine and annoying, as expressed in the following testimony:

[...] I do not like my job. I've been questioning myself lately; I had not questioned myself before, now I do because it is a job that has a routine. It's a mechanical thing. You come, you do it, you do A, you do B and you do C. And this routine, this mechanical thing, is bothering me now. It had never bothered me before [...] but now it's bothering me. [...] NT05

The workers also reported dissatisfaction with the fact that they cannot work in the areas for which they are qualified because they are not legally qualified in the institution where they work. They also reported dissatisfaction with the fact that they are not known by the professional category for which they are graduated in:

[...] there is also the difficulty to be acknowledged. Sometimes your colleague [says] "Okay, but you're not a nurse." You know that at that moment in that sector you are not the nurse. But that does not mean that you do not have the knowledge. [...] NT04

[...] Here I am a nursing technician. This division also bothers me a little. If I want to see the patient as a whole, I had to be a whole, as well. [...] But many things I cannot use. [...] NT06

This feeling of frustration increases even more when this worker has the understanding that some situations could be improved and that he/she could help or intervene to make it possible, but he/she is not allowed to do it:

[...] We know that the COREN provides assignments for the assistant, the technician and the nurse. It is well delimited, well specified; there is no doubt about what you can and cannot do. But then I see it like this [...] you end up getting knowledge and sometimes I think the knowledge of that professional is underutilized. Because there are things that you know and that you could intervene and you cannot intervene because it is not allowed. [...] NT07

Moreover, even in the few situations in which these workers are able to use their knowledge of higher education or have the opportunity to express themselves, they experience a feeling of undervaluation and lack of appreciation for what they do, as expressed below:

[...] I developed the electronic prescription system that is used here. How did I do it? In my spare time, running away, doing my nursing technician job, when there is a little break, the staff is resting, and I was there. For many times I have not even had lunch. I have not even taken my break so I could do it over there; a thing that is not appreciated. We know people appreciate it, but there's no reward in that. [...] NT07

This idea goes through the understanding that even as a nursing technician, this worker could develop some activities that did not legally jeopardize their performance, such as participation in continuing education programs and the help and development of programs that could facilitate the daily routine of the members of the sector. The following testimonials exemplify this:

[...] If I could pass this on [knowledge] to my colleagues, it would already be a differential. Just like each one who had their graduation in different places. [...] So, with that differentiated vision, each one could bring something different. That would only add up. [...] NT06

[...] Like a lecture, interfering with the continuing education that the hospital has and almost never goes forward. [...] I think we could be used in that. Because our course gives enough subsidies for this [...] NT08

DISCUSSION

The results of this study show that the knowledge acquired with higher education allowed the participants to make more associations between the things they had already learned with their practice over the years working as a nursing technician and the scientific explanation of this practice, that is, this worker who already knew how to do a certain activity now also knows why to do this activity, which raises satisfaction. A study carried out with nursing workers at an ICU showed that the feeling of being useful for the organization of work and of being a key person in the provision of care emerges as an important element of satisfaction.¹¹ An international meta-analysis study emphasized the association between job satisfaction and the quality performance of nursing professionals,¹² thus corroborating the findings of this research.

Work can be both a source of pleasure and suffering. Both feelings are inseparable and can manifest in the same sense. Pleasure and suffering are results of the combination of the history of the subject with the organization of work, and the work activity contributes to subvert suffering into pleasure from the social, political and ethical conditions of the organization and the work process.¹³

In this way, the positioning of a mid-level worker after finishing higher education tends to be more critical and judicious about the activities under his/her responsibility and also about the role of each team member. This worker will not be satisfied to only perform certain activity if he/she does not know how to do, what to do and what benefits it can generate for the patient.

The work comprises a human experience involving feelings, sensations and meanings. For this reason, work experience is considered to be within the scope of subjectivity. Working implies, in the subject, the mobilization of the body, the intelligence and of a set of psychic mechanisms to face the challenges for the creation, modification, transformation of the real of work. Starting from the point of view that work implies the mobilization of subjectivity and intelligence to reach the results, we can state that the work experience expresses the act of the subject "adding themselves" to the organization, transforming it and transforming themselves.¹³ In this sense, it can be inferred that the satisfactory experiences expressed by nursing technicians show the transformation of their subjective relation to work, insofar as what they "add of themselves" to the organization implies the optimization of their doing.

Added to this, the results reveal that, for the nursing technicians, the accomplishment of a higher education course has impacted on the qualification of the care provided, leading to job satisfaction. In this line, a cross-sectional study carried out with Brazilian nursing technicians found high levels of professional satisfaction in the participants who reported being able to provide care to patients.⁹ That said, we can state that confidence in the quality of one's work mediates job satisfaction, a feeling strengthened by workers who feel professionally differentiated when acquiring knowledge that impact the quality of care.

Once work starts to have positive meaning for the subject, it is rediscovered as a way to prevent and overcome its negative effects and the emergence of possible work-related diseases. Work experiences, when positive, in addition to improving the worker's quality of life, help enriching their identity, leading to the maximum development of their potential.¹⁴

Thus, the meaning of work is not only represented in the public sphere (workplace) for the worker. There is a complementarity between this and the private sphere (personal life), and the development of a positive and useful activity will be important for the recognition of the meaning of work and also for the usefulness of this meaning for the life of the worker.¹⁵

Concomitantly, besides the perception of change in the way of seeing their work, another important factor in the satisfaction of the nursing technician after completing his or her higher education is the difficulty of acceptance and understanding of some colleagues about their situation. In this sense, some participants have felt uncomfortable because they have another profession,

but they cannot exercise it in that place, which is not always understood by the other members of the health team.

Such a situation is likely to lead the worker to suffering, which is inherent in working. In this context, suffering may be the result of a central conflict between the organization of work, which carries rules and prescriptions, and the psychic functioning guided by desire.¹⁵

In this way, the suffering of this worker can have two different destinies: either it becomes a source of creation and ingenuity, a situation in which suffering becomes creative and leads to the invention of solutions to impasses; or it becomes pathogenic, leading the subject to the impossibility of negotiation between the organization of the work and its subjective contents, thus persisting then the experience of failure, which, if prolonged, can lead to the impairment of worker's health.¹⁵

Living in this situation, in which a middle-level worker can acquire a qualification equal to or greater than that of their immediate superiors, even if this worker continues to perform the same functions, can lead to conflicts in power relations. In addition, there is a possibility of psychological damages among these workers.¹⁶

A qualitative research carried out with Swedish nursing workers evidenced that job satisfaction is related to the appreciation of the potential and qualities of this worker by the managers and other professionals. The study demonstrated that, for the participants, the possibilities of taking advantage of the specific skills of the workers are important so that they feel satisfied and remain engaged in the work.¹ Therefore, we can state that, when nursing technicians understand that there is no concrete or symbolic reward for their professional growth, in addition to the financial reward, there is an emptying of the sense of qualification and, therefore, dissatisfaction.

In such a situation, the ideal is that the mid-level worker be able to use the feeling of suffering generated by this condition creatively and in their favor. From the use of their practical intelligence, they will be able to subvert that suffering into pleasure, adding their contribution to the organization of work. This type of intelligence is rooted in experience and in sensations that guide this subject to the solution of problems.¹⁶

A study carried out with nursing workers in Asia highlighted the association between job satisfaction and the desire to remain in the job. That is, low job satisfaction is associated with turnover and poor service continuity. The authors pointed out that hospital managers need to create environments that favor nursing practice in order to increase satisfaction and, consequently, prevent them from leaving their work units.¹⁷

Thus, the organization of work is expected to move parallel to the worker, since an organization that does not allow the individual to offer his/her unique contribution to create solutions is in opposition to the natural movement of seek-

ing satisfaction at work. In return for their contribution, the subject expects to receive retribution, in the form of appreciation, which strengthens identity and brings gains in subjectivity.¹⁵ This makes it possible to find a space where workers find recognition and possibility of expression, which leads to transformative actions of organization of work.¹⁸

On the other hand, the lack of appreciation and visibility is referred by nursing technicians, as shown by a Brazilian qualitative study. Appreciation should be incorporated into the work process by means of words, gestures or moments of formal evaluation so that workers can take proactive positions and feel included in the deliberation process.¹⁹ Thus, it can be seen that situations that favor the transformation of suffering into pleasure, such as autonomy and recognition, appear in some situations in a very ephemeral and limited way, hindering the practice of practical intelligence and the subversion of suffering into pleasure. It is not possible to eliminate the suffering in the work, but it is possible to invest in mechanisms that favor its transformation, allowing better mental health and labor quality for the worker.

As a limitation of the study, there was the singularity of the findings, in view of the method used and the researched context. In this sense, it is important to highlight the need for further studies and investigations that allow the expansion of the proposal to other realities, such as private institutions, other regions of the country or using other methodological tools (such as group techniques of data production and triangulation of data) that can complement the results of this research.

Finally, there is the need to overcome the technician and mechanistic view about the professional training of the nursing technician, since it is recognized the importance of the conscious, reflexive, theoretical and scientific action of this worker in their daily work. The consolidation of this professional profile begins in the training, but also extends in the work spaces, because the knowledge is dynamic and procedural.²⁰ Therefore, it can be considered that this study contributes to the elucidation of relevant aspects with regard to the nursing technician working in ICUs, more specifically the relationship between training and their look at their own work.

CONCLUSIONS

Job satisfaction of nursing technicians working in the ICU and having higher education was favored by the acquisition of new knowledge and of a critical view. On the other hand, the participants have perceived commitment in relation to job satisfaction in the face of feelings of frustration and underutilization.

Thus, it is crucial that managers and nurses know these feelings so that the organization of work and management of people are performed. The health context will only improve, since these subjects can contribute with updated knowledge

and practices for the quality of the care process, either through education, research or extension.

It is necessary to stimulate activities and actions on the part of the institution capable of stimulating not only the access to the qualification processes, but also the use of the knowledge obtained after this process. In this sense, one way to produce positive actions, within the scope of professional qualification, is the investment of the institution itself in the worker. This has occurred not only in the private sector, but also in public entities. The maintenance of a space for discussion can qualify work and build relationships based on trust and cooperation among peers, constituting a space in which workers can rethink their work by talking about it; they can be able to interpret work and consequently modify it so that they can transform situations of suffering into situations of pleasure.

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