







JOB SATISFACTION OF PRIMARY HEALTH CARE WORKERS: AN EXPLORATORY STUDY

SATISFAÇÃO NO TRABALHO DE TRABALHADORES DA ATENÇÃO PRIMÁRIA À SAÚDE: UM ESTUDO EXPLORATÓRIO

SATISFACCIÓN LABORAL DE LOS TRABAJADORES DE ATENCIÓN PRIMARIA DE SALUD: UN ESTUDIO EXPLORATORIO

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ABSTRACT

Objective: to identify factors related to (dis)satisfaction at work among Primary Health Care (PHC) workers. **Methods:** exploratory study with a quantitative approach, conducted in 23 PHC units in the state of São Paulo, Brazil. The Job Satisfaction Scale was used, which covers the degree of satisfaction with management, colleagues, salary, promotions, and work performed, in addition to a socio-occupational questionnaire. **Results:** 70 workers participated, most of them Nursing assistants and community healthcare agents, with a mean age of 45±10.6 years. Indifference was found in the fields of colleagues, management, and nature of work. On the other hand, there was dissatisfaction with the salary and promotions fields. **Conclusion:** job dissatisfaction was found in PHC, and the findings demonstrate the need to review the career plan and salary adjustments.

Keywords: Occupational Health; Job Satisfaction; Primary Health Care.

RESUMO

Objetivo: identificar os fatores relacionados à (in)satisfação no trabalho de trabalhadores da Atenção Primária à Saúde (APS). **Métodos:** estudo exploratório com abordagem quantitativa, conduzido em 23 unidades da APS no estado de São Paulo. Foi utilizada a Escala de Satisfação no Trabalho, que Aprange o grau de contentamento com chefia, colegas, salário, promoções e trabalho realizado, além de um questionário sócio-ocupacional. **Resultados:** participaram 70 trabalhadoras, sendo a grande maioria auxiliares de Enfermagem e agentes comunitárias de saúde, com idade média de 45±10,6 anos. Constatou-se indiferença nos campos colegas, chefia e natureza do trabalho. Por outro lado, verificou-se insatisfação com os campos salário e promoções. **Conclusão:** foi constatada insatisfação no trabalho na APS, e os achados demonstram a necessidade de revisão do plano de carreira e ajustes salariais.

Palavras-chave: Saúde do Trabalhador; Satisfação no Emprego; Atenção Primária à Saúde.

RESUMEN

Objetivo: identificar los factores relacionados con la (in)satisfacción laboral de los trabajadores de la Atención Primaria de Salud (APS) **Métodos:** estudio exploratorio con enfoque cuantitativo, realizado en 23 unidades de APS del estado de São Paulo. Se utilizó la Escala de Satisfacción Laboral, que abarca el grado de satisfacción con la dirección, los compañeros, el salario, las promociones y el trabajo realizado, además de un cuestionario sociolaboral. **Resultados:** participaron 70 trabajadoras, la gran mayoría auxiliares de enfermería y agentes de salud comunitarios, con una edad media de 45±10,6 años. Hubo indiferencia en los compañeros de campo, el liderazgo y la naturaleza del trabajo. Por otro lado, se comprobó la insatisfacción con los campos salariales y las promociones. **Conclusión:** se ha constatado la insatisfacción laboral en APS, los resultados demuestran la necesidad de revisar el plano de carrera y los ajustes salariales.

Palabras clave: Salud Laboral; Satisfacción en el Trabajo; Atención Primaria de Salud.

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INTRODUCTION

Work in the healthcare area is marked by several difficulties, among which stress, work overload, physical and emotional exhaustion, low remuneration, professional devaluation, problems related to health management and lack of integration among team members stand out.^{1,2} The sum of these factors contributes to job dissatisfaction and strongly interferes with the quality of the functions performed, in addition to causing damage to the quality of life of professionals.³

In Primary Health Care (PHC), the gateway to the Health Care Network (RAS, Rede de Atenção à Saúde), the situation is no different. Despite the existence of the National Primary Care Policy (PNAB, Política Nacional de Atenção Básica), incomplete teams and the precariousness of working conditions have compromised the provision of care and the provision of care⁴, influencing the quality of work and the level of satisfaction at work, which signals to the need to prioritize the work process performed by the teams that work in PHC by public management.⁵

Job satisfaction is understood as the emotional state determined by the influence of agents and work-related events.⁶ Given its importance, the topic began to be addressed and discussed in the literature, targeting healthcare workers. Among the studies carried out, it is worth mentioning the analysis of the processes that trigger dissatisfaction at work among professionals from the Family Health Strategy (FHS)⁷ and the investigation of factors related to work and suffering of community healthcare agents.³

In this research, the concept of job satisfaction corresponds to the individual's degree of contentment in relation to some specific dimensions of their work, with each dimension comprising a focus, a source, or an origin of pleasant experiences, such as management, colleagues, salary, promotions, and work done.⁸

In PHC, job satisfaction and its influence on the quality of services has been evaluated in Family Health Units and Basic Health Units, as verified in the literature.^{3,9} Aspects such as elements related to leadership, relationships with colleagues, salary issues, promotions and the nature of work are important for the diagnosis of job satisfaction.⁶

However, it is possible to observe that, in studies that sought to verify the job satisfaction of professionals working in PHC, these dimensions were not considered in the analyses. Therefore, the need arises to investigate factors related to job satisfaction that allow a more complete diagnosis and favor the development of strategies that can help to promote satisfaction and well-being at

work, as well as the strengthening of strategies related to PHC and the identification of knowledge gaps.

Given the above, the present study aimed to identify factors related to job satisfaction in PHC professionals. Therefore, we sought to answer the following question: what are the factors responsible for the (dis)satisfaction of professionals working in PHC?

METHOD

This is an exploratory study with a quantitative approach developed between 2018 and 2019. Workers from all PHC units in a municipality located in the central-west region of the state of São Paulo, Brazil, were invited, with 12 Basic Health Units and 22 Family Health Units, totaling 34 establishments; however, only workers related to 23 units agreed to participate in the study. The inclusion criterion was being a healthcare professional working in PHC (covering the areas of Nursing, Medicine, Administration, Nutrition, Dentistry, general services, humanization, cooking, security). Workers away from work, exonerated or transferred from the unit were excluded. The subjects consist of workers of both genders, aged over 18 years and members of the municipal basic healthcare network. It is noteworthy that an invitation was made to all PHC workers (n = 805) registered in the municipal database, who were contacted by email, sending messages, and delivering pamphlets at the units. However, only 70 workers accepted to be part of the study and filled out the instruments, corresponding to about 8.69% of the target audience.

Data collection was carried out through the application of two instruments: a socio-occupational questionnaire and the Job Satisfaction Scale (JSS). The socio-occupational questionnaire addressed the following topics: (i) gender; (ii) age; (iii) marital status; (iv) schooling; (v) health condition; (vi) illness; (vii) time on the job; and (viii) weekly journey. The validated instrument,⁶ the JSS, is composed of 25 items distributed in five dimensions: (i) satisfaction with co-workers; (ii) salary satisfaction; (iii) satisfaction with management; (iv) satisfaction with the nature of the work; and (v) satisfaction with promotions.⁸ The items are associated with a Likert-type scale, with a range of seven points, with 1 corresponding to "totally dissatisfied" and 7 to "totally satisfied", and the subject selects the number that best represents an indication of your degree of satisfaction. It should be noted that the instrument used reliably reflects job satisfaction, enabling its use for people management, given the range of cultural characteristics and the organization's structure.⁶

Data analysis was conducted in R language (version 4.0.5). Therefore, the average values for the components

of the JSS were obtained and the correlation between the socio-occupational variables and the dimensions of the JSS was verified through Pearson's chi-square.

Based on Resolutions No. 466/2012 and 510/2016, all recommendations and ethical aspects were considered, and the research was approved by the Research Ethics Committee of the Universidade Federal de São Carlos (CAAE No. 92248218.6.0000.5504). Furthermore, all workers who took part in the study agreed to answer the questionnaire voluntarily and signed a Free and Informed Consent Form (ICF).

RESULTS

The research involved the participation of 70 workers from 23 PHC health units in a city in the center-west of the state of São Paulo, Brazil, 14 of which were Family Health Units and 9 Basic Health Units. Workers fall into the following professional categories: (i) nurses (n=6); (ii) Nursing technicians (n = 4); (iii) Nursing assistants (n = 19); (iv) community health workers (n = 22); (v) dentists (n = 4); (vi) oral health assistants (n = 5); (vii) physician (n = 1); (viii) administrative assistants (n = 3); (ix) nutritionist (n = 1); (x) general service assistants (n = 3); (xi) maid (n = 1); and (xii) humanization supporter (n = 1).

Table 1 presents a summary of the study subjects' socio-occupational data. Notably, the sample is composed only of women, most of whom are married, with a mean age of 45 years (45.01± 10.60) and complete high school. Furthermore, more than 60% consider themselves to be in good health and reported having some disease, such as systemic arterial hypertension or diabetes mellitus (Table 1). As for occupational information, the average time in the position is approximately 12 (11.83±8.40) years, and the weekly working hours are 40 hours (39.51±5.76).

Table 2 shows the general mean and standard deviation of each item that makes up the JSS. The subjects demonstrate that they are very dissatisfied with the salary compared to the cost of living (average = 2.77), with the number of times they were promoted, with the guarantees offered to those who are promoted, with the salary compared to how much they work, with the salary compared to professional capacity, with the way in which the human resources promotions of the staff are carried out, with the money received at the end of each month, with the opportunities for promotion, with the waiting time for promotions to occur and with the salary compared to the effort performed at work (mean ≥ 3 JSS < 4). On the other hand, they demonstrate satisfaction (average ≥ 5) with the way they relate to co-workers and with the professional capacity of their bosses. As for the other items of the JSS, the professionals show indifference (average ≥ 4 JSS < 5) for more than half of them.

Table 1 - Socio-occupational characterization of the subjects. Municipality of the state of São Paulo/SP, Brazil, 2019

Variable	Absolute frequency (n)	Relative Frequency (%)
Gender		
Female	70	100
Marital Status		
Married/ Stable Union	50	71.43
Divorced	10	14.29
Single	8	11.42
Widower	2	2.86
Education		
Complete primary education	22	31.43
Complete high school	41	58.57
Incomplete Higher Education	5	7.14
Complete Higher Education	2	2.86
Health Condition		
Great	3	4.29
Good	50	71.43
Regular	12	17.14
Bad	3	4.29
Too bad	2	2.86
Do you have any disease?		
Yes	46	65.71
No	24	34.29

Source: the authors.

As for the dimensions that make up the JSS, it is possible to verify factors that may be associated with the satisfaction and dissatisfaction of the subjects. Regarding the dimension satisfaction with colleagues, the average values indicate indifference or satisfaction to the items that integrate this dimension (items 1,6,14,17 and 24), as well as the dimensions satisfaction with the boss (items 2,9,19, 22 and 25) and satisfaction with the nature of the work (items 7, 11, 13, 18 and 23). The satisfaction with salary (items 5, 8, 12, 15 and 21) and satisfaction with promotions (items 3, 4, 10, 16 and 20) dimensions are marked by some degree of dissatisfaction among the interviewees, as shown in Table 2.

Considering the average values of the dimensions that constitute the JSS (Table 3), it appears that the subjects tend to signal indifference with regard to the fields of satisfaction with colleagues, satisfaction with management and satisfaction with the nature of work, since the average values obtained are between 4.74 and 4.78. The other dimensions are marked by some degree of dissatisfaction, given the average values obtained (≤ 4), a situation previously observed among the JSS items. Thus, factors related to salary and promotions can be considered responsible for the dissatisfaction observed among these professionals working in PHC. Overall, job satisfaction is marked by the indifference of PHC workers.

Table 2 - JSS items and their descriptive statistics (mean ± standard deviation). Municipality of the state of São Paulo/SP, Brazil, 2019

In my current job, I feel satisfied or dissatisfied...	Mean ± Standard Deviation
1. With the spirit of collaboration of my colleagues	4,61±1,17
2. With the way my boss organizes the work of my department	4,35±1,30
3. With the number of times I have been promoted in this company	3,64±1,19
4. With the guarantees that the company offers to those who are promoted	3,78±1,14
5. With my salary compared to how much I work	3,82±1,39
6. With the kind of friendship that my colleagues show for me	4,94±1,06
7. With the degree of interest that my colleagues show in me	4,88±1,14
8. With my salary compared to my professional capacity	3,72±1,32
9. With my boss's interest in my work	4,50±1,13
10. With the way this company carries out promotions for its staff	3,35±1,27
11. With the capacity of my work to absorb me	4,14±1,08
12. With my salary compared to the cost of living	2,77±1,34
13. With the opportunity to do the kind of work I do	4,84±0,79
14. With the way I relate to my co-workers	5,04±0,78
15. With the amount of money I receive from this company at the end of each month	3,80±1,34
16. With the opportunities to be promoted in this company	3,20±1,26
17. With the number of friends I have among my co-workers	4,85±0,96
18. With the concerns required by my work	4,07±1,26
19. With the understanding between me and my boss	4,81±1,15
20. The time I have to wait to receive promotion in this company?	3,25±1,25
21. With my salary compared to my efforts at work	3,74±1,36
22. With the way my boss treats me	4,91±1,12
23. With the variety of tasks I perform	4,44±1,25
24. With the confidence I can have in my co-workers	4,44±1,18
25. With my boss's professional ability	5,12±1,12

Source: adapted from Siqueira⁸

Table 3 - JSS dimensions and the respective descriptive statistics (mean ± standard deviation). Municipality of the state of São Paulo/SP, Brazil, 2019

Dimensions	Mean ± standard Deviation
Satisfaction with co-workers	4.78±1.06
Satisfaction with salary	3.57±1.40
Satisfaction with the boss	4.74±1.20
Satisfaction with the nature of work	4.74±1.16
Satisfaction with promotions	3.44±1.24
Overall Satisfaction	4.20±1.21

Source: the authors.

As can be seen in Figure 1, some socio-occupational variables and the JSS items show significant correlations (p-value: 0.05). A weak negative correlation was observed between working hours and age (-0.3). The other correlations found are positive (values > 0.1), in addition to the fact that most of the correlations observed occur between the items that make up the JSS, since only two weak positive correlations were observed involving socio-occupational variables: (i) age and length of service and (ii) age and variety of tasks performed.

Of the correlations closest to 1 verified, the following stand out: (i) number of times promotions took place and the guarantees offered to those who are promoted; (ii) salary compared to the amount of work and salary compared to professional capacity; (iii) boss's interest in work and the way the boss organizes work; (iv) type of friendship shown by colleagues and salary compared to the cost of living; (v) type of friendship shown by colleagues and the way I relate to my colleagues; (vi) ability to absorb work and opportunities to be promoted; (vii) number of friends among colleagues and work and the degree of interest of colleagues; (viii) number of friends among colleagues and work and the way I relate to my colleagues; (ix) understanding with the boss and the way the boss organizes work; (x) the way the boss organizes work and the way the boss treats me; (xi) the opportunities to be promoted and the waiting time for promotions in the company; (xii) salary compared to effort at work and salary compared to hard work; (xiii) salary compared to work efforts and the amount of money received at the end of the month; (xiv) the way my boss organizes work and the way I treat the boss; (xv) the way the boss is treated and the boss's interest in the work; (xvi) the

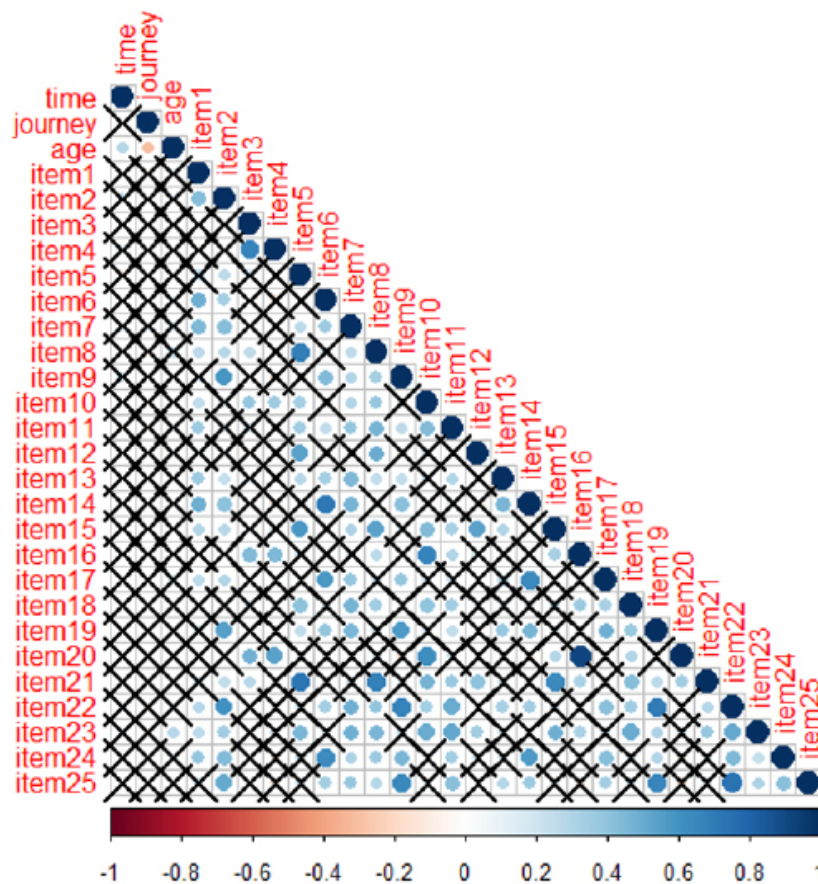


Figure 1 - Pearson's correlation coefficients. Where: time = time in the role, journey = weekly journey, item 1 to 25 = items that constitute the JSS, X = non-significant values (p-value > 0.05)

way my boss organizes work and understanding with the boss; (xvii) the kind of friendship that my colleagues show towards me and the trust in co-workers; (xviii) trust in co-workers and the relationship with co-workers; (xix) the professional capacity of the boss and the interest of my boss in my work; (xx) understanding with the boss and my boss's professional capacity; and (xxi) the treatment of the chief and his professional capacity.

DISCUSSION

In PHC, most of the workers who are part of the healthcare teams are female, a reflection of the trend of feminization of the workforce.¹ The average age observed in this study is close to that observed for communities of professionals working in PHC in the metropolitan region. de São Paulo.¹⁰ The scenario found may be associated with the trend of feminization of the workforce working in the health area, as well as the stability provided by the type of employment relationship, which favors the maintenance of the position until retirement.

As for professions and working hours, the predominance of community healthcare agents and Nursing teams may be related to the minimum composition of the healthcare teams working in PHC formally established in the different regions of Brazil, as is also usual the service in the units in five days a week for eight hours a day or more.^{11,12} This situation is related to the Consolidation of Labor Laws (CLT, Consolidação das Leis do Trabalho) regime and to business hours, usually observed in the healthcare area and in the public service, given the usual customer service hours.

In an investigation that addressed the satisfaction of PHC healthcare professionals from southern and northeastern municipalities,³ more than one third of professionals reported having some health problem, a situation that may be a result of the structure and work process, or even being a reflection of injuries caused by these factors. It is emphasized that working conditions can lead to emotional overload, as well as physical and mental illness¹³, which requires efforts and strategies to help maintain the health of these workers.

In an evaluation that involved Family Health Units in the five regions of Brazil, researchers⁷ identified as aspects that generate dissatisfaction elements related to healthcare work management and overwork, since elements such as management failures, lack of appreciation of the work and excess demand are among the biggest generators of job dissatisfaction. The authors point out that the salary deficit and the non-existence of job/salary plans contribute to the dissatisfaction of professionals, an aspect that is still fragile in Brazilian policies. This situation is also verified in other studies^{3,9,14} and in this study. By knowing how the work is being carried out, measures can help to reduce the dissatisfaction imposed by the work.¹

Also in this sense, researchers³ found, in a study involving three Family Health Units in the south of the country, that aspects related to salary and the absence of a career plan are related to professional dissatisfaction. This situation is directly associated with the human resources policy practiced in federal public services, with few possibilities for career advancement and, consequently, salary increases. In PHC, the lack of prospects for professional growth can be considered an important stress factor¹⁵, negatively affecting professional well-being and causing emotional exhaustion.

It is known that the reduction in the engagement of healthcare professionals can compromise their work performance and, consequently, the quality of services provided to the population. In this way, the allocation of investments for the creation of career plans by managers helps to value work and contributes to the mental health of these professionals¹⁶, in addition to promoting the qualification of healthcare. Permanent education in health is necessary for the qualification of work, given its role in the quality of practices aimed at healthcare and comprehensive care, which can favor progress in job satisfaction.¹⁷ Adequate planning and a work environment that favors the well-being of professionals who are part of the PHC directly assist in meeting the PNAB.¹⁵ Greater engagement of workers enables increased satisfaction of healthcare service users, as well as strengthening the relationship between workers and users.^{18,19}

Due to its multidimensionality, the JSS reflects the worker's degree of contentment based on the dimensions that are inherent to work and the experiences lived at work.^{6,8} The results found in the present study based on the JSS corroborate the literature in terms of refers to dimensions marked by job dissatisfaction (satisfaction with salary and satisfaction with promotions).⁷

As for the other dimensions, due to the influence of intrinsic and extrinsic aspects of work²⁰, changes in the

satisfaction profile were not triggered, contributing to the state of indifference. The indifference of PHC workers regarding the items belonging to the fields of satisfaction with colleagues, satisfaction with management and satisfaction with the nature of the work may be related to aspects of the construction of the healthcare worker's identity, to the relationship/communication, to the work environment. PHC collaboration and the opportunistic way of producing healthcare, marked by different intensities of satisfaction, as highlighted in the literature.^{2,9,20} Thus, the JSS is a useful tool to verify (dis)satisfaction at work, and can be used in managing people⁶, in addition to pointing out elements that need to be leveraged to generate job satisfaction.

Although the subjects show indifference regarding leadership and relationships and communication and relationships, these themes are discussed and valued by healthcare professionals⁹, which reinforces the need to promote actions that favor the improvement of satisfaction regarding these dimensions, providing direct benefits to the worker's well-being and health. Furthermore, interdisciplinarity is an essential feature in PHC, as bonds and coexistence configure the exchange of knowledge and relationships become lasting and resolute^{5,9}, favoring the work process and reducing the possibility of eventual fragmentation.

The importance of adopting and elaborating measures that contribute to the maintenance of PHC in the medium and long term is emphasized, especially with regard to workers who are part of the staff of the teams, who are often in charge of the municipal management, administrative level that must deal with the difficulties of personnel management.²¹ Among such difficulties, the shortage of professionals to meet the needs of the population, especially doctors, which makes it difficult to form complete teams and increase effectiveness from PHC.⁴ Another important aspect is the withdrawal of investments from PHC, as well as the investment limitations imposed by the budget.

This situation can lead to future problems, given its implications for the provision of care, resolution, and worker turnover in PHC. Working conditions influence the satisfaction of PHC workers.¹⁴ Professional dissatisfaction leads to compromised health outcomes. Work-related aspects and possible suffering of PHC workers can compromise the implementation of the guidelines formally established by the PNAB, negatively influencing the care provided to healthcare service users.¹³

Diagnostics contribute to the planning of interventions that seek to deal with stress factors that compromise

performance in the healthcare service; therefore, public policies that promote well-being and contribute to a favorable working environment can be formulated.⁴ Career plans, salary plans and other investments in human capital allow for the appreciation of the worker and strengthen multidisciplinary action.² Therefore, the definition of a policy related to human resources with regard to professional development reduces evasion in PHC and can lead to greater worker satisfaction, contributing to the improvement of the assistance provided.

The present study made use of a validated and easy-to-apply scale, an instrument that helps managers to understand the reality of a given phenomenon (in this case, job satisfaction). This is a requirement for formulating future strategies that aim to promote improvements, as it considers fields that include co-workers, salary, relationship with the boss, nature of work and promotions. Despite these points, the study ended up having limitations, since only a small portion of PHC workers participated in the research, which was widely publicized. The lack of commitment of public managers poses a risk to the assistance provided by these professionals and due to the utilitarian nature of professionals⁵, their illness can occur, and dissatisfaction can lead to non-compliance with the principles that govern the PNAB.¹²

CONCLUSION

The dimensions satisfaction with salary and promotions were responsible for the dissatisfaction of professionals working in PHC. The other dimensions (management, colleagues, and nature of the work) are marked by the subjects' indifference, that is, they are not marked by (dis)satisfaction.

The greatest dissatisfaction observed among the subjects was: the salary compared to the average cost of living and the money received at the end of each month; the salary received compared to the professional capacity and the amount of work; the number of times they were promoted; the guarantees offered to those who are promoted; promotion opportunities; and the waiting time for promotions to take place. On the other hand, respondents showed satisfaction with the way they relate to colleagues and with the professional capacity of their boss.

In this way, the dissatisfaction of professionals working in PHC is associated with expectations of financial recognition and career plans, aspects that are little valued by healthcare managers. The need for changes and improvements in municipal healthcare management is evident, with the aim of valuing the work carried out by working

professionals and reducing the factors of dissatisfaction at work, which would enable the well-being of all and contribute to the improvement of care provided, given the greater involvement and recognition of professionals.

Finally, the findings of the present study can contribute to the formulation of strategies and actions that aim to promote changes in the scenario found, enabling the reduction of dissatisfaction with the creation of career plans and equalization of the salary deficit. Intervening in the factors that generate dissatisfaction at work in PHC contributes to obtaining better results in healthcare services, as well as to enhancing the sources of pleasure at work through changes in the organizational conditions of work.

This study highlights a need already diagnosed in the context of PHC practice: it is necessary to review the income of healthcare professionals, especially from the municipal perspective, who share the responsibilities of healthcare, but are recognized differently in terms of salary. It should be noted that Nursing, the largest number in the health workforce (and most of the subjects in this study), needs recognition and appreciation.

Thus, this study advances by pointing out that, in addition to safe working conditions that protect the health of healthcare workers, policies aimed at remuneration and career planning are necessary, with the aim of reducing inequalities between healthcare professions and promoting job satisfaction, which impacts the quality of care, under penalty of professional evasion in PHC, as has already been seen in some regions of the country. As a limitation of the study, we can mention the low participation of the sample universe (8.69%), a situation possibly linked to the demand for work, the overload of professionals and lack of interest.

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