

# Satisfaction and dissatisfaction in the work of professionals at a university hospital

## *Satisfação e insatisfação no trabalho de profissionais em hospital universitário*

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**ABSTRACT** Descriptive study with a qualitative approach aiming to identify aspects that generate satisfaction and dissatisfaction in the work of health professionals at a university hospital. Study with 52 professionals from the surgical clinic and the emergency service. Data collection was carried out through semi-structured individual interviews, and the findings were submitted to thematic analysis with the aid of the Atlas.ti software. The research followed all ethical precautions. The results were organized into two analytical categories, job satisfaction and dissatisfaction. Working conditions, relationships at work and perceptions about the way of working were themes present in both categories, revealing the dialectic of these aspects and indicating that objective conditions and the way workers deal with them influence the outcome. The Hospital as a space for training and work was related solely to satisfaction, signaling a promising path for hospital managers and teachers. The need to invest in working conditions, democratically organize work processes and foster good working relationships was highlighted. The findings point to an important and comprehensive research niche, with a view to contributing to the formulation of public policies and for the guidance of interventions in university hospitals.

**KEYWORDS** Occupational health. Job satisfaction. Hospitals, university. Health personnel. Working conditions.

**RESUMO** Estudo descritivo de abordagem qualitativa com objetivo de identificar aspectos geradores de satisfação e insatisfação no trabalho de profissionais de saúde de um hospital universitário. Participaram do estudo 52 profissionais da clínica cirúrgica e do serviço de emergência. A coleta de dados foi realizada por meio de entrevista individual semiestruturada, e os achados submetidos à análise temática, com o auxílio do software Atlas.ti. A pesquisa seguiu todos os cuidados éticos. Os resultados foram organizados em duas categorias analíticas: satisfação e insatisfação no trabalho. Condições de trabalho, relações no trabalho e percepções sobre o modo de trabalhar foram temas articuladores presentes nas duas categorias, revelando a dialética desses aspectos e indicando que condições objetivas e a forma como os trabalhadores lidam com elas influenciam o desfecho. Hospital como espaço de formação e trabalho foi relacionado unicamente com a satisfação, sinalizando um caminho promissor para gestores hospitalares e professores. Evidenciou-se a necessidade de investir nas condições de trabalho, organizar democraticamente os processos de trabalho e fomentar boas relações de trabalho. Os achados sinalizam um nicho de investigação importante e abrangente, com vistas a contribuir para formulação de políticas públicas e para a orientação de intervenções nos hospitais universitários.

**PALAVRAS-CHAVE** Saúde do trabalhador. Satisfação no emprego. Hospitais universitários. Pessoal de saúde. Condições de trabalho.

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## Introduction

The work process and the way of organizing services in the Unified Health System (SUS), especially in the hospital setting, are topics debated in the current literature, especially about how these aspects interfere in workers' health<sup>1-4</sup>. In this context, the elements that determine job satisfaction or dissatisfaction are diverse, multifactorial and dynamic; they are influenced by the environment, by the working conditions and the way or abilities of the worker to face the adversities experienced.

Satisfaction and dissatisfaction compose a dynamic process, and workers may be satisfied with a given situation and dissatisfied with other factors or conditions. Aspects such as interpersonal relationships between individuals on the team, working conditions, organization of services, division of tasks, labor rights, motivation and safety can influence the satisfaction and dissatisfaction of professionals<sup>2,6-8</sup>. The worker being satisfied or dissatisfied has consequences for the institution, interfering with productivity, the quality of care provided to users and in the work environment, as well as in the worker's life, with impacts on their personal and family life and on their health-disease process<sup>6,7,9</sup>.

Dissatisfaction is commonly related to experiences of maladjustment between the mental and physical components, suffering, anxiety, difficulties in work organization, not always explained by the worker. Satisfaction, on the other hand, is related to the meaning and value attributed to work by the individual, with the ability to adapt to the content of productive activities, interpersonal relationships, the quality of the task performed and well-being<sup>10</sup>.

Work in hospitals is influenced by the introduction of technological innovations, advances in scientific knowledge and the diversity and complexity of users' clinical conditions. It is an environment where the clinical model of care predominates, centered on medical specialties and on fragmented care for users. This scenario is challenging, it has implications

for the professionals' health<sup>11-13</sup>, who need continuing education<sup>1,2</sup>.

The work environment involves technical, human and cultural aspects. And as Schwartz says<sup>14</sup>, marked by all kinds of infidelities that combine, accumulate, reinforce each other, in a production of variables. These variabilities need to be managed by professionals, producing processes of satisfaction and dissatisfaction.

Given the above, this study seeks to answer the following research question: which aspects influence the satisfaction and dissatisfaction in the work of health professionals in the hospital setting?

## Material e methods

This a study with a qualitative approach, of a descriptive type, carried out in a university hospital in Brazil, from 2016 to 2017, with the objective of identifying aspects/elements that generate satisfaction and dissatisfaction in the work of health professionals. The study was developed in the Surgical Clinic (SC) and the Adult Emergency (AE) service. The choice of these two care scenarios was intentional, considering that they are common and priority services in hospital institutions, and, in general, they typify the work in these care spaces.

The study participants totaled 52 professionals, 19 from the SC (one social worker, one physiotherapist, one nutritionist, two physicians, three nursing assistants, five nurses and six nursing technicians) and 33 from AE (one nursing assistant, one social worker, one nutritionist, four physicians, 11 nurses and 15 nursing technicians).

In the two services studied, there are workers with different employment contracts: public servants, with job stability, and CLT workers, linked to the Brazilian Hospital Services Company (EBSERH), established in the hospital in 2013, with a contract governed by the CLT (Consolidation of the Labor Laws).

Of the interviewees, 38 were CLT, that entered the hospital in 2014, and 14 were public servants, five of whom had been admitted in the 1990s and the others from 2000 to 2006.

The inclusion criterion for the participants was to be a professional who provides direct patient care, considering the following parameters: interviewing at least one representative of each professional category who worked in each of the three work shifts (morning, afternoon, night). The number of participants was considered sufficient by the data saturation criterion adopted in qualitative research<sup>15</sup>.

Data was collected through interviews guided by a script with open questions related to the work of professionals in a university hospital. The script included two questions analyzed in this manuscript: aspects/elements that generate satisfaction and dissatisfaction at work in that context.

Data analysis was guided by Thematic Analysis, following the phases of pre-analysis, material exploration, and treatment and interpretation of results, associating Atlas.ti software resources for data organization and processing<sup>16,17</sup>. After transcribing the interviews, typing in a text document, grammatical and spelling refinement, the .doc files [documents] were inserted into the Atlas.ti software. In the inserted documents, excerpts from the participants' speeches [quotations] were selected, which were typified by codes [codes] composed of words that describe the synthesis of the selection. Finally, the codes were grouped [code groups] according to their content into four thematic categories that cover aspects of work that influence the satisfaction and dissatisfaction of professionals.

In order to provide a better visualization of the magnitude of the aspects that generate satisfaction and dissatisfaction at work,

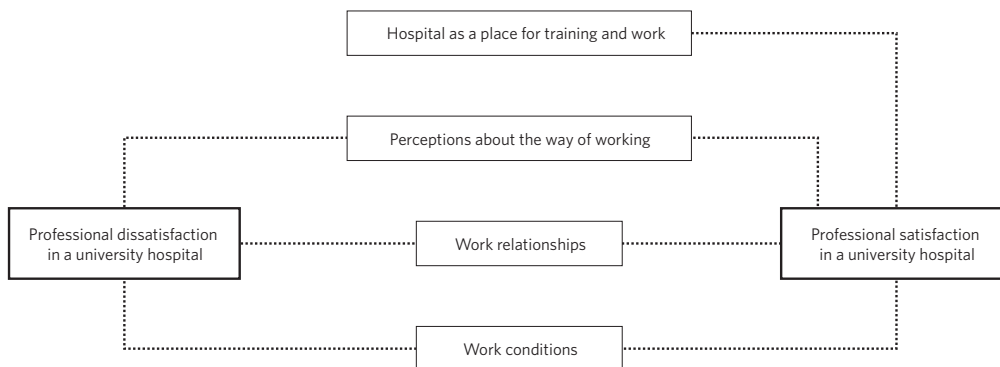
the results of the qualitative analysis were presented, descriptively associating the absolute (n) and relative (%) frequencies of the findings. It was considered the total number of coded excerpts related to each code, by analytical category: elements/factors that generate satisfaction and dissatisfaction in the work of health professionals in university hospitals. The treatment and interpretation of the results were guided by the Work Process<sup>18</sup>, the Ergology<sup>19</sup> and the Psychodynamics of Work<sup>10</sup> theoretical approaches.

The study respected all ethical precepts for research with human beings and the Research Ethics Committee of the Faculty of Health Sciences of the University of Brasília approved under opinion number 562,224/2014. To carry out the interviews, participants were guaranteed an environment that allowed for confidentiality. In the results, to preserve anonymity, neither professions nor workplaces were identified. The interviews were coded by the letter 'I' (interviewee), followed by the letter 'C', when the employment contract was governed by the CLT, or 'S', when the participant was a public servant, being subsequently numbered in sequential order in which were performed, for example, IC1, IS2, and so on.

## Results

Data analysis showed that, for the most part, the aspects present in the work process of health professionals have a dialectical character, generating satisfaction or dissatisfaction, depending on the conditions that exist and the way in which workers deal with them. *Figure 1* shows the synthesis of the organization of the findings considering the two analytical categories and the four themes.

Figure 1. Thematic categories that group elements that generate satisfaction and dissatisfaction in the work of health professionals in a university hospital in Brazil



Source: the authors.

The summaries of the findings related to satisfaction and dissatisfaction in the work of the health professionals of the hospital studied are presented in *tables 1 and 2*, with the associated thematic categories, in addition to the

description of their respective magnitudes.

‘Professional satisfaction at a university hospital’ added 338 excerpts (quotations), linked to 19 codes, which were linked to four thematic categories, as shown in *table 1*.

Table 1. Thematic categories and codes according to the number and percentage of quotations related to the satisfaction of health workers in a university hospital in Brazil (n=338)

Thematic categories	Codes	Quotations	
		n	%
Hospital as a space for training and work (n=31 - 9.2%)*			
	Work in a university hospital	17	54.9
	Learning	9	29.0
	Training	5	16.1
Working conditions (n=63 - 18.6%)*			
	Salary	17	27.0
	Structure and work environment	16	25.4
	Availability of work instruments	14	22.2
	EBSERH's management	5	7.9
	Workload	5	7.9
	Labor rights	3	4.8
	Staff available for support	3	4.8
Working relationships (n=186 - 55%)*			
	Teamwork and relationship between workers	81	43.5
	Relationship with patients	38	20.4
	Support from leadership	37	19.9

Table 1. (cont.)

Thematic categories	Codes	Quotations	
		n	%
	Relationship with other sectors	26	14.0
	Communication	4	2.2
Perceptions about the way of working (n=58 - 17.2%)*			
	Working with what you like	23	39.7
	Quality of care	23	39.7
	Resoluteness of the care	7	12.1
	Recognition and professional appreciation	5	8.6

Source: Authors elaboration.

\*Subtotal and percentage in relation to the magnitude of the thematic category.

In turn, 'professional dissatisfaction at a university hospital' included a total of 352 excerpts (quotations), linked to 24 codes, which

were linked to three thematic categories, as shown in *table 2*.

Table 2. Thematic categories and codes according to the number and percentage of quotations related to the dissatisfaction of health workers of a university hospital in Brazil (n=352)

Thematic categories	Codes	Quotations	
		n	%
Work conditions (n=234 - 66.5%)*			
	Deficit in work instruments	46	19.7
	Structure	28	12.0
	Work Bureaucratization	25	10.7
	Staff available for support	24	10.3
	Shifts	22	9.4
	EBSERH's management	21	9.0
	Salary	18	7.7
	Training	14	6.0
	Working day	12	5.1
	Overworking	12	5.1
	Comprehensiveness	7	3.0
	Daily commuting	5	2.1
Work relationships (n=62 - 17.6%)*			
	Relationship to other sectors	17	27.4
	Lack of support from leaders	15	24.2
	Teamwork and relationship between workers	14	22.6
	Communications	11	17.7
	Relationship with patients	5	8.1

Table 2. (cont.)

Thematic categories	Codes	Quotations	
		n	%
Perceptions about the way of working (n=56 - 15.9%)*			
	Lack of professional commitment	19	33.9
	Influence of work on health	15	26.8
	Disorganization of workers with the work	8	14.3
	Lack of recognition from the managers	7	12.5
	Biosecurity	4	7.1
	Lack of beds or vacancy	3	5.4

Source: Authors elaboration.

\*Subtotal and percentage in relation to the magnitude of the thematic category.

Some excerpts from the interviews that show the content of the thematic category were highlighted below. With the exception of the first category, the findings show the dialectical relationship present in the speeches of the participants in relation to the generation of satisfaction and dissatisfaction at work.

### The hospital as a space for training and work

Working at a university hospital provides learning, which was considered a reason for satisfaction for the professionals. Added to this — according to the participants — is the fact that there is a smaller number of patients compared to other hospitals, as it is a teaching hospital, which makes it possible to determine a routine and build a good work environment. In addition, they highlighted the characteristic of being a reference hospital in the service network and the pedagogical relationship with residents and undergraduate students, which provides opportunities for the exchange of experiences, makes the work challenging and requires a continuous search for knowledge.

According to the participants of the study:

*The fact of it being a teaching hospital is a little more closed, there is not that crowd of people, you have a limited number of patients. This makes it*

*much easier, you can determine a routine to care.* (IS28).

*The relationship with interns and residents gives me great satisfaction because it is continuous learning, the search for knowledge, the encouragement of scientific research. Being in a university hospital turned out to be very challenging and very rewarding.* (IS35).

This thematic category was the only one related only to job satisfaction.

### Working conditions

The hospital's adherence to EBSEH has caused changes in the type of employment, generating satisfaction for some and dissatisfaction for others.

Those who were satisfied reported that the company values the workers, management and caring have improved, and there have been structural reforms. Furthermore, electronic time clocks were installed, improving the professionals' commitment to working hours. Salaries started to be paid on time, and temporary contracts were abolished. Professionals who changed from a precarious contract to the CLT modality stood out in this perception.

*I have been here since it was not EBSEH. Totally different. Different management. Today it works through the electronic time-clock, the work philosophy has changed. The EBSEH employee is very close to the profile of the private employee. There is fear of being punished, of being sent away [...]. This change with EBSEH was drastic, both with regard to the public and in relation to the employee. They will demand [...] but not just demand, [they give] guarantees, the salary pay on time, and there was [...] no wage loss [...]. At the time there was many temporary contracts, payment was delayed three, four months, it was a mess. Some doctors fulfilled their contracted working hours as they wanted, and nurses, physiotherapists, any professional, they didn't hit the timecard and that's it. This has been changing. This EBSEH management has changed for the better. (IC17).*

The dissatisfied professionals justified that EBSEH is new, without an identity. According to them, the hospital continues with problems related to the lack of staff for assistance, the access of users to the hospital, as it has become more bureaucratic, and the number of visits and procedures remain reduced. They also consider that the diversity of employment contracts, rights and duties generates conflicts between professionals.

*We had the transfer of management from the university hospital to EBSEH. The project brought several improvements to the hospital institution, which in reality did not happen. First, because the public service's exams that took place did not meet the needs. What has changed is the management model strategy, with greater spending abroad and less inward, to strengthen the institution. It didn't need that. Who loses are the users of the services. (IS37).*

Remuneration prevailed as a factor of satisfaction for professionals with a CLT contract, and of dissatisfaction for those who are public servants. Those satisfied with the remuneration justified that the salary undergoes annual adjustments, in addition to being higher than that of other services and professional

categories. According to the excerpts: *"I feel comfortable with the salary I receive today, in relation to other categories of the same level, in relation to other services out there"* (IC25).

*What makes us want to study to leave the private company to go to the public service is the salary. It's without comparison. I worked in a private company, I received 900 reais, and I came here to receive almost four thousand. [...] at the government-level I earn half of what I earn here, but as I work twenty hours a week there, it still pays off. What makes it worth it nowadays for me to stay in one place is the working hours and salary. (IC33).*

According to the dissatisfied professionals, the remuneration of public servants is outdated, and for workers with a CLT contract, the remuneration is higher. Here's an excerpt: *"I am dissatisfied with the salary issue [...] I receive less than my colleagues who joined at that time [when the hospital joined the EBSEH]"* (IS38).

The hospital structure was considered a reason for satisfaction and dissatisfaction for professionals in the AE service. Professionals satisfied with the structure justified that a large part of the hospital was renovated or is undergoing renovations, it has space, with accessibility, and has quality materials and equipment. According to the report:

*It is a totally adapted place, it has an adapted bathroom, we have a ramp. The height of the sinks, the counters, all are suitable for a wheelchair user to use, wide doors. (IS18).*

Professionals who were dissatisfied with the structure mentioned that the hospital reforms were not well planned, those responsible did not listen to the workers' opinions, culminating in physical spaces with various inadequacies. They reported that in the AE there are very small wards, without a bathroom, without a pantry, that in some spaces the teams share the bathrooms with users, increasing the biological risk for workers.

Regarding the work in the SC, the professionals reported that the materials were stored only on the third floor, and their delivery could only be made by a specific professional. Workers on the second floor have to go to the third floor every time they need material, which they consider dangerous, as, in case of emergency with the patient, the time to provide assistance can be compromised. And, still, the doors of the renovated wards do not allow the passage of beds, that the existing resting places are insufficient and are concentrated on one floor, that the surgical wards are insufficient, which makes patients take a long time to be operated.

*The second floor is a new wing, renovated and does not even provide a bathroom for employees [...], we have a bathroom at the end of the third floor corridor, which is unisex. We are in a profession that values the patient's privacy, intimacy, secrecy, and my privacy is not being respected [...]. My work schedule is six hours, but to get here, I leave at least half an hour early and I'll get home at least half an hour later, so it's seven hours. I can't go seven hours without eating, a renovation that doesn't provide the minimum space for me to eat is inhumane. (IS39).*

On the other hand, the availability of materials and equipment for work and the availability of adequate storage space were also reasons for satisfaction. Among the materials mentioned are Personal Protective Equipment (PPE), supplies for carrying out exams, electronic beds, monitoring and ventilation equipment and for patients' imaging exams.

*There is no lack of medicine for the patient. There is no lack of supplies, gloves, PPE. We have access to everything here at the Hospital. The patient is monitored, assisted, and has the equipment to facilitate his improvement. About the exams, if you don't have the device here, if you don't have the type of exam, it's sent to be done outside. (IC19).*

The hospital's work environment has been a source of satisfaction for being considered quiet, with a pleasant space. According to the excerpt:

*The good working environment. The hospital is going through a new changes with EBSERH. Most of the hospital' physical area is already renovated. It's very interesting to work here. (IC30).*

Dissatisfied professionals identify deficits in work instruments, in particular, the lack or scrapping of materials and equipment, such as: ventilator, monitor, devices for checking blood pressure, for carrying out electrocardiograms and nebulization, oximeter, surgical equipment, pump infusion. Also lacking, diaper, syringe, coat, mask, IV stand, armchairs, razor. These work instruments are essential in providing assistance, and deficits in this area can cause risks for professionals and users, including work accidents, professional errors, infections and several other damages to health.

*Material, two weeks ago, was quite lacking. They lack razor blades, materials for the venous puncture, things that make their lives easier [patient]. I can't get a diaper. There was a patient of mine who wet the bed because we didn't have a diaper and the family couldn't afford it, so we had to keep changing the bed. These are things that seem basic and are essential. I was using, instead of diapers, a pad for a male patient, but it doesn't work, because the urine is much larger than the capacity of a pad to absorb, the urine leaked a lot. At the time of evacuating, the absorbent would not work. I used a cloth diaper on an 80-year-old man. [...] They kind of see our suffering and buy. (IC33).*

The availability of staff for assistance is sometimes a source of satisfaction, sometimes dissatisfaction at work. For satisfied professionals, the hospital has no problems with lack of staff for work. Here's an excerpt: "Having enough human resources is what's most satisfying, because there's nothing worse than wanting to do and not being able to" (IC24).



However, dissatisfied professionals stated that the sectors lack staff for assistance, with implications for work overload. There is a need for relocations in the sectors to cover the needs of others; and, at night, professionals often find it difficult to have rest hours. Among the professional categories mentioned as scarce for assistance are: nursing technicians, physiotherapists, nutritionists, social workers and physicians.

*There are days in Pediatrics where there is a nurse and two technicians. It's a lot of work for a few employees. I think EBSEH would have to see that. It says that it aims at the quality of the service, but it does not aim at this issue. [...] If the sector is full and there are not enough employees. And there are many employees on sick leave... The night is lacking in the number of technicians. Because at night, willingly or not, the employee has the right to rest [...]. (IS8).*

Satisfied professionals list, as aspects that generate professional satisfaction, the manager's listening to the worker's needs, flexibility when formulating work schedules and time off. According to the interview excerpt:

*There are always meetings. Because there are several who work in other hospitals. The boss always gives the opportunity to fit in. Not to clash with the shifts of the other service. They always work for the benefit of the employee. (IC20).*

On the other hand, the lack of professionals, causing the relocation of workers between sectors, was a reason associated with dissatisfaction with the shifts. Dissatisfied participants claim that they are cast in sectors in which they do not have the profile to work. Here are examples:

*The reason for dissatisfaction is the shifts, because of this problem of being put in a place where there is no profile. (IC21).*

*Dissatisfaction is this rotation, which breaks the routine. Because today I'm on medication, tomorrow in semi-intensive care, on Friday in pediatrics. (IC6).*

## Relationships at work

With regard to relationships at work, those established by professionals with other sectors of the hospital were included, as well as in teamwork, relationships with colleagues, with the head and with service users.

When they mention aspects of satisfaction or dissatisfaction with other sectors, they generally refer to the pharmacy, the warehouse, the laboratory, the operating room and the internal transport of patients. Sometimes, the relationship is harmonious and fluid, when the demands are met in the necessary time frame, which generates satisfaction, but when communication difficulties prevail or what they call the bureaucratization of work, there is dissatisfaction. According to the professionals, the bureaucracy is in the excess of papers for registration, which makes requests to the sectors often take a long time to be carried out, and, in turn, they take time to carry out certain procedures, generating conflicts between professionals, in addition to influencing the patient's care. In this context, medications, exams, surgeries, patient transfers are often delayed or not performed. According to the statements:

*The relationship is very calm. I can handle the pharmacy well, the Surgical Center too, they ask me for a patient, I have time to prepare to send them. The relationship with the sectors is good. (IS19).*

*There is the delay; the laboratory, sometimes, we collect, call, and it takes a while to come. The stretcher bearer takes a long time, this is a difficulty, and a big one, it is a constant and recurring problem. The pharmacy takes a while,*

*sometimes, there is a little mistake and they keep putting up obstacles, difficulties, there always are. There are few people willing to do it when we ask. They ask, 'Is it urgent?' But here is an urgency, no need to ask. It takes a while, we call again, if we get a little stressed, we even fight, 'ah, I asked for the stretcher almost an hour ago, the patient had to undergo an urgent tomography'. (IC3).*

Collaboration and cohesion among team members stand out as sources of satisfaction for most study participants. Professionals dissatisfied with teamwork and relationships with colleagues reported that there are interpersonal conflicts, lack of interaction and lack of initiative. Here are examples:

*Because, like, how is that the team [...] we are never alone. We always turn to someone who has already experienced it. If you have not experienced it, we will fight to get it. But... we always have someone to help. (IC6).*

*I think it is a challenge to work in a team, it is ideal, it is fundamental, but it is a challenge. [...] The nurse, the nursing technician with some time of training, I do not have to keep saying that the patient is serious. You have to look and see. I really don't have much patience. (IS16).*

*The night team, I see that they are very cohesive, they are very capable professionals, they have experience. We welcome those who have no experience, we help, guide, stay together and manage to do a good job, whenever we can... so, it is a maximum emergency, everyone is helping, everyone resolves, everyone collaborates, we manage to have a good job. I give a... I say good to great job, because the team... the team really helps each other. (IC7).*

Also with regard to relationships, professionals highlight the satisfaction that comes from contact with patients. Dissatisfaction, on the other hand, derives from the demands they make that cannot be met by the professionals. As shown in the lines:

*I may have whatever problem I have, but when I go into the patient's room, I let go of my problems. It gets me emotional, really. My business is the patients. (IC52).*

*There are patients who think they are in the private hospital, who have a technician only for that person, they have all sorts of things here. It's amazing. (IC51).*

Also, the support of the head stood out as a reason for satisfaction for some of the professionals and for dissatisfaction for others. Accessible and present bosses bring satisfaction, and those who are restricted generate dissatisfaction. According to the statements:

*The leadership here is very accessible. You can always, if you need to have access to them, talk and expose your problems. Usually, there is always a monthly sector meeting. It opens for you to share, expose all the problems. (IC23).*

*Ours, in the sector, does not have much flexibility, does not accept many opinions, sometimes we say that we need meetings. Not very flexible, not listening. I think if there was one between her and the team, it would be much better. Lack of communication. (IC26).*

*[The] head is not present, sometimes I look, I never get anything, I don't solve my things here. There is a difference, from people to people, in terms of treatment. There are people who can change shifts, breaks. Needed to be a more proactive person, more present. (IC31).*

## Perceptions about the way of working

Professionals realize that working with what they like, providing quality care and having their work recognized and valued promote satisfaction. Here is an example:

*I'm here to work and do my best, no matter who. The patient deserves an answer, whether it's 'yes' or 'no', and I go after it. When they called me in the public service exam, it was one of the happiest days of my life. Not because of the exam, but because I graduated from a public college and, for the first time, I'm giving back to the population what the population paid for me to study. There is no greater joy for me. I love what I do, I do it for love, I'm passionate about nursing, I can't see myself doing anything else. (IC40).*

Taking care of the patient stands out as a reason for satisfaction, since for part of the participants the care process is rewarding, as well as the resoluteness of the care provided. According to the excerpts:

*My greatest satisfaction is taking care of a patient and seeing his rehabilitation, his improvement, going home, walking. This for me is gratifying, I like it a lot. (IC32).*

*A man stayed here for several days. His wife, when I arrived: - I'm glad you're here, I feel confident, I feel that things will work out. This for me is the best. (IC29).*

At the same time, the lack of professional commitment of colleagues and the influence of work on their own illness are aspects that generate dissatisfaction. Here are excerpts:

*I think people are very unproactive. You ask for something, and it takes the person three years to get out of their chair. This irritates me deeply. They do not understand the gravity. (IS16).*

*I have cervical hernia with chronic pain, fibromyalgia. I do treatment for depression. (IS9).*

*I have asthma, our rest has a very closed structure, I cannot sleep there, there are a lot of mites. I sleep in the office. I got a two-year medical leave because I had pneumonia. Contact with patients, children and resting in the mite. (IC10).*

## Discussion

The results demonstrate closeness between the macro-categories satisfaction and dissatisfaction, from the point of view of the magnitude of the quotations. And, when analyzing the thematic categories, there is a strong influence of working conditions and relationships.

Classical studies show that human work can be a source of achievement, meeting needs and enabling the creative expression of the projected purpose<sup>10,18</sup>. It can generate dissatisfaction, depending on working conditions and relationships.

In this study, work relationships emerged as a driver of satisfaction, with emphasis on teamwork, the relationships between professionals and between these with managers and users, as also mentioned in other studies<sup>13,20</sup>. However, in the opposite sense, relationships are unsatisfactory when there are relational problems between the team, with the chiefs, users and other sectors of the hospital. Dissatisfaction with these aspects could be related to the perception that some colleagues lack commitment and the working conditions regarding the lack of personnel in the sectors and the way of organizing work, considered bureaucratic, with little room for maneuver in the definition of the shifts.

Working conditions, especially the deficit in the instruments, followed by structural problems, which appear in this research as preponderant elements for dissatisfaction, are also recurrent findings in several studies<sup>11,13</sup>, and tend to impose themselves as the central issue to make it difficult to the professional act. However, other aspects that are not so visible could be masked, either by the fact that the participants put themselves in a position of externality to the situation under analysis, by difficulties in talking about their work or by problems in the way data are collected in the different surveys, which barely access the complexity of work experience.

A collective project uniting people and contributing to give meaning to work can produce

workers' health. Skills gaps to deal with the daily routine of hospital services could lie in invisibility as aspects of dissatisfaction. And the development of strategies to face the adversities of the environment could produce satisfaction. Schwartz<sup>19</sup> states that the human being, in order to live with health, generates the infidelities of the environment in order to transform it.

The results demonstrate different perceptions between public servants and those with a contract governed by the CLT. The former tend to be more critical, expressing dissatisfaction with the EBSEH administration, while the CLT are more satisfied. It is difficult to make inferences about the influence of employment status on satisfaction or dissatisfaction, considering that 73% of respondents are from EBSEH, and only 27% are governed by the public contract (Single Legal Regime). However, the findings show that the university hospital is, for EBSEH professionals, compared to the private hospital, a good place to work due to salary, environment and working hours. The satisfaction with the fact that the hospital is a space for training and learning stands out for public servants, possibly because of their earlier insertion in the services studied and the link with the in-service teaching process. The new ones do not have the hospital's history as a heritage. At the same time, the data suggest something common among them: the defense of public service as a value.

Literature has registered the complexity of hospital management<sup>21</sup>, especially in a context of growing diversification of types of employment relationships in health and education services<sup>22</sup>. These studies, and others, signal the need to monitor the growth of private administration in public hospitals<sup>23</sup>. It is also important to consider the increase in the potential for precariousness of bonds/contracts in the face of the recent Labor Reform and the economic problems emerging from the Covid-19 pandemic.

The results indicate the importance of implementing work management and worker protection policies, such as the National Health Policy for Workers in the SUS, seeking to face challenges related to surveillance actions in worker health, and improving conditions and forms of work organization<sup>24</sup>.

At work, doing what you like and being able to provide a quality service are perceptions of satisfaction identified in this study that are similar to those found in the literature<sup>19,25</sup>, especially due to the opportunity to care for/assist people. However, the perception of the lack of commitment of some professionals, which could be associated with lack of motivation to work, added to the fear of illness, seems to revert this aspect to the feeling of dissatisfaction.

In this scenario, the potential harm to the professionals' coexistence and to the quality of care could be faced in the realization of democratic spaces for dialogue and decision-making provided for in regulations in the university hospitals of the EBSEH network. Devices for the analysis of work situations could be created, where all the protagonists, care staff, managers and other related actors share their views on work, seeking the necessary transformations.

Understanding the factors that cause satisfaction/dissatisfaction can provide support for the driving aspects of a job permeated by relationships with a lower risk of illness<sup>13</sup> and able to promote the well-being in the work environment.

## Final considerations

The set of findings shows that aspects of work in the hospital care context lead to experiences of professional satisfaction and dissatisfaction, in a dialectical duality. Which, possibly, is also related to the perspective from which each worker speaks, marked by their history, values, professional and relational experiences, which are difficult to measure and evaluate.

The analysis revealed the prevalence of dissatisfaction of professionals with working conditions, demonstrating that, to improve satisfaction in the context of the university hospital, it is necessary to improve working conditions. Among them, to make available materials needed to provide care, democratize and organize work processes and foster good relationships between professionals, enabling collective construction at work and participation in management.

Some aspects, such as liking what you do or the profession, and doing a job that enables constant learning, are positive and can be an object of investment by hospital managers and teachers, with beneficial results for both professionals and people cared for in the hospitals.

As limits of the study, two aspects should be considered. First: the scenario restricted to a public university hospital. It is recognized that other aspects in the debate on job satisfaction in other hospital contexts may emerge, which could help to better elucidate some of the elements identified here. The second concerns the study design. This is a qualitative study, which in the presentation of the results opts

for the explanation of the magnitude of the findings. This choice can be seen as a limit, but it is not characterized as an epistemological escape, nor did it interfere with attention to the proposed objective.

The findings suggest new studies involving hospitals, with a view to the process, conditions and work relationships, in particular, to the contribution of this approach to the formulation of public policies and to guide interventions in university hospitals.

## Collaborators

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