

ORIGINAL ARTICLE

Satisfaction level of physicians working in a social health organization of unified health system in brazil



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Manuscript received: September 2017
Manuscript accepted: November 2017
Version of record online: December 2017

Abstract

Introduction: The evaluation of a work system is based on the ability to adapt work to the man and the man to the work. One of the aspects that interfere in the capacity of adaptation is the satisfaction in the work as the integration, the autonomy, the motivation, the involvement and the utilization of the physical and mental capacities.

Objective: To analyze the level of satisfaction of medical professionals regarding their work environment in a Social Health Organization of Brazilian Unified Health System.

Methods: It is a cross-sectional, exploratory and descriptive study. For data collection, we used a questionnaire mailed through the Google Docs platform, containing 36 questions about indicators: material, personnel, quality and social.

Results: A total of 51 physicians participated in the study. The findings showed significant associations between their satisfaction of work environment and relationship with their work team, unit manager and performance recognition.

Conclusion: The satisfaction in the work environment of the medical professional in the Social Health Organization is associated with internal factors, as well as the need for their performance recognition by the management policy. The external factors studied, such as multiple job sites.

Keywords: satisfaction, work environment, social organization of health, doctor

Suggested citation: Pegorari F, Morgado F, Alves BCA, Azzalis LA, Junqueira VBC, Vicente MTA, et al. Satisfaction level of physicians working in a social health organization of Unified Health System In Brazil. *J Hum Growth Dev.* 2017; 27(3):322-331. DOI: <http://dx.doi.org/10.7322/jhgd.125095>

■ INTRODUCTION

The evaluation of a work system is based on the adaptability of work to man and man to work^{1,2}. One of the aspects that interfere in the adaptive capacity is the satisfaction in the work as the integration, the autonomy, the motivation, the involvement and the utilization of the physical and mental capacities³.

Job satisfaction is defined as the result of the employee's assessment of their work and the achievement of their values through this activity, and is a positive emotion of well-being. These needs for survival and feeling good are common to all, but values differ from people⁴.

The concept of satisfaction at work is given to a general attitude of a person in relation to their work, involving their relations in the place, even the relations of power; the environment; the organization of work; the company's management policies; their technologies; goals, objectives and interests; its economic-financial environment; its history and the desires of the employees from the individual and collective perspective⁵.

The expression satisfaction comes from the judgment of an individual between his job and his profession. Satisfaction with life implies contentment or acceptance on the part of individuals and the conditions of their existence that is associated with the way they perceive the fulfilment of what they desire or need. Perceived inequality can contribute substantially to professional dissatisfaction⁶.

The phrase "happy employees are more productive employees" is usually true. This speculation began in the 1930s and 1940s, mainly due to the contribution of Hawthorne's research-oriented studies of the Western Electric company. From those results managers began to focus on the conditions and work environment to make their employees happier. In the 1980s, some authors reviewed the analysis of this research by labelling it as 'illusory' because it indicated that the relationship between job satisfaction and performance was not considerably high. More recently, however, more than 300 studies have been done on this same analysis, correcting errors from the previous review and thus instigating the correlation of satisfaction and performance at work as reasonably high⁷.

For successful businesses it has become essential to make the work environment a pleasant place as it makes interpersonal relationships easier and improves productivity. It also reduces accidents, illness, absenteeism and staff turnover⁸.

Working involves relationships, which can lead to satisfaction or can cause suffering. Healthcare jobs are special and involve human care, executed mostly in the

form of collective work. Such work implies relationships between healthcare professionals and users of services and their families, as well as in relationships between team members and between professionals and managers^{8,9}.

A study on the moderating effects of job satisfaction and the motivation of physicians to adhere to clinical practice guidelines reports that dissatisfied professionals were less willing to adhere to the guidelines when working under social pressures to comply with them, in counterpoint to satisfied physicians. The professional satisfaction of physicians can help in the identification and elaboration of interventions if they are satisfied with their practice¹⁰.

Over the last two decades of the last century, there has been an intense debate about the state's fiscal crisis, its implications for the process of financing public policies, and possible alternatives to the problem. At the limit, this debate expressed the confrontation between conceptions about the role of the State and the patterns of intervention on society. From the debate begun in the 1990s in Brazil, regarding the need for a given state restructuring, a great amount of energy and theoretical production was mobilized in relation to the theme¹¹.

In Brazil, the concrete expression of this debate is represented in the Director Plan for Reform of the State Apparatus (PDRAE), proposed by the Ministry of Administration and State Reform (MARE) of the FHC government¹².

In State of São Paulo, there was an option to experiment with a new management model for some of its hospitals, with the implementation of Social Health Organizations (SHOs), managed by non-state public entities, subject to management contracts, which are monitored and evaluated by the structure of the State Health Secretariat, created specifically for this purpose¹³.

SHOs are defined as entities of interest and public interest, non-profit associations, arising from the qualification of legal entities under private law, in teaching activities, technological research, technological development, protection and preservation of the environment^{14,15}.

It has been observed the satisfaction of physicians in the work environment in a Social Health Organization can contribute to qualified care, allowing a lower index of adverse events to the patients' health.

Thus, the objective of this study is to analyse the level of satisfaction of medical professionals regarding their work environment in a social health organization in Brazil.

■ METHODS

It is a cross-sectional, prospective, exploratory and descriptive study. Having as focus an OSS located in São Paulo, Brazil. A questionnaire regarding the work satisfaction of doctors, applied by electronic address, was used as basis for data analysis. The same was composed of 36 questions, mailed to physicians (n = 64) of different specialties. The questions were divided with the indicators as follows: material, personnel, quality and social.

Data collection was performed through the application of a questionnaire, sent to medical professionals through the Google Docs platform. This instrument consists of questions about medical satisfaction in the workplace, with the options for "agree", "disagree", "neither agree nor disagree" answers. Emails were sent to (n= 64) physicians for eight attempts. After the eighth attempt without answers, the professionals who did not respond were excluded,

and there were therefore 13 sample losses. Contact with professionals occurred from April 2014 to July 2016.

The descriptive statistical analysis was presented with results in tables in absolute and relative frequency, associating the satisfaction of the medical professional

according to the work time, number of workplaces, relationship with the team and management of the Health Unit and their professional recognition, was used the chi-square test, and for all the analyses was used a confidence level of 95%, using Stata statistical software version 11.0.

RESULTS

A total of 51 physicians linked to OSS participated in the study. After the data were collected, the tabulation was performed and five tables with specific descriptions

and the main results of the research were presented (Table 1, Table 2, Table 3, Table 4 and Table 5).

Table 1: Characterization Doctors who make up the staff of the Social Health Organization (OSS) of the city of Santo André, São Paulo, Brazil, 2017

Variables	N	%
Sex		
Male	25	49,1
Female	26	50,9
Age groups		
20 - 29 years	3	5,9
30 - 39 years	26	51,0
40 - 49 years	12	23,5
50 - 59 years	3	5,9
More than 60 years	7	13,7
Marital status		
Married	30	58,9
Single	17	33,3
Divorced	2	3,9
Consensus Union	2	3,9
Number of children		
Non	27	52,9
1 or 2 children	20	39,3
3 or 4 children	4	7,8
Neutrality		
Interior of São Paulo	11	21,6
São Paulo Municipality	30	58,8
Other States	8	15,7
Other Countries	2	3,9
Means of Transport		
Subway	1	2,0
Car	50	98,0

Table 2: Characterization of the training and length of service of the Social Health Organization (SHO) of Santo André city, SP, Brazil, 2017

Variables	n	%
Type of institution that attended		
Public	12	23,5
Private	39	76,5
Period of time graduated from medicine		
Up to 4 years	1	2,0

5 to 14 years	29	56,9
15 to 24 years	12	23,5
25 to 34 years	4	7,8
More than 35 years	5	9,8
How long does it take you to get to work?		
Less than 1 hour	14	27,4
30 minutes to 1 hour	26	51,0
From 1 hour to 1.5 hours	11	21,6
How long have you worked in the Health Unit?		
Less than 1 hour	9	17,6
From 1 to 2 years	6	11,8
From 3 to 4 years	8	15,7
From 7 to 8 years	10	19,6
From 9 to 10 years	6	11,8
More than 10 years	12	23,5
What is way you are contracting in the Health Unit?		
CLT	47	92,2
Others	4	7,8
How many training courses did you attend at the Health Unit?		
1 to 2 courses	38	74,5
3 to 4 courses	6	11,8
5 to 6 courses	2	3,9
6 to 7 courses	2	3,9
More than 10 courses	3	5,9
Did you work in another Health Unit outside the ABC Region?		
No	19	37,3
Yes	32	62,7
How many places do you currently work, including this SHO Health Unit?		
1 local	5	9,8
2 locals	6	11,8
3 locals	14	27,4
4 or more locals	25	49,0
Non	1	2,0

Table 3: Description of work environment satisfaction Santo André city, SP, Brazil,2017

Variables	n	%
I do what I like		
Agree	47	92,1
Disagree	1	2,0
Neither agree nor disagree	3	5,9
Is the training I received enough to carry out my activities?		
Agree	28	54,9
Disagree	11	21,6
Neither agree nor disagree	12	23,5
In the work I do, is there a lot of tension?		
Agree	36	70,6

Disagree	3	5,9
Neither agree nor disagree	12	23,5
In the exercise of my activities, do you count my potential and experiences?		
Agree	48	94,1
Disagree	1	2,0
Neither agree nor disagree	2	3,9
Does the work in the Health Unit allow me to improve my knowledge?		
Agree	40	78,4
Disagree	6	11,8
Neither agree nor disagree	5	9,8
Does the physical environment of the unit I work in compromise my results?		
Agree	22	43,2
Disagree	14	27,4
Neither agree nor disagree	15	29,4
Do I have the materials I need to do my job?		
Agree	15	29,4
Disagree	24	47,1
Neither agree nor disagree	12	23,5
Are there adequate criteria and procedures for non-wastage of material?		
Agree	14	27,4
Disagree	20	39,2
Neither agree nor disagree	17	33,4
Do I consider my services to be of the necessary quality?		
Agree	29	56,9
Disagree	7	13,7
Neither agree nor disagree	15	29,4
I consider that the services provided by other colleagues have the necessary quality?		
Agree	21	41,2
Disagree	12	23,5
Neither agree nor disagree	18	35,3
In my medical team is the patient well attended?		
Agree	40	78,4
Disagree	1	2,0
Neither agree nor disagree	10	19,6
Do the professionals of the medical team discuss the difficulties encountered at work?		
Agree	44	86,3
Disagree	2	3,9
Neither agree nor disagree	5	9,8
Do I have good relationships with teammates?		
Agree	49	96,1
Neither agree nor disagree	2	3,9
Do I have a good relationship with management?		
Agree	43	84,3
Disagree	2	3,9
Neither agree nor disagree	6	11,8
Does the medical team hold meetings regularly among colleagues?		
Agree	33	64,7

Disagree	13	25,5
Neither agree nor disagree	5	9,8
Does the directorate of the Health Unit hold regular meetings with professionals?		
Agree	10	19,6
Disagree	29	56,9
Neither agree nor disagree	12	23,5
Do I want to work for a long time in this Health Unit?		
Agree	34	66,7
Disagree	6	11,7
Neither agree nor disagree	11	21,6
Does the community recognize my work?		
Agree	34	66,7
Disagree	8	15,7
Neither agree nor disagree	9	17,6
Does management recognize my job?		
Agree	30	58,8
Disagree	10	19,6
Neither agree nor disagree	11	21,6
I believe the results of this research will be well used?		
Agree	38	74,5
Disagree	1	2,0
Neither agree nor disagree	12	23,5

Table 4: Association of the satisfaction of the medical professional according to his relationship with the work team, with the management of the Health Unit and its recognition. Santo André city, SP, Brazil,2017

Variables	I do what I like			p*
	Agree	Disagree	Neither agree nor disagree	
		n (%)		
I have good relationships with teammates?				
Agree	46 (93,9)	0 (0,0)	3 (6,12)	<0,001
Neither agree nor disagree	1 (50,0)	1 (50,0)	0 (0,0)	
Do I have a good relationship with management?				
Agree	41 (95,3)	0 (0,0)	2 (4,7)	0,005
Disagree	1 (50,0)	0 (0,0)	1 (50,0)	
Neither agree nor disagree	5 (83,3)	1 (16,7)	0 (0,0)	
Management recognizes my job?				
Agree	30 (100,0)	0 (0,0)	0 (0,0)	0,037
Disagree	7 (70,0)	1 (10,0)	2 (20,0)	
Neither agree nor disagree	10 (90,9)	0 (0,0)	1 (9,1)	

*Qui-square.

Table 5: Association of the satisfaction of the medical professional according to the working time and the number of places of work. Santo André city, SP, Brazil,2017

Variables	I do what I like			p*
	Agree	Disagree	Neither agree nor disagree	
		n (%)		

How long have you worked in the Health Unit?

Less than 1 year	9 (100,0)	0 (0,0)	0 (0,0)	0,729
From 1 to 2 years	6 (100,0)	0 (0,0)	0 (0,0)	
From 3 to 4 years	7 (87,5)	0 (0,0)	1 (12,5)	
From 7 to 8 years	10 (100,0)	0 (0,0)	0 (0,0)	
From 9 to 10 years	5 (83,3)	0 (0,0)	1 (16,7)	
More than 10 years	10 (83,3)	1 (8,3)	1 (8,3)	

In how many places do you currently work, including this Health Unit?

1 local	5 (100,0)	0 (0,0)	0 (0,0)	0,881
2 locals	6 (100,0)	0 (0,0)	0 (0,0)	
3 locals	12 (85,7)	1 (7,1)	1 (7,1)	
4 or more locals	23 (92,0)	0 (0,0)	2 (8,0)	
Non	1 (100,0)	0 (0,0)	0 (0,0)	

*Qui-square.

DISCUSSION

Regarding the satisfaction of medical professionals regarding their work environments in a Social Health Organization (SHO), it was observed that there were significantly positive associations regarding the satisfaction of the professional in the relationship with the work team, management of the Health Unit and professional recognition, corroborating with studies on the satisfaction of British physicians in general practice, in which they are reported to be more satisfied with the harmonious environment and good interpersonal relationship, however dissatisfied with the lack of autonomy and use of their skills in the labor field¹⁶.

Studies carried out with medical professionals from the public sector in Belo Horizonte, Brazil, have verified that strategies to increase autonomy, about their work activities are possible fundamental actions to establish the satisfaction of these professionals¹⁷. There is ample cooperation and promotion policies with social and labor support as important conditions for medical professionals to be satisfied about their work environment.

When analyzing the most common working conditions and mental disorders in physicians in Brazil, it was verified that most of the professionals studied are more satisfied with their work environment when they are supported by the work team, which also observed in this study¹⁸. But, on the other hand, it emphasizes that social support modulates the impact of stress on one's health and job satisfaction¹⁹.

With this, it is observed that the relations of the offered working conditions and the support of the management to the medical professional are fundamental components so that this professional has satisfaction as the performance of his profession.

It should be noted that one of the main factors that can culminate for a professional to leave the organization in which he works is his level of dissatisfaction with his duties. The relationship between physician satisfaction with work and still the turnover - inflow and outflow of personnel, cannot be fully understood without analyzing the context

in which these professionals are inserted, so that factors such as cooperation, teamwork, management model, and organizational infrastructure¹⁸.

Currently one of the biggest difficulties in relation to the continuity of the medical professional to the workplace is the turnover. However, the results presented here showed significant time in the workplace, which can be related to satisfaction in labor relations. Therefore, the incentive contributes positively to reducing the high levels of dissatisfaction in the work environment¹⁵.

Encouraging the improvement of interpersonal relationships can help managers of other institutions as a way to increase the fixation of the medical professional in their work environment²⁰.

A survey conducted by the British Medical Association with 15,560 responses from general practitioners in the UK reported that 34% of practitioners were willing to relinquish practice, reporting that they experienced high levels of work-related stress, and 16% said their stress was significant and uncontrollable²¹.

Prolonged periods of overwork may adversely affect the well-being of physicians, leading to manifestations of mental illness, problems in personal relationships, and depression²². It is observed that the good interpersonal relationship and the fact that the medical professional likes his work are the main factors associated with satisfaction, as well as the tenure for more than ten years in the local health service.

There is a relationship between physician satisfaction with work, and turnover cannot be fully understood without analyzing the context in which professionals are inserted. Consideration should be given to aspects such as cooperation and teamwork, management models used and municipal infrastructure²³. Even when there is an ample working day, there is a high degree of satisfaction on the part of the medical professional, as it shows a satisfactory working relationship.

Analyzing public psychiatric services teams and evaluating job satisfaction, it was possible to observe

that employees reported greater satisfaction and quality in the service when they related well at work, in relation to participation in the service and working conditions²⁴. It is noticed that the satisfaction monitoring is useful to improve the quality of services. It is also observed the dissatisfaction at work of foreign national physicians in Saxony - Germany, where human relations with their colleagues in the workplace, reporting less satisfaction²⁵.

A high number of workplaces and time at work in the institution promotes the association of these variables with the satisfaction of the professionals studied in this research. The personal relationship in the work environment with other health professionals contributes to high levels of satisfaction regarding good relationships with colleagues and the support of superiors and subordinates²⁶.

In the field of management, the contributions of this study indicate a greater observation in the interpersonal relations for an adequate training for the continuous qualification of the managers and medical professionals, as well as the relevance of the economic conjuncture of the country on the demand of jobs and shortage of practicing physicians. The scenario reinforces the importance of management in observing the aforementioned factors, as well as the sensitivity of identifying the motivating elements that can generate impacts such as the discontinuity

of the professional in the health service, where also the own organization generates reflexive questions for the field of public health.

This extensive analysis brings the factors influencing satisfaction in which minimum management actions, such as the professional feel recognized and supported in his work environment, as well as being heard in his inquiries and assertive questions can generate to the health service greater retention and motivation of them. In addition, it is known that job satisfaction can directly reflect the quality of the service provided and such information can be used as an important tool for health services management^{26,27}.

Value hierarchies and so-called dynamic value characters are also points to be considered in terms of job satisfaction and dissatisfaction. They are related to the emotion and evaluation that is realized in some contexts related to the work and that even influence in the way in which these relations are discussed⁴.

This level of job satisfaction can affect the level of care that is directed to patients. In a large study by Xiáng *et al.*⁶, it was shown that job satisfaction associated with the fact of influencing care, primary care professionals have more satisfaction with work when compared to other professionals. Many factors, such as the development of fatigue, can be considered to influence satisfaction²¹.

CONCLUSION

The study concluded that satisfaction in the work environment of the medical professional in the Social Health Organization is associated with internal factors such as the personal relationship with the manager and co-workers, as well as the need for their professional recognition by the management policy. The external factors studied, such as multiple job sites, did not corroborate the dissatisfaction.

The satisfaction in the work environment of the medical professional in the Social Health Organization is associated with internal factors, as well as the need for their performance recognition by the management policy. The external factors studied, such as multiple job sites.

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Resumo

Introdução: A avaliação de um sistema de trabalho se dá a partir da capacidade de adaptação do trabalho ao homem e do homem ao trabalho. Um dos aspectos que interferem na capacidade de adaptação é a satisfação no trabalho como a integração, a autonomia, a motivação, o envolvimento e a utilização das capacidades físicas e mentais.

Objetivo: Analisar nível de satisfação dos profissionais médicos quanto ao seu ambiente de trabalho em Organização Social de Saúde de assistência ao sistema único de saúde do Brasil

Método: Trata-se de um estudo transversal, exploratório e descritivo. Para coleta de dados, utilizou-se um instrumento contendo 36 questões acerca dos indicadores: material, pessoal, qualidade e social, enviado por meio da plataforma Google Docs.

Resultados: Participaram da pesquisa 51 médicos. Verificou-se a existência de associações significativas entre satisfação quanto ao ambiente do trabalho do médico e relacionamento com a equipe de trabalho, gerência da unidade e reconhecimento profissional.

Conclusão: A satisfação no ambiente de trabalho do profissional médico na Organização Social de Saúde (OSS) esteve associada aos fatores internos, assim como a necessidade do seu reconhecimento profissional pela política de gestão da OSS.

Palavras-chave: satisfação, ambiente de trabalho, organização social de saúde, médico

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