

## Job satisfaction in an oncology nursing team

*Satisfação profissional de uma equipe de enfermagem oncológica*

*Satisfacción profesional de un equipo de enfermería oncológica*

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### ABSTRACT

**Objective:** to identify the level of attributed, perceived and real job satisfaction of oncology nursing professionals and analyze the relationships between the levels of satisfaction among these workers. **Method:** a descriptive, quantitative cross-sectional study was conducted using the Index of Work Satisfaction (IWS) to evaluate the nursing team, nurses and technicians/auxiliaries. A total of 348 workers answered the questionnaire, of which 216 were fully completed and considered for the IWS calculation. **Results:** Autonomy was considered the most important item in attributed satisfaction for the nursing team and nurses. Salary was valorized most by the technicians/auxiliaries. For perceived satisfaction, Professional Status was the most important for all workers. Regarding real satisfaction, Interaction was the most important for the nursing team and technicians/auxiliaries; while the nurses valorized Autonomy. The nurses presented the greatest job satisfaction. **Conclusion:** a discrepancy was observed in job satisfaction among the oncology nurses, indicating the importance of further quantitative research. **Descriptor:** Job Satisfaction; Oncology Nursing; Nursing Team; Oncology Hospital Service; Oncology.

### RESUMO

**Objetivo:** identificar o nível de satisfação profissional atribuído, percebido e o real no trabalho de profissionais de enfermagem oncológica e analisar as relações entre os níveis de satisfação desses trabalhadores. **Método:** estudo quantitativo, descritivo, transversal que utilizou o Índice de Satisfação Profissional (ISP) para avaliar a equipe de enfermagem, enfermeiros e técnicos/auxiliares. Dentre os profissionais, 348 destes responderam o questionário, dos quais 216 foram totalmente preenchidos e considerados para o cálculo do ISP. **Resultados:** Autonomia foi mais importante na satisfação atribuída para a equipe de enfermagem e enfermeiros, Remuneração foi mais valorizada pelos técnicos/auxiliares. Para a satisfação percebida, Status profissional foi mais importante para todos os profissionais. Sobre a real satisfação, Interação foi o mais importante para a equipe de enfermagem e técnicos/auxiliares; os enfermeiros valorizaram Autonomia. Os enfermeiros obtiveram maior satisfação profissional. **Conclusão:** Observou-se discrepância quanto à satisfação profissional dos trabalhadores de enfermagem oncológica, sendo importante maior aprofundamento qualitativo. **Descritores:** Satisfação Profissional; Enfermagem Oncológica; Equipe de Enfermagem; Serviço Hospitalar de Oncologia; Oncologia.

### RESUMEN

**Objetivo:** identificar el nivel de satisfacción profesional atribuido, notado y lo real en el trabajo de profesionales de enfermería oncológica y analizar las relaciones entre los niveles de satisfacción de esos trabajadores. **Método:** estudio cuantitativo, descriptivo, transversal que utilizó el Índice de Satisfacción Profesional (ISP) para evaluar el equipo de enfermería, enfermeros y técnicos/auxiliares. Entre los profesionales, 348 de estos respondieron el cuestionario, de los cuales 216 fueron totalmente rellenos y considerados para el cálculo del ISP. **Resultados:** Autonomía fue más importante en la satisfacción atribuida para el equipo de enfermería y enfermeros, Remuneración fue más valorada por los técnicos/auxiliares. Para la satisfacción notada, Status profesional fue más importante para todos los profesionales. Sobre la real satisfacción, Interacción fue lo más importante para el equipo de enfermería y técnicos/auxiliares; los enfermeros valoran Autonomía. Los enfermeros obtuvieron

mayor satisfacción profesional. **Conclusión:** Se observó discrepancia cuanto a la satisfacción profesional de los trabajadores de enfermería oncológica, siendo importante mayor profundización cualitativo.

**Descriptores:** Satisfacción Profesional; Enfermería Oncológica; Equipo de Enfermería; Servicio Hospitalario de Oncología; Oncología.

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## INTRODUCTION

Throughout the history of humanity, work has gained increasing importance for individuals and organizations. Nowadays it plays a central role in people's lives and constitutes the source of financial income, represents an opportunity for personal growth, social identity and self-esteem; all of which are factors related to satisfaction. However on causing stress, work can become a source of dissatisfaction with negative repercussions on the worker's health<sup>(1)</sup>.

Job satisfaction is a complex and multifactorial construct. It encompasses various aspects and attitudes which reflect how individuals feel about their work from all perspectives, including environmental, organizational and interpersonal<sup>(1)</sup>. It's concept refers to the affective reaction to the work and results from a comparison of the real, desired and deserved results<sup>(2)</sup>.

Job satisfaction constitutes an important phenomenon for the nursing team as it has a direct influence on their professional practices. For these workers, the factors promoting satisfaction are: a healthy environment; adequate staffing; a harmonious relationship with management; participation in the administrative decision-making; support of other workers and supervisors; patient improvement and recovery; and safe care of the patient<sup>(3-4)</sup>.

Dissatisfaction is generated by precarious and insufficient material resources, inadequate work organization, exhausting workload and lack of commitment among other workers. As a consequence of which, workers can develop psychological problems and a worse perception of their own health, besides greater turnover, reduced quality in the service, burnout, and other detriment to the workers, their health and quality of life<sup>(1,3-4)</sup>.

The hospital environment is rich in conflicting and stressful situations, which affect the quality of listening to clients and weaken interprofessional collaboration, thereby detracting from an environment that generates job satisfaction. The complexity seen in this context requires analysis of how these workers perform their activities in hospitals. This is especially the case for oncology settings in which the clientele require nursing care with distinct levels of intervention and involving excessive emotional burden. Caring for oncology patients gives rise to feelings of compassion, pain and impotence among health professionals when faced with the pain, suffering and death of others.

Proper management should attend the needs of these workers in order to provide a favorable organizational environment, positive interpersonal relationships with the promotion of excellence in nursing care and patient safety.

## OBJECTIVE

Identify the real, perceived and attributed level of work satisfaction among the oncology nursing personnel and analyze

the relationships between the levels of job satisfaction among these workers.

## METHOD

### Ethical aspects

For the application of this research tool, the participants were informed about the study objectives and necessity to sign a Free and Informed Consent Form in accordance with Resolution 466/12 of the National Health Council and the Code of Ethics for Nursing Professionals<sup>(5)</sup>. This step was conducted after approval by the Research Ethics Committees of the participating and co-participating institutions.

### Study design location and period

A descriptive, quantitative, cross-sectional study was conducted in an oncology hospital located in the municipality of Rio de Janeiro that is recognized on a national level for its guidelines in the prevention and treatment of cancer. The hospital comprises the following sectors: Intensive Care Units, Inpatient Units, Ambulatories and Nursing Division and Support Services. The hospital complex has four units, three of which perform oncological treatment for specific topographies and the other a unit exclusively for palliative care.

Data collection was realized by means of self-applied questionnaires, between March and July 2015. The questionnaires were initially handed out by the researcher in March 2015, during the monthly training for the nursing team organized by the Continuing Education Sector. An active search was undertaken to locate those workers who did not participate in this training and the questionnaires were delivered in person by the researcher or by their immediate managers. It is emphasized that the questionnaires were in self-sealing envelopes and the workers were requested to seal these on completion in order to ensure anonymity. The envelopes were then returned to the heads of each sector or directly to the researcher within the allocated time period.

### Population or sample; inclusion and exclusion criteria

The study population comprised a total of 645 nursing staff of the above-mentioned oncology hospital, comprising 419 nursing technicians/auxiliaries and 226 nurses. The inclusion criteria encompassed this body of nursing professionals and exclusion criteria were defined as those workers who had worked in the institution for less than one year or who were on any type of leave, on holiday or off work in accordance with Brazilian labor legislation.

### Study protocol

Two instruments were used for the data collection. A questionnaire for the population variables, designed by the researcher with

items that construct a profile of the workers in terms of their general professional and socio-demographic characteristics and items regarding their satisfaction. The second, the Index of Work Satisfaction (IWS) which is an instrument used to evaluate the level of work satisfaction among the nurses in relation to the following components: Salary, Interactions, Autonomy, Task Requirements, Professional Status and Organizational Policies. It was created by Stamps and adapted to the Portuguese language by Lino<sup>(6-7)</sup>.

The IWS comprises two parts. Part A, is a comparative pairing of the components in which the nursing professional chooses the term most important for his or her satisfaction, this provides the Attributed Satisfaction level and enables an evaluation of the worker's expectations. Part B is comprised of 44 statements, of which 22 are positive and 22 negative, distributed randomly in a scale of attitudes similar to that of Likert, with a seven point scale varying from "I totally agree" to "I totally disagree". This measures Perceived Satisfaction, which enables an evaluation of the worker's current job satisfaction. A positive direction was determined for the scale such that an inversion of the positive scores was necessary to perform the calculations.

The scores were calculated according to instructions by the author and translator<sup>(6-7)</sup>. For the Paired Comparisons score (part A), the more frequently an item is chosen, the more important it is to the respondent. Thus, a frequency matrix is created showing how many times each component is chosen in relation to the others. Then the frequencies of the answers are converted into a proportion matrix by dividing the absolute values by the total sample. For the conversion of the proportions or percentages into standard deviation, based on a Normal Distribution of answers, the proportion matrix is converted into a Z-matrix, using a Standard Normal Distribution statistical table, with a mean equal to 0 and standard deviation equal to 1. The arithmetical mean was then obtained from the sum of the values in each column. To correct the Z-scores, a correction factor of 2.5 (which eliminated negative values) was applied to the mean Z-scores, thereby generating the Weighting Coefficients. At this stage of the analysis, the Interaction is measured only as a general component<sup>(6-7)</sup>.

For the Attitude Scale scores (part B), the items were grouped according to components to create frequency distribution matrices for the answers. Next, inversion of the positive scores was realized and the total score for the scale was determined. In each matrix, the attributed values were added to the already converted items (scores) and the numbers generated by the sample were divided, resulting in a total score for each component. After this, the total scores of the components were divided by the number of items which formed each component, thereby generating the mean score of the component. In this step, the Interaction component is calculated as a general component and its subdivisions.

The IWS which provides the real work satisfaction level of the workers was calculated by multiplying the Weighting Coefficient of the components (part A) by the Mean Scores of each component (part B). With the sum of the adjusted scores for the components and their division by six the IWS itself was obtained. Due to the premise of weighting, the Interaction component was calculated. For the IWS calculation it is required that all parts of the instrument are answered completely.

The reliability of the instrument was evaluated by means of correlation and Cronbach's Alpha Coefficient. Items belonging to each component were grouped and their correlations were calculated using the "R" statistics program, with the scores already inverted. To calculate Alpha, it is necessary for all the correlations to be positive and as such negative correlations are eliminated.

### Statistical analysis

The data was processed after receiving the sealed envelopes then revised and typed into a databank. Statistical analysis of the data used the "Rproject i386 3.1.1" software. The continuous variables were summarized by means of the central tendency and dispersion. The qualitative variables was submitted to analysis of the absolute and relative frequency distribution and presented in tables.

## RESULTS

From the initial sample of 645 nursing professionals, 140 were excluded due to holidays (n = 54), medical leave, follow-up, unpaid leave or maternity (n = 64) and workers with less than one year in the Institution (n = 06). After the exclusions, the sample amounted to 521 nursing professionals, comprising 185 nurses (35.51%) and 336 nursing technicians/auxiliaries (64.49%). Of these, 16 declined to participate in the research and 348 completed the questionnaires (66.79%), of which 136 were nurses (39.08%), 210 nursing technicians/auxiliaries (60.34%) and two whose category was not defined (0.57%). The population data considered all the questionnaires returned, however some workers failed to answer all the questions, such that only 216 questionnaires were completed in their entirety by 94 nurses and 122 technicians/auxiliaries and only these were considered in the IWS calculations. It was decided to combine the categories of nursing technician and auxiliary nurse, because the number of auxiliaries (n = 9) was too small for a viable IWS calculation and since this would not detract from the evaluation of the scenario for technical level staff in the Institution.

On grouping together the various types of leave, it was observed that the sector which most presented this type of exclusion was the Intensive Care Unit (12.6%) while the Ambulatory had the lowest number (5.21%). A greater percentage of nurses (73.62%) agreed to participate in the research than the technicians/auxiliaries (63.46%).

As shown in Table 1, the majority of participants in the study worked as caregivers (90.23%), were female (80.46%), worked during the day shift (79.02%), were public servants (86.21%) and reported themselves to be married or in a stable relationship (60.06%). Regarding educational level, 22.99% were graduates and 47.70% were postgraduates. Out of the 210 technical level workers, only 101 had technical training.

A total of 139 nursing professionals (39.94%) working in the Admission Units participated in the study, these units accounted for the largest contingent of workers. However, in percentage terms the sector which participated most in the research was the Ambulatory Care services, where 84.6% of the nursing professionals answered the questionnaires, followed by the division of Nursing and Care Services (80%).

**Table 1** – Sociodemographic variables listed according to professional category, Rio de Janeiro, Brazil, 2015

		Technician + Auxiliary	Nurse	Total (%)
Gender	Female	162	117	280 (80.46)
	Male	41	16	58 (16.67)
Education	Elementary	2	0	2 (0.57)
	High School	97	0	99 (28.45)
	Degree	63	17	80 (22.99)
	Specialization	45	87	132 (37.93)
	Masters	1	29	30 (8.62)
	PhD	1	3	5 (1.15)
Function	Caring	209	103	314 (90.23)
	Managerial	0	32	32 (9.2)
Sector	Nursing Division and Supporting Services	0	12	12 (3.45)
	Intensive Care	38	18	56 (16.09)
	Outpatient	25	41	66 (18.87)
	Intervention	53	15	68 (19.54)
	Admission	89	48	139 (39.94)
Employment	Public servant	184	114	300 (86.21)
	Contractee	26	21	47 (13.5)
Shift	Day	160	113	275 (79.02)
	Night	49	22	71 (20.4)
Marital status	Married or stable union	131	77	209 (60.06)
	Single	51	41	93 (26.72)
	Separated	25	15	40 (11.5)
	Widowed	3	3	6 (1.72)

The mean age was 43.5 years (SD=9.131) and the mean time they had worked in the institution was 13.22 years (SD=9.71). They had in their majority 1.15 children (SD=1.06). The greater part of these workers (60.34%) had worked exclusively in this hospital and 67.24% affirmed they were satisfied with working in their present sector. Among those nursing professionals who would like to change sector (32.76%), the sectors chosen most were Ambulatory Care (n=25), Radiology (n=22) and Radiotherapy (n=11).

When asked about the motives for which they worked in the Institution, 12.64% saw their work as an employment opportunity, 20.69% were in search of higher salaries, 25.00% considered it an opportunity to become a public servant, while the greater part (33.62%) had chosen to be specialists in oncology. On attributing scores for their satisfaction on a scale of 0 to 10, the highest level of satisfaction related to their personal life with a mean score of 8.31, while job satisfaction presented a mean score of 7.06.

Evaluating the reliability of the scale showed that the nurse-doctor Interaction (0.74) was the component with the greatest

reliability, followed by Salary (0.72), Autonomy (0.68), Task Requirements (0.66), Interactions in general (0.66), Organizational Policies (0.65), Nurse-nurse Interaction (0.58) and Professional Status (0.51) presented the lowest reliability.

For the nursing team, Table 2 shows that Autonomy was the component with the greatest importance for attributed satisfaction, Professional Status for perceived satisfaction and Interactions for real professional satisfaction, with Organizational Policies considered to be the least important. The IWS presented a median value of 10.013 in the other categories.

According to Table 3, the nurses maintained the parameters of valorizing Autonomy for attributed satisfaction and Professional Status for perceived satisfaction; as seen for the nursing team. The real work satisfaction of the nurses confirmed the importance of Autonomy for this category; while Organizational Policies was the least valorized component for all types of satisfaction among these nursing professionals. They presented the highest IWS score of 10.381 thereby demonstrating that they were the most satisfied workers in this study.

**Table 2** – Weighting coefficient for total score, mean score and adjusted score for the nursing team, Rio de Janeiro, Brazil, 2015

Component	I. Weighting Coefficient of Component (part A)	II. Total Score of Component for Scale (part B)	III. Mean Score of Component for Scale (part C)	IV. Adjusted Component Score
Autonomy	2.966	27.495	3.928	11.650
Salary	2.965	22.565	3.761	11.151
Interactions	2.833	30.718	4.388	12.431
Task Requirements	2.659	18.005	3.001	7.980
Organizational Policies	2.012	18.787	2.684	5.400
Professional Status	1.883	30.449	6.090	11.467



**Table 3** – Weighting coefficient for total score, mean score and adjusted score for nurses, Rio de Janeiro, Brazil, 2015

Component	I. Weighting Coefficient of Component (part A)	II. Total Score of Component for Scale (part B)	III. Mean Score of Component for Scale (part C)	IV. Adjusted Component Score
Autonomy	3.416	30.074	4.296	14.675
Salary	3.069	20.638	3.440	10.557
Interactions	2.806	35.713	4.464	12.526
Task Requirements	2.255	15.500	3.100	6.991
Organizational Policies	1.775	17.436	2.906	5.158
Professional Status	1.919	25.809	6.452	12.381

**Table 4** – Weighting coefficient, total score, mean score and adjusted score for the nursing technicians/auxiliaries, Rio de Janeiro, Brazil, 2015

Component	I. Weighting Coefficient of Component (part A)	II. Total Score of Component for Scale (part B)	III. Mean Score of Component for Scale (part C)	IV. Adjusted Component Score
Autonomy	2.823	21.730	3.622	10.225
Salary	2.897	19.418	3.884	11.252
Interactions	2.855	22.648	4.530	12.933
Task Requirements	2.398	17.934	2.989	7.168
Organizational Policies	2.179	15.525	2.587	5.637
Professional Status	1.849	25.377	6.344	11.730

Regarding the component which is the most important for attributed satisfaction among the nursing technicians and auxiliaries, as shown in Table 4, Salary was chosen. Professional status was the least valorized component for attributed satisfaction; however it was the most important for perceived satisfaction. Considering real satisfaction, Interactions was the most important for this category, as was the case for the nursing team. Organizational Policies was the least important component, in corroboration with the other categories. The technicians and auxiliaries presented the lowest IWS with a score of 10.013 revealing the fact they were the least satisfied of the nursing professionals.

## DISCUSSION

In the study population, the Outpatient sector participated most in the research and had the least number of employees on leave and was the most desired sector among dissatisfied nursing professionals. It is inferred that the greater participation was due to this area having less urgent situations and consequently more time to complete the questionnaires. In this sector the nursing care is for patients with lesser health problems than those who were hospitalized resulting in less work overload and hence a lower proportion of nursing staff on medical leave. This is on the contrary to the situation seen in Intensive Care Units where nursing care is of a greater complexity and involves greater emotional and physical burdens, principally in the oncology scenario. Oncology deals with death on a daily basis resulting in implications for the physical and mental health of the nursing staff and resulting negative impact on their health. Besides these characteristics of the Ambulatory there are no shifts on the weekends, leading

dissatisfied staff to believe that in this sector they could find greater job fulfillment.

A predominance of female sex and married or stable union was observed, as reported in other studies<sup>(8-10)</sup>, this marital status is considered to have less emotional drain which increases the probability of satisfaction<sup>(1)</sup>. It was noted that the nurses in this study were more specialized than the current Brazilian population and that in the category of technical level these employees had a high educational level<sup>(6)</sup>. In this manner, it is considered that these nursing professionals possessed a greater knowledge and high intellectual level. It is important to clarify that this Institution offers a Ministry of Science and Technology Careers Plan with monetary incentives for qualified and licensed nursing professionals, this being a motivating factor for improving knowledge and professional retention.

Regarding their work area, the majority of participants were caregivers and managerial activities were limited to the Division of Nursing and Support Services. In addition, the administrative sector counted on fewer employees. Although the IWS is a tool designed more specifically for caregivers, we opted to apply this to all the professionals including management in order to broaden the vision of oncology professionals. This application in management has already been realized by another study<sup>(11)</sup>.

The day shift includes all the day staff and the majority of duty nurses. For some staff the night shift is a factor of dissatisfaction due to physical fatigue, alteration in the circadian rhythm, insufficient sleep, reduction in cognitive capacity and the performance of tasks that can lead to accidents and work related disease; in addition to the difficulty of maintaining a normal relationship with family and society<sup>(2)</sup>. In this case, the majority of nursing professionals studied did not suffer from these alterations which could have contributed to an increase in their level of satisfaction.

It was observed that the mean age of this team was higher than the majority of nursing professionals in Rio de Janeiro<sup>(8)</sup> and that they are experienced professionals in relation to the time they had been working in this hospital unit. Since this Institution has a majority of employees who are public servants and offers a Career Plan it is inferred that there was a lower rate of hospital absenteeism and career abandonment. Research has shown that professionals working in Oncology for less than five years present a great degree of turnover associated to a low level of qualification and feelings of insecurity at work and job dissatisfaction<sup>(12-13)</sup>. Furthermore, another study has reported greater emotional burden among professionals that have been working less time in an institution<sup>(1)</sup>.

Regarding the motive for working in the Institution, the main result was that they chose oncology; it is notable that their affinity for this area of work and the teamwork involved constituted factors promoting satisfaction among the Oncology professionals<sup>(4)</sup>.

It was observed that these professionals attributed greater satisfaction to life than to work as has also been reported in another study<sup>(1)</sup>. Satisfaction with life constitutes a cognitive component of subjective well-being, presenting positive aspects which reflect enthusiasm and happiness as opposed to negative aspects which bring indisposition, sadness and anxiety. While satisfaction at work is understood as an individual's perception on expressing and developing their potential and competencies in achieving their life goals and in accordance with their connections to the organization<sup>(14)</sup>. Thus, it is understood that satisfaction with life and work should be considered in the subjectivity of the employee in the light of their experience as well as taking into account their affectivity with the Institution and the procedures to be performed. The fact of working with oncology patients could generate emotional suffering among the nursing team under study; furthermore the invisibility of the work done by these professionals could contribute to this lower level of satisfaction.

Regarding attributed satisfaction, the Autonomy component was the most valorized by the nursing team and by the nurses, which is in accordance with nurses in other studies<sup>(9,11,15)</sup>. It is inferred that these nursing professionals attribute importance to autonomy since they are qualified, have technical-scientific knowledge and mastery over their field, as well as seeking independence, determination and recognizing the priority of their activities. The choice of Autonomy is related to great independence in their actions through independent knowledge and judgment for the benefit of the patient, responsibility for the work and control over the professional decisions. Autonomy favors motivation and professional productivity, stimulating dedication to the job and quality of the service<sup>(11)</sup>.

While for nursing technicians/auxiliaries the Salary was the component with the greatest attributed satisfaction, as has been found in other technical teams and administrative nurses<sup>(9,11)</sup>. The remuneration is an aspect responsible for performance, motivation and job satisfaction, however it is also cited as a potential cause of worry and job dissatisfaction<sup>(11,16)</sup>. In the present study, this valorization could be related to the predominance of public servants who enjoy economic stability. Furthermore the Institution is vinculated to the Ministry of

Science and Technology which provides a higher salary via Career Plans.

For the nursing team and technicians/auxiliaries, the least valorized component of attributed satisfaction was Professional Status as has been reported in various studies<sup>(9,11,15)</sup>. For the nurses Organizational Policies was the component of least satisfaction, a result also corroborated in other research<sup>(7)</sup>.

Studies have shown that nursing personnel do not consider Professional Status to be a factor responsible for their satisfaction and that there is little recognition of Nursing by society as an important profession, together with the accumulation of tasks, low salary, lack of career perspectives and expectations, as well as a lack of knowledge about the attributions of the profession and the historical vision of charity and submission. This devaluation needs to be investigated, since due recognition of the professional activity would enable suffering in the workplace to be transformed into pleasure and fulfillment<sup>(9,11,17)</sup>.

The denigration of the Nursing profession reflects inequality in the distribution of power within the hospital administration with a rift occurring between the administrative decisions and the real necessity of Nursing, which contributes to the low importance given to Organizational Policies. The existence of inflexible Organizational Policies gives rise to limitations or impediments to the nurses' autonomy, which could explain the valorization of Autonomy and low satisfaction with Organizational Policies.

Regarding perceived satisfaction, Professional Status was the most important component for each of the categories, as has been confirmed in another study<sup>(11)</sup>. Professional Status is linked to the recognition and respect for their work among colleagues, patients, family, management and other health professionals. The desire to be understood and appreciated is a motivating force in human behavior<sup>(11)</sup>. The worker that has recognition and social prestige performs his or her activities with greater satisfaction, since the workplace is identified as an environment with recognition, personal growth and valorization<sup>(3)</sup>.

The Organizational Policies component stood out as that which was considered to have the least perceived satisfaction among all the nursing professionals in collaboration with other studies<sup>(7,15)</sup>. The low value assigned to this component can be understood when observing the distance between the hospital administration and heads regarding the difficulties experienced by the caregiving team. Implementing standardized procedures and disciplinary routines is important for each service. However, this should not occur in a vertical or hierarchical manner without the participation of the team that provides direct care of the patients and has technical-scientific knowledge and understands the Institution's problems. Strategies to include nurses in administration and commissions, together with offering training and opportunities to contribute to the institution's decision-making favors the autonomy of these professionals and such inclusion increases satisfaction with Organizational Policies<sup>(18)</sup>.

The true state of professional satisfaction points to the importance of Interactions both for the nursing team and the nursing technicians/auxiliaries, as has been reported in the literature<sup>(15,19)</sup>. While the least valorized component among the nurses is Autonomy, again in corroboration with other research<sup>(7,11)</sup>.

Regarding the nursing technicians/auxiliaries, it was noted that they believe in the importance of teamwork and that working together they can achieve results that are superior to those hoped-for, but it is necessary to love your neighbor and the profession with empathy and in an optimistic way, providing care with respect, affection and giving. Good relationships between team members is also elucidated in the literature as a key driver of pleasure in work activities leading to job satisfaction<sup>(20)</sup>.

Autonomy has been recognized as the most important item for the real and attributed job satisfaction of the nurses. This shows that these nursing professionals valorize freedom in their actions and decision making, a relevant fact for workers who seek excellence in the care of oncology patients that require a perspicacious look and competent action. Nurses with autonomy use wisdom and sensitivity in the performance of their activities, since they have mastery in their field<sup>(11)</sup>.

The Organizational Policies component causes the greatest dissatisfaction among the nursing professionals of this study, this applies to nursing technicians, managers and Home Care (HC) providers<sup>(9,11,15)</sup>. It was observed that the hospital administration did not give the necessary attention to the Nursing personnel and maintained a distance from the team's problems and difficulties, which can cause dissatisfaction among the workers. The nurse, besides effective participation in the organizational stages of the job, has the responsibility to maintain and reproduce the institution's organizational policies which can, under certain circumstances lead the nurse to betray personal principles and values, thereby generating dissatisfaction and suffering<sup>(7)</sup>.

Regarding the IWS, the values found in this study are close to those realized with nursing staff of the ICU and HC, caregiving nurses and managers, ambulatory nursing team which presented lowest levels of satisfaction and the nursing team recently admitted to a public hospital that showed the professionals with the most satisfaction<sup>(7,9,11,15,18)</sup>.

### Study limitations

This study presented limitations due to the returning of questionnaires which were not fully completed, this rendered univiable a broader understanding of the nursing team under study. In

addition, the work was undertaken in only one of the five units of an oncology hospital institution. Thus, the importance of replicating this study with a larger population and different specialisms to better understand job satisfaction in the nursing team.

### Contribution to nursing

The present study has contributed to Nursing by enabling the creation of a databank containing information about the profile and job satisfaction of the oncology nursing team. This provides a deeper knowledge regarding these workers and the opportunity to develop improved managerial strategies with a view to optimizing the quality of care, patient safety and well-being of the oncology team.

### CONCLUSION

This study has enabled an evaluation of the job satisfaction in the nursing team of an oncology hospital using the IWS. Regarding the attributed satisfaction Autonomy was given the most importance by the nursing team and nurses; Salary was chosen by the technicians and auxiliaries. Regarding perceived satisfaction, all the categories chose Professional Status as the most valued component as opposed to Organizational Policies which was considered the least important. For the real Index of Work Satisfaction, it was found that for the nursing team and nursing technicians/auxiliaries their satisfaction is related to Interactions and dissatisfaction is related to Organizational Policies. While for the nurses, satisfaction is directly proportional to Autonomy and inversely proportional to Organizational Policies.

It was observed however that there is distance between current satisfaction, the workers' expectations and real satisfaction. This study was important as it has shown the reality of an oncology nursing team and the relevance they attribute to the components evaluated. This has broadened the knowledge about this scenario and its population, which has demonstrated that managerial strategies should be planned with greater resolve. Further research is proposed into the qualitative question regarding the satisfaction of oncology nursing professionals since this construct should be explored with greater intensity.

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