Basic human needs of nursing professional: situations of (dis)satisfaction at work*

NECESSIDADES HUMANAS BÁSICAS DOS PROFISSIONAIS DE ENFERMAGEM: SITUAÇÕES DE (IN)SATISFAÇÃO NO TRABALHO

NECESIDADES HUMANAS BÁSICAS DE LOS PROFESIONALES DE ENFERMERÍA: SITUACIONES DE (IN)SATISFACCIÓN EN EL TRABAJO

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ABSTRACT

Care is associated with the nursing actions considering, above all, a group of needs of the nursing team. The objectives of this study were: to characterize situations of (dis) satisfaction of the nursing team at work and analyze their possible implications. Maslow's theory of basic human needs was used to understand the motivational factors, and a qualitative methodology was used applying quantitative techniques. The method consisted of participant observation with registers on a filed diary associated to the application of a questionnaire on 18 participants from the nursing team of a Public Hospital in Rio de Janeiro. The study indicates that the basic needs of the nursing team are compromised, especially safety and physiological needs, which are the most primary. The compromising of the subjects' primary needs implies health hazards and reduced work performance in hospital settings.

DESCRIPTORS
Nursing, team
Job satisfaction
Occupational health

RESUMO

O cuidado está associado às ações da enfermagem considerando, sobretudo um conjunto de necessidades da equipe de enfermagem. Os objetivos desta pesquisa foram: caracterizar situações de (in)satisfações da equipe de enfermagem no trabalho e analisar as implicações destas (in)satisfações da equipe de enfermagem no trabalho. Adotou-se a teoria das necessidades humanas básicas de Maslow para compreender fatores motivacionais e utilizou-se uma metodologia qualitativa com aplicação de técnicas quantitativas. O método compôs-se de observação participante com registros em diário de campo associada à aplicação de um questionário para 18 participantes da equipe de enfermagem em um Hospital Público do Rio de Janeiro. O estudo indica que as necessidades básicas da equipe de enfermagem encontram-se comprometidas, principalmente as necessidades de segurança e fisiológicas, as mais primárias. O comprometimento das necessidades primárias do sujeito que cuida implica em prejuízo para a saúde e redução do desempenho no trabalho em cenários hospitalares.

DESCRITORES
Equipe de enfermagem
Satisfação no emprego
Saúde do trabalhador

RESUMEN

El cuidado está asociado a las acciones de enfermería considerando un conjunto de necesidades del equipo de enfermería. Los objetivos fueron: caracterizar situaciones de (in)satisfacción del equipo de enfermería en el trabajo y analizar sus implicaciones. Se adoptó la teoría de las necesidades humanas básicas de Maslow para comprender factores motivacionales, utilizándose una metodología cualitativa con aplicación de técnicas cuantitativas. El método se compuso de observación participativa con registro diario de campo asociada a cuestionario, aplicándose en 18 miembros del equipo de enfermería de un hospital público del Rio de Janeiro. El estudio indica que las necesidades básicas del equipo de enfermería se encuentran comprometidas, principal y primordialmente las de seguridad y fisiológicas. El compromiso de las necesidades primarias del sujeto cuidador implica un perjuicio para la salud y reducción del desempeño en el trabajo en escenarios hospitalarios.

DESCRIPTORES
Grupo de enfermería
Satisfacción en el trabajo
Salud laboral

INTRODUCTION

Throughout its history, Nursing has been accumulating empirical knowledge and its professionals have developed their activities based on standards and repeated routines, often without reflecting on how they act, despite modifications in the clients' attitude, the way institutions are organized and technological advances in the health area. As a consequence of this focus, in general, patients have received mechanic nursing care and nursing professionals have not attended to their needs. This situation contributes to a context of dissatisfaction, leading to a devaluation of care. Thus, this research sought knowledge on nursing team members' sources of (dis)satisfaction and their implications for the care activities offered.

Expectations, desires and needs emerge in nursing team members, contributing to the creation, interrelation and development of the work environment. Their unattended needs and expectations also start to affect nursing care. To understand and examine the health scenario, it should be taken into account that nursing is a science under construction. Until quite recently, the profession had been adopting a scientificity criterion deriving from common sense, constructed based on the *reflexivity* originating in Nursing groups. Little by little, it has gained a position of science in the strict sense, through the adoption of a critical attitude, based on scientific canons, established by research that is traditionally developed in other areas. Hence, its production is increasingly based on studies that strengthen its practice[1].

In this perspective, to achieve a broader understanding of Nursing, a practical care theory needs to be used, based on dimensions that involve of the body of the people delivering and receiving care, as a strength and power inseparable from life and, hence, from wellbeing[2]. Departing from these reflections, it is impossible to obtain external clients (patients)' satisfaction if internal clients (team members) are not equally satisfied with the work conditions, place and dynamics.

Among aspects leading to health team members' satisfaction, it is vital to understand that their satisfaction in a work context does not only and basically derive from the salary factor. It merely contributes, together with other benefits: indirect salary – meal tickets, health and dental insurance, transport passes and aspects correlated with work relations – solidary and gentle treatment, positive and fair balance, freedom of expression, satisfaction with what one does, attention, compliments and consideration as fundamental ingredients in the search for loyalty, quality and productivity in the care act[3].

Care delivery should be understood as the accomplishment of Nursing actions. Satisfying a range of needs is considered unavoidable. When attended to, these permit nurs-

ing team members' greater involvement in their activities and better performance at work. Thus, excellence in nursing care is closely related with the physiological, safety and psychological states of these care team members, as they are part of an inseparable dynamic process inside work.

OBJECTIVES

This study leads to the reconsideration of care based on care-related concepts, values, relations and structures. Hence, this research looks at nursing team members' sources of (dis)satisfaction at work and their consequences for the activities offered. The following goals were set a) Characterize situations of (dis)satisfaction among nursing team members at work; b) Analyze the implications of nursing team members' (dis)satisfaction at work.

It contributes by offering a more in-depth understanding of what is moving nursing team members in their daily nursing care practice in different hospital scenarios. This understanding contributes to care delivery, teaching, research and occupational health of nursing workers. This view leads to the consideration of a new care proposal, focusing on team members, to develop high-quality care. To the extent that the team is more integrated, autonomous, active and satisfied, it constructs a healthier, happier and more effective work environment, capable of permitting the (re)construction of structured, planned and solid care in daily life, characterized by trust and credibility.

> Their unattended needs and expectations also start to affect nursing care.

THEORETICAL BACKGROUND

Departing from the premise that man is motivated by the desire to satisfy many needs, Abraham H. Maslow structured his Theory of human motivation, in view of a hierarchy of basic human needs[4]. This theory departs from the principle that human beings have common needs that motivate their behavior to satisfy them, according to hierarchical levels. The hierarchical ranking of needs comprises five levels, which are:

a) **Basic or physiological needs**: directly related with the existence and survival of human beings, such as: food, water, clothing, sex and hygiene;

b) **Safety needs**: needs related to individual protection against danger and threats, such as: health, work, insurance, social insurance and social order;

c) **Needs for love and/or social**: are related with life in society, covering the needs for contact, friendship, respect, love, leisure and participation, referring to the need for people's affect, such as friends, girlfriend, wife and children;

d) **Needs for esteem**: related with self-satisfaction, such as: independence, appreciation, dignity, acknowledgement, subjective equality, respect and opportunities, referring to

Basic human needs of nursing professional:
situations of (dis)satisfaction at work
Regis LFLV, Porto IS

Rev Esc Enferm USP
2011; 45(2):332-8
www.ee.usp.br/reeusp/

333

a stable self-assessment, as well as a high level of self-esteem, leading to feelings of self-confidence, value, strength, ability, sufficiency and utility for the world;

e) Needs for self-accomplishment: express the highest level of needs and are directly relate with the person's full accomplishment. In this group, the full use of one's potentials stands out, as well as ability and existence of ideologies. Besides the above five needs, Maslow added any human being's desire to know and gain knowledge, that is, the human being's natural need to search the meaning of things, so as to organize his/her understanding about the world he/she lives in. These are the so-called **cognitive needs**, such as: desire to know, understand, systemize, organize, analyze and seek relations and meanings. These needs anticipate self-accomplishment. Furthermore, the need is highlighted to help other people to self-develop and accomplish their potential, **transcendent needs**, which follow self-accomplishment.

Behavior is motivated by basic needs. Hence, he highlights that *the basic needs are ordered in a perfectly definitive hierarchy, based on the principle of relative potency*[4]. These needs are based on their classification in two states: the state of deficiency or lower needs on the one hand, or the state of growth or higher needs on the other.

The needs of deficiency or lower needs are the physiological, safety, affection, self-esteem and cognitive. Their absence indicates dissatisfaction. The needs for growth or higher needs, on the other hand, are related to the self-development and self-accomplishment of human beings. These generate motivational factors that stimulate the targets of responsibility, growth and innovation, making the human being reach satisfaction. Hence, *when these needs are satisfied, this means that the person has achieved greater biological efficiency, greater longevity, less diseases*[5].

In this context, the research relates the Theory of Motivation with Nursing, in the attempt to understand it as a profession at the service of the human being and the dynamics that involves the people delivering and receiving care. *The profession implicitly contains human relations and the implications that define its practice and everything around it*[6].

METHOD

This study adopted a qualitative approach with quantitative techniques. *Qualitative research works with the universe of meanings, motives, aspirations, beliefs, values and attitudes, which corresponds to a deeper space of relations, processes and phenomena*[7]. The use of quantitative techniques applied to this research is justified by the possibility of broadening and enriching data analysis. The application of quantitative techniques made it possible to appoint the probable causes of nursing team members' sources of (dis)satisfaction, and also describe the pattern in the occurrence of the observed events in further detail. The combination of qualitative methods and quantitative techniques used represents a strategy known as simultaneous triangulation, in which the two methods are used at the same time to provide complementary information on the proposed research[8].

Approval from the Institutional Review Board at EEAN/HESFA was obtained during the meeting held on August 30th 2005, under protocol number 047/05. The scenarios selected to develop the study were nursing wards from a large public hospital specialized in cardiology, with an installed capacity of 203 beds (168 functioning). The sector where the nursing wards were selected joins clients with coronary illnesses, in the pre and post-operative periods of angioplasty and coronary artery bypass grafting. This sector contains 29 beds (every two client units are independent, with a shared bathroom).

As an inclusion criterion to participate in the research, the study participants had to be part of the nursing team, distributed across different shifts at the hospital unit, during the pre-operative period. Eighteen participants were involved, with six nurses (one supervisor, two day-shift workers and three night-shift workers on call), four technicians (three day-shift and one night-shift worker on call) and eight nursing auxiliaries (one day-shift worker, three day-shift workers on call and four night-shift workers), all women, with ages ranging between 21 and 58 years, professional experience ranging from nine months to 31 years and time of work at the institution between nine months and 25 years. Concerns with expanding different Nursing categories' participation involved multiple dimensions and more representative data on the social sphere of the care context. This implied the consideration of the following as research subjects: *people, in a given social condition, belonging to a certain social group or class, with their beliefs, values and broad meanings*[9]. Despite seeking diversification in the nursing team members' participation, these research results are only valid for the sector where data were collected.

The following research techniques were adopted as data collection instruments: a) participant observation as the main instrument; b) questionnaire, as an additional technique. Data were collected between September 08th and 14th 2005, during the morning, afternoon and night shifts, so as to cover all teams working at the hospital unit in the pre-operative period. Data were registered in a field diary, including descriptive and reflexive notes (on the environment, subjects, situations, dates, times that happened during the observations) and served as documentation to classify and clarify some of the practical situations that took place in the research field. Then, a questionnaire was used, based on the participant observation, as a complementary technique aimed at seeking, in the field itself and involving the participants, what was necessary to solve the doubts the research had raised.

The analysis comprised three phases, sequentially using qualitative and quantitative instruments for the sake of a better and broader understanding of the results. In the

334 Rev Esc Enferm USP
2011; 45(2):332-8
www.ee.usp.br/reeusp/

Basic human needs of nursing professional:
situations of (dis)satisfaction at work
Regis LFLV, Porto IS

first phase, the participant observation described in the field diary provided qualitative data, so that they could be categorized in terms of basic human needs involved and correlated with the nursing categories (nurses, technicians and auxiliaries). This technique followed the *box* model recommended in categorical content analysis[10], in order to classify and categorize the collected data.

After identifying the research participants' need, the second research phase consisted in the inclusion of those aspects towards which the nursing team members showed discomfort in their work environment. These answers were displayed in the joint analysis, together with the results of the observation, so as to confront both results and identify existing confirmations and contradictions between what was observed and what was said. In the third and final phase, the confronted qualitative and quantitative results were related with the Theory of Human Motivation.

RESULTS

Data were presented according to the needs' hierarchical level in the Theory of Human Motivation, considered as

analytic categories, as they contained a theoretical substrate. Physiological, safety, social, self-esteem, self-accomplishment and transcendente needs were analyzed.

The situations observed and registered in the field diary were classified as unsatisfactory and satisfactory, totaling 104 records. Ninety of this total were characterized as unsatisfactory and 14 as satisfactory. Among the represented physiological needs, 12 records were classified as unsatisfactory and three as satisfactory; among the safety needs, 31 were classified as unsatisfactory and one as satisfactory; among the social needs found, 28 situations were considered unsatisfactory and one as satisfactory; the needs for self-esteem included 15 unsatisfactory and eight satisfactory situations; the needs for self-accomplishment showed the smallest number of records, with four situations considered as unsatisfactory.

The other data deriving from the questionnaire addressed the unsatisfactory, partially satisfactory and satisfactory perceptions of the 18 nursing team members regarding the needs that were surveyed (physiological, safety, social, self-esteem, self-accomplishment and transcendent), as presented in the figure below:
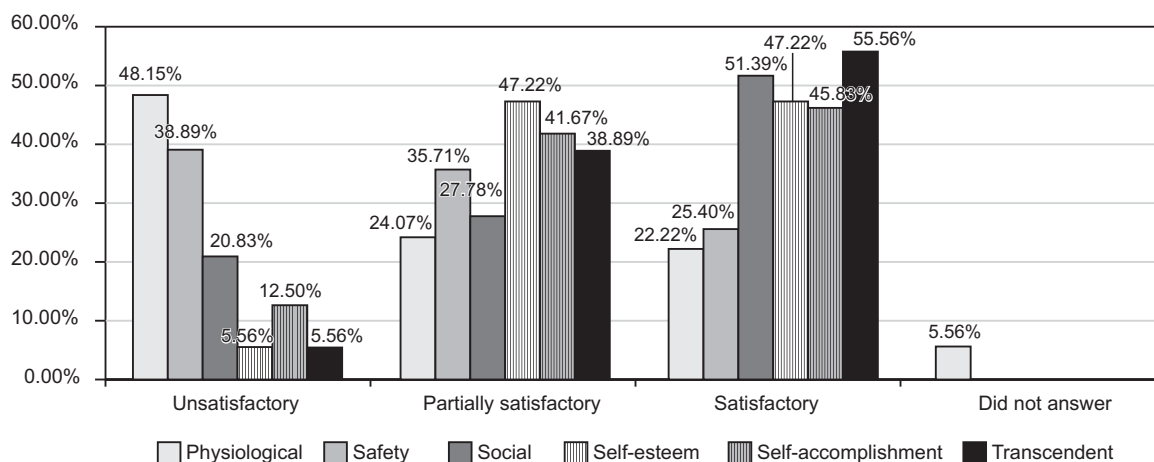

Figure 1 - Basic human needs of nursing team members - Rio de Janeiro - 2006

Physiological and safety needs showed the highest levels of dissatisfaction. Self-esteem and self-accomplishment needs appeared in the background, as partially satisfactory. The transcendent need showed a high satisfaction level. The sources of dissatisfaction found are related with various aspects the participants raised, as detailed below:

Physiological needs

• Hydration: the nursing team members split the cost of the water they purchased to drink, because they believed the unfiltered water in the hospital drinking fountains was inappropriate for consumption;

• Inadequate food, lack of dishes and menu variety: the participants highlighted that the kitchen was badly cleaned,

that the canteen was unventilated, that foods are fatty, stodgy and that there is a lack of options in the menu. Underlining these observations, they often had to wait for the dishes to be cleaned in order to have their meal, which delayed their return to work. They added that, sometimes, the quantity of food was insufficient. It can also be highlighted that the team members could not reserve their lunch, even if they were involved in an emergency. This is quite a delicate issue, as an employee involved in an emergency may not be able to get down to the canteen at the preset time, and would thus lose lunch;

• Regarding relaxation: the room for resting was distant, small, uncomfortable, disorganized and did not have a bathroom. Team members were not only subject to tight cubbies to store their belongings and relax, but also had to

Basic human needs of nursing professional:
situations of (dis)satisfaction at work
Regis LFLV, Porto IS

Rev Esc Enferm USP
2011; 45(2):332-8
www.ee.usp.br/reeusp/
335

go to the nursing station to get to a bathroom. They also highlighted that rest times were short during the night shift, as the lack of employees often does not permit alternation. Moreover, there was a lack of time to rest during the day shift, together with the work overload.

Safety needs

• Material, medication and physical structure: although the participants made little mention of these aspects, they were present. They affirmed that, in most cases, medication was not missing at the sector; when missing, however, they are purchased by the institution. The most relevant aspect involves the materials used in care, the inadequate state of the patients' beds, which are rusty, with jammed handles and without bars. These aspects hamper nursing care, mainly during care delivery to elderly patients. Other issues related to the hospital's physical structure referred to small infirmaries for procedures, mainly in case of a client's cardio-respiratory arrest; the inadequate location of the nursing station, which is decentralized, isolated and distant from the last infirmaries;

• Salary, workload, lack of employees and leisure: these are significant aspects for nursing team members' dissatisfaction. They appointed the ten-year old salary lag and reported that the work overload was only increasing due to the lack of employees in the sectors. There are two nursing auxiliaries or technicians for 29 clients with clinical conditions of different complexity levels. Besides offering deficient care to clients, levels of absenteeism and the increasing number of leaves can be attributed to this lack of staff. To aggravate this situation, the institution does not offer any leisure or anti-stress activity to its employees.

Social needs

• Participation and relationship: some situations were related with the nursing team's social context. Among these, the employees' lack of participation in the institution's decision processes stood out, as well as the lack of communication with the nursing head and the medical team and the conflicting relationship with the hospitalized clients' companions.

Self-esteem needs

• Autonomy and recognition: other difficulties at work the nursing team members appointed were lack of recognition and compliments from the nursing head and clients about the care offered. They also highlighted some employees' lack of freedom to express themselves, who belonged to the cooperative, due to the instability deriving from the way they were hired (without a competitive examination), facilitating their resignation at any time.

Self-accomplishment needs

• As for the feelings towards the profession, team members reported devaluation by themselves and the institution. They also emphasized a lack of institutional encour-

agement to improve the nursing team's growth and development. As for their performance, the lack of training and employees did not permit better and greater dedication to the clients.

The following were found as sources of satisfaction with the needs:

Physiological needs

• Relaxation in the armchair located at the nursing station, which is considered comfortable, as well as the comfort provided by the clothes used at work.

Safety needs

• Stability at work for workers hired through competitive examination.

Social needs

• Good communication between physicians on call and nurses from the night shift, good relationship with some colleagues at work and patients and help from colleagues to accomplish activities.

Needs for transcendence

• In data from both instruments, this need was predominantly linked with satisfaction. The aspect the team members appointed, however, was related to complicity among colleagues and not to the depth characteristic of this need. This indicates that this need should be better explored in future studies.

DISCUSSION

The needs displayed in Figure 1 show that the nursing team members' dissatisfaction is concentrated in physiological and safety needs. These needs found in the results from the field diary and questionnaire point towards the person with a lack of evolution in terms of basic needs. Nursing team members are trying to attend to and consolidate compliance with their most primary needs, involving access to water, food, relaxation and sufficient staff numbers, after which they will be apt to reach their maximum potential regarding the higher needs for self-esteem, self-accomplishment and transcendence.

Thus, the nursing team's dissatisfaction can interfere in the achievement of other needs (autonomy, recognition and professional growth), compromising full satisfaction and adequate development at work. In this sense, the *nurse [and other team members] use not only individual and informal (omission, adherence and innovation), but also formal and collective (establishment of alliances, claims and manifestations) resistance mechanisms and strategies, as opposed to the relations of domination that exist in their work*[11].

336

Rev Esc Enferm USP
2011; 45(2):332-8
www.ee.usp.br/reeusp/

Basic human needs of nursing professional:
situations of (dis)satisfaction at work
Regis LFLV, Porto IS

The professionals' discouragement, lack of interest and stress at and about work can entail harmful consequences for their health and work. Therefore, to guarantee good nursing care, nursing team members need to be more satisfied, so that their client care potential can be fully developed. In this context, the *issue of satisfaction at work seems to be as complex as man himself. This complexity derives from the multiple aspects that influence man's behavior (needs, expectations, previous experiences, values, cultural factors), as well as factors related with the organization (rules, type of work, company concept) and its members (interpersonal relationship, group acceptance, valuation, among others)*[12].

With these results, it became easier to understand that, when people are still attempting to comply with their primary needs, they do not manage to reach their development and professional growth, which are aspirations related with their higher needs. In another study, it was reported that, when safety needs are the most affected, when professionals do not find favorable work conditions to perform their activities, this will affect their need for self-accomplishment[13]. Higher needs are only pursued and sought when the most basic needs are satisfied. Confirming this analysis, *a person can only give to the other what he/she already has*[3]. And nursing team members still need to understand and satisfy their needs.

Attempting to know the best techniques to improve patient care becomes meaningless when one does not have access to filtered drinking water and compatibility between salary and expenses. People probably will not be successful at work if their basic needs for survival are not attended to. Nurses and other team members, when thirsty, hungry, tired, sleepy, sad, dissatisfied and without recognition, do not manage to pay full attention to another human being. They first need to attend to their own needs in order to perceive/provide for other people's needs.

It is exactly the influence deriving from unattended needs that underlies possible consequences for care, as nurses and other team members will tend to reproduce their sources of dissatisfaction in the care relation with the other, which can jeopardize it. Besides, nurses and the hospital institution need to acknowledge the stressors present at work and seek individual and group mechanisms and coping strategies to decrease the occurrence of professional stress[14].

Workers' involvement and participation in the work process and the restructuring of production, in constant change, can and should mutually influence each other, avoiding that the new relation entails risks for workers' health[15]. In this case, the implication for care derives from the type of motivation and dissatisfaction at work, which can influence a higher quality care. *Therefore, organizations should assess the factors of dissatisfaction in nursing work, so that these professionals can deliver higher quality care, which will consequently contribute to the company's success*[13].

Conditions and relations at work can directly influence satisfaction, nursing team members' health and service quality. *We can consider that the professionals most dissatisfied with work are submitted are submitted to long work journeys, high levels of exposure to chemical and physical risks, lack of professional acknowledgement, among other occupational stressors inherent to the profession, which directly affect their satisfaction at work and, consequently, service quality*[16].

CONCLUSION

This research attempted to unveil the nursing team members' (dis)satisfaction at work, evidenced through their needs and their influences on nursing care. The results' implications for nursing care represent a study limitation, indicating the need for further research, as the relation between needs and care was predominantly established based on literature.

The most present dissatisfactions were related with different aspects the participants raised, such as: hydration, food, relaxation, salary, workload and lack of employees. Physiological and safety needs showed the highest dissatisfaction levels. Needs for self-esteem and self-accomplishment, on the other hand, appeared in the background, as partially satisfactory. The needs for transcendence still need to be further explored in future research.

In view of the description of these aspects involved in conflicting and unsatisfactory issues in their daily work, the nursing team seems to use resistance mechanisms and strategies related to work, often without perceiving this position or merely conforming to emerging situations. To minimize this situation, the group members needs to discuss their sources of dissatisfaction, indicating their possible implications for care delivery to management.

This study undoubtedly contributed towards a better understanding of nursing practice by looking at care from the caregiver's reference framework, with a new study proposal for Nursing. Another contribution is related to the involvement of nursing team members' dissatisfaction in the dynamics and interfaces of Maslow's Theory of Human Motivation, which showed part of the defense strategies used in the nursing team's work.

This research unveils a new and extensive study area for Hospital Nursing, but also moves beyond, pointing towards occupational health, management and education. Relevant aspects of these research results are related with compliance with the nursing team members' needs and its influence on care. In this sense, the results also point towards nursing workers' health and directors, managers and institutional coordinators' accountability for the minimization of the harmful effects of work on nursing caregivers in hospital environments, as the sources of dissatisfaction found were not just social or personal, but also involved structural and environmental conditions. Health institutions are also responsible for responding to some of these needs, as all of them compromise professional performance and influence nursing care development.

Basic human needs of nursing professional: situations of (dis)satisfaction at work
Regis LFLV, Porto IS

Rev Esc Enferm USP
2011; 45(2):332-8
www.ee.usp.br/reeusp/

337

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