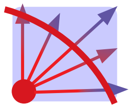

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Original Article

(Dis)satisfaction of health professionals who work with oncology

(In)satisfação dos profissionais de saúde no trabalho em oncologia

(In)satisfacción de profesionales de la salud en el trabajo en oncología

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Objective: identify sources of satisfaction and dissatisfaction at work for health professionals who work with oncology. **Methods:** Qualitative research conducted with 31 professionals from a multidisciplinary health team who worked in an Oncology Inpatient Unit of a public hospital in the south of Brazil, using a semi-structured interview, analyzed according to Bardin's proposal. **Results:** the main sources of job satisfaction emerged from the relationship between patients and health professionals. The dissatisfaction sources were connected to the working environment and conditions. **Conclusion:.** A humanized look to health professionals who work with oncology, with changes in their work environment seems to be relevant in the context investigated.
Descriptors: Work; Job Satisfaction; Health Personnel; Medical Oncology.

Objetivo: identificar as fontes de satisfação e insatisfação no trabalho dos profissionais de saúde que atuam na oncologia. **Métodos:** pesquisa qualitativa, realizada com 31 profissionais da equipe multidisciplinar de saúde que atuavam em uma Unidade de Internação Oncológica de um Hospital Público da Região Sul do Brasil, utilizando-se da entrevista semiestruturada, analisada conforme proposta de Bardin. **Resultados:** as principais fontes de satisfação profissional emergiram da relação entre paciente e profissional da saúde. As fontes de insatisfação estiveram vinculadas ao ambiente e as condições de trabalho. **Conclusão:** um olhar humanizado para os profissionais de saúde da oncologia, com modificações no cenário laboral mostra-se relevante no contexto investigado.
Descritores: Trabalho; Satisfação no Emprego; Profissional de Saúde; Oncologia.

Objetivo: identificar las fuentes de satisfacción e insatisfacción en el trabajo de los profesionales de la salud que trabajan en oncología. **Métodos**: investigación cualitativa, con 31 profesionales del equipo de salud multidisciplinario que trabajaban en una Unidad de Hospitalización de Oncología de un hospital público en el sur del Brasil, a través de entrevistas semiestructuradas, analizadas según Bardin. **Resultados**: las principales fuentes de satisfacción en el trabajo surgieron de la relación entre el paciente y el profesional de la salud. Las fuentes de insatisfacción fueron vinculadas con el medio ambiente y las condiciones de trabajo. **Conclusión:** una mirada humanizada a los profesionales de salud en oncología, con cambios en el escenario laboral parece ser relevante en el contexto investigado.
Descriptores: Trabajo; Satisfacción en el Trabajo; Personal de Salud; Oncología Médica.

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Introduction

In the nineteenth century, workers from the manufacturing sector used to get exhausted early due to extreme work. Over time, they made efforts to try finish this exploitation and to offer employees the possibility to have satisfaction with their work activities[1]. In this sense, it was found that the satisfaction and job dissatisfaction interfere in someone's life, family and work[2].

From a literature review, the authors[3] suggest that job satisfaction is an affective reaction related to work, which results from a comparison between actual results and those who are targeted by workers. Thus, work can be a source of satisfaction or dissatisfaction, because when workers enter their workplace, they carry aspirations and motivations connected to their personal story giving characteristics[4] and unique behaviors to each worker. Then, assessing job satisfaction is an important factor in health services in the quest for improved quality of care, especially in sectors where there are activities that require from workers control and mental and emotional balance, such as the oncology sector.

When researchers investigated sources of work dissatisfaction in the hospital setting, they identified the lack of affinity with work, autonomy, the right conditions to carry out the activities, as well as work overload, working hours and shifts, among other factors of dissatisfaction raised in the study[5]. In this sense, it is understood that although there is a subjective dimension of job satisfaction, the concrete conditions for carrying out the work may be material[6].

These aspects can be highlighted at work in an oncology unit, in which professionals are exposed to psychological suffering, since in this sector one identifies the establishment of ties with the human being that demands for their care[7], which may imply satisfaction or dissatisfaction of these professionals with their labor activities. Working with oncology is fundamentally multidisciplinary, however, little research has been carried out considering different team members[8]. Still, the choice of this research scenario was due to an increased demand for health services for treating cancer, and thus give rise to the conduction of studies that deal with aspects of the relationship between health and work in this sector.

Therefore, this study aimed to identify sources of satisfaction and dissatisfaction at work for health professionals (social workers, nurses, physical therapists, speech therapists, doctors, nutritionists, psychologists and nursing technicians) who work with oncology.

Method

This is a qualitative research, carried out with a health professional team from an Oncology Inpatient Unit from a public hospital in southern Brazil. Study participants were 31 health professionals, including a social worker, two nurses, one physiotherapist, one speech therapist, three doctors, one nutritionist, one psychologist and 21 nurses.

One defined as inclusion criteria being a health professional who attended directly patients in the oncology hospital ward and who worked for more than two months in the sector. Professionals who were on vacation, away from work and who performed other activities in the oncology sector that were not related to direct patient care were excluded.

To compose the population of the study one sought to encompass a larger number of health professionals and different occupational categories in order to meet the subjective diversity around the object of study. Data were collected from individual interviews recorded in an Mp3 player. In the interviews there was the aid of guiding questions: What aspects of your work in oncology bring you satisfaction? What aspects of your work in oncology bring you dissatisfaction?

The interviews were conducted in the professionals' field of work in June 2013. These, after presentation of the study, were invited to participate

and in case of agreement, after signing the free and informed consent form and the recording consent form, the interview would be held in a convenient place.

After transcription in full, the interviews were analyzed according to the Thematic Analysis[9], followed by the steps of pre-analysis, material exploration, treatment of results, inference and interpretation. Initially, the transcription of the interviews was submitted to a superficial reading to have contact with the material, highlighting in the reports the words and/or relevant excerpts. There was the categorization of findings, interpretation and discussion, the latter with the help of the scientific literature. Considering the guiding questions and the data found two categories emerged: sources of satisfaction at work with oncology and sources of dissatisfaction at work with oncology, which will be presented eventually.

The approval of the study took place at the Ethics Committee of Research with Human Beings from the State University of Santa Catarina *[Universidade Estadual de Santa Catarina]*, under Protocol nº 275,106/2013.

To ensure the anonymity of the participants in this study the letter P was used to refer to the professionals followed by the number corresponding to the order of transcription of the interviews.

Results

Among the participants of the research there was a prevalence of the nursing staff (74.1%) and females (90.3%).

The average age of respondents was 38.6 years old (23-57); the average time after graduation was 7.8 years of work and the time of experience in the inpatient oncology unit, 4.5 years. Among these, 32.2% of professionals had up to one year of experience, and 32.2% from one to five years.

Out of the professionals surveyed, 58.1% claimed they had not chosen to work with oncology, especially the nursing staff who reported being allocated in the sector by the nursing managers.

As for working hours, there was a predominance of the night shift (38.7%). This finding is justified by the fact that there are two periods of the nursing staff for the night shift (night I and night II), both being interviewed.

Most health professionals (71%) reported not working in another place concurrently with the oncology work, however, from the reports one realized the tendency to seek additional compensation, although with no fixed employment. Among the professionals who have double bonds, the most common activities were carried out in other parts of the hospital or other health care services, public or private, as well as autonomous activities.

Sources of satisfaction at work with oncology

Health professionals highlighted as the main reason for satisfaction at work with oncology the patients' improvement, recovery, cure or disease control. Some workers contextualized that, from the positive results achieved by the patients, it is possible to observe the contributions of the assistance they provided, constituting a form of incentive to continue providing care: *When I see improvement in the patients, I see that I am contributing to their improvement ... I am helping them to improve not only in their medication, not only in the technical part, but also as a human being, in the humanization* (P11).

Another aspect that gives satisfaction at work with oncology is the affinity of health professionals with the activities in this sector and with cancer patients, identified by the emotional bond between them and the claims of 'loving what one does' and/or 'loving the profession': *I feel satisfied with my work when I can do it because I like what I do* (P29).

Professionals also highlighted the resistance they have when they need to change sectors within the hospital due to the management of human resources and then they have to leave the oncology sector, because of the affinity with this working process.

The possibility of helping other people, being and feeling important to others, was also one of the reasons of satisfaction for working in the oncology sector: *These are people who really need us and we can be important in their lives* (P2).

Teamwork was another aspect that gave satisfaction to professionals who work with oncology, being achieved when the team is structured, when co-workers help each other and jointly commit themselves to the development of activities: *Here we have to be a team for us to act together and to be satisfied* (P16). Moreover, one listed positive aspects of a team, being recognized the importance of this kind of work and the conceptual distinction between a team and a group.

The recognition of patients and families towards the care provided, materialized through hugs, words of gratitude and giving gifts to the care team, was presented as a source of job satisfaction in oncology, as shown in the following speech: *Patients' gratitude, they are special patients ...they value us a lot* (P21).

The possibility to provide service with quality and patients' satisfaction, understood by professionals as a positive response towards the assistance they provided were also reasons for satisfaction: *Providing quality care* (P9). *Patients' and their family members' satisfaction* (P28).

Sources of dissatisfaction at work with oncology

Work overload emerges as the main reason for these professionals' dissatisfaction: *The number of users, of patients that we have, is much bigger than the condition we have to work* (P1).The work overload, due to the great demand of individuals for cancer treatment is accentuated by the small number of employees, especially nurses.

The loss (death) of a patient has also emerged as a cause for dissatisfaction at work with oncology. It was observed that the management of death and of the dying process, especially of young patients, is a challenge for health professionals, many of whom are not prepared to face this moment of human life's cycle. Some patients mark the lives of professionals who work with oncology: *we end up creating a bond with them... and end up losing them... it is very complicated* (P13), and the death of patients can induce professionals to reflect about the possibility of errors, of actions and behaviors that could have been taken to take care in a better way, *I've know him for four years, and now I see him going away [dying], it's frustrating, what did I do wrong?, what could I have done and did not do?, what could I have improved?...* (P3).

In everyday practice at work with oncology there are situations when professionals feel powerless or limited in their field of work, especially when they are faced with cancers in advanced clinical picture. From this perspective, aspects related to the feeling of impotence, treatment failure or patients' withdrawal towards treatment were identified as the reasons for dissatisfaction at work with oncology: *We are faced with cases that we can't reverse... often their clinical picture does not allow this* (P4).

The withdrawal of treatment was related by professionals to a lack of family support, distance between the treatment site and patients' city of residence, low financial condition and transportation that depends on the health department of their municipality.

Another cause for dissatisfaction was the lack of reward at work, material or non-material, identified in reports about the salary issue, professional devaluation and non-recognition of the work developed: *What makes me unhappy is the institution where I work... and I, like many others, will end up giving up on nursing, due to the salary and the way we are treated, due to a non-recognition of our work* (P26).

Among the reasons for dissatisfaction, an ambiguous situation was also revealed, ie, the work team at the same time was a cause for satisfaction, and it also emerged as a source of job dissatisfaction in oncology, when combined with indifference, lack of understanding and commitment to care by some team members and hospital sectors: *When work is not done as a team, when we do our part, and the others don't* (P11).

It was also noticed dissatisfaction with employees' turnover, particularly, the nursing staff and with that, the unpreparedness of some workers to carry out activities in oncology: *The unpreparedness of some professionals, the issue of turnover* (P3).

Dissatisfaction associated with the suffering experienced by companions during hospitalization, the lack of comfort conditions for their permanence next to patients also emerged: *I am very unsatisfied with the part of companions. Because they suffer too much* (P15).

Although less mentioned by professionals, it was identified dissatisfaction with the neglect and lack of responsibility of some companions with patients undergoing cancer treatment.

There was dissatisfaction with regard to the health network and system, in terms of the limited availability and agility of tests and medications for patients of the Unified Health System, the actions for prevention and early diagnosis of cancer, which are still limited and the delays to send patients to high complexity centers, by primary care institutions: *I include the entire health system, from appointment scheduling, waiting time for consultation, exams, patients' medication* (P7).

Discussion

Out of the respondents in this study, there was a prevalence of the nursing staff, which makes up the largest healthcare workforce, and of female workers corroborating another study[10] that highlights the predominance of women in health care activities, particularly aimed at nursing .

The average time after graduation of 7.8 years and of performance in the inpatient oncology unit of 4.5 years are important data as there is dynamics in knowledge, pointing to the importance of ongoing investments in the process of training and improvement of health professionals.

It should also be noticed that although there is a predominance of young health professionals who work with oncology, the presence of professionals with six years or more in the sector was expressive (35.6%), compared to other hospital departments, it is believed that it stems from the specifics of care for cancer patients; from the satisfaction of professionals with the work environment; or from the need to stay in their jobs. Also, although there was evidence that most professionals had not opted for oncology as their first choice of activity, they identified themselves with this sector – this aspect was noticed by the time of permanence.

With regard to the reasons of job satisfaction in oncology, the fact that professionals consider that the positive results achieved by patients bring with them the contributions from professionals during assistance, allows one to infer that workers feel subject of their working process, which favors autonomy and involvement with the assistance. The perception that the recovery and patients' well-being are related to the work of each of the professionals who are part of the staff, makes work a source of satisfaction.

It was also evident, through the reports, the provision of care to oncologic patients focusing on physical and emotional dimensions, numbering, in this scenario, the search for humanized care in health everyday practice.

Regarding the affinity of health professionals with the oncology sector activities and with cancer patients, it was understood that "the experience of being a nursing professional who takes care of people hospitalized with cancer arises as a way to meet their needs and to provide welfare... being available to make with, or for the other, what they can't do..."[11:166]. Doing good and being available to others, assisting them in fragile situations, enhances satisfaction with oneself, from the sense of usefulness and that one was important in other people's lives.

This source of satisfaction makes one think about the religious heritage of health professions sometimes associated with charitable and vocational issues and it resumes empathy and the potential of viewing one's finitude from the finitude of another person.

One could also notice in the reports aspects

related to the provision of care in oncology that reflect on health professionals' daily lives, be it by the way they face difficult situations, or even by the appreciation of life. This finding indicates the impact that working with oncology can have on workers' health, on their family and on society.

Professionals' satisfaction with their teams reinforces the question that working with health is a collective action. Team work requires from managers the construction and consolidation of exchange spaces among professionals, encouraging the autonomy of teams, promoting their participation and commitment to the institution's project, among other instruments that refer to the practice of communicative management and of co-management of processes[12].

As for the recognition of patients and families towards the care provided, a study[10] states that expressions of gratitude from patients, families and colleagues allow workers to find strength in the perception that they make a difference in care. The health condition presented by the patients undergoing cancer treatment requires from health professional besides technical and scientific knowledge, affection, communication, sincerity and empathy, which act as elements that build care[13] and favor, subsequently, expressions of gratitude.

It was found that health professionals who work with oncology engage in patients' treatment and when they provide assistance/care with quality, they feel satisfied. Thus, the ability to provide quality care is a fact of satisfaction at work, because satisfied and motivated workers to look for better care. It is, therefore, a cycle that favors the quality of care.

Health care practice is guided by the interrelationship between service providers, both public and private, and their users. This inter-relationship is formed by the dependence of the quality of the service provided and users' satisfaction[14]. From the analysis of patients' satisfaction, it is possible to identify features that may require changes in the work process, in the professional practice, in resources, objectives and/or actions[15], for the quality of care, for the individuals who receive care and for the workers' satisfaction.

With respect to health professionals' reasons of dissatisfaction at work in oncology, it was found that some sources are related to working conditions and organizational dynamics, aspects liable to assessment and intervention by health institutions' managers. A heavy workload was significant in the reports. It is understood that the high incidence and prevalence of cancer in Brazil and in the world[16] imposes a significant workload to the health services and to oncologic professionals.

When some authors studied the burnout syndrome among physicians in residency training at a tertiary hospital, they pointed out that the high workload is a factor associated with burnout. This is characterized by a process of stress chronicity, arising from work and that has implications in other dimensions[17]. It has often focused on health professionals because they experience people's pain and suffering[18]. Still, work excess can lead to fatigue and suffering triggering a disease in professionals, if institutions do not intervene in the evolution of the process and in their organization[4].

The loss (death) of a patient was also identified as a reason for dissatisfaction for health professionals who work with oncology. It is noteworthy that "although human beings are able to recognize death as a right and natural element of biological life, the desire to live forever, cherished by faith and very present in western culture has become our way of seeing and dealing with finitude in a big challenge"[19:824]. This fact points to the need for actions that help professionals deal with the finitude process.

In addition, among the reasons for dissatisfaction, emerged the lack of professional recognition, while the quality of care is required by the institution, so it can be a source of distress for health professionals who work with oncology. Thus,

the act of working is not only defined by putting one's body in the service of tasks, but it is completed and it has meaning when accompanied by social and professional recognition[20].

Given the above, and considering that the turnover of health professionals, particularly in the field of nursing, was one of the aspects of dissatisfaction, it is believed that care should be offered to health working teams as a way to improve relationships in the workplace, especially in the conformations of health services and education that have not considered the organization of work as a collective space, thus producing fragmented and not satisfied workers, students and patients in care practices[21]. Besides, the constant change of personnel at work prevents or hinders the establishment of a regular flow and the conduction of team work[1].

Regarding the dissatisfaction related to the lack of comfort for companions during their permanence in the hospital next to patients, it is believed that it may also result in increased patients' emotional distress, for seeing their companions suffering due to discomfort for a long period. It is understood that health assistance should not be limited only to patients, but also to their family members, because they often follow and experience the disease process of their loved ones, sharing the emotions that emanate from the disease and from its treatment. In addition, the family knowledge and their involvement in care can contribute to improve patients' quality of life and their adherence to the proposed treatments[22].

Dissatisfaction with the health network and system emphasizes the importance of solving in reference and counter-reference in health, such as referral and monitoring mechanisms of patients between complexity levels of the system.

The changes in the epidemiological profile, with increased morbidity and mortality from chronic diseases have caused adaptations of the health care network and system in order to meet this new and growing demand. As a result, some weaknesses in the health system organization to attend cancer cases since the early detection, diagnosis and timely treatment permeate the Brazilian health context, marked by wide territorial and specificities of demographic profiles.

Final Considerations

The study revealed sources of satisfaction and dissatisfaction of health professionals who work with oncology. They were satisfied, predominantly in their relationship with cancer patients and with the provision of quality care, evidenced in the recognition of patients and their families/companions.

As sources of dissatisfaction the aspects of work environment and conditions prevailed, especially the overload work. Patients' finitude has proved to be an important factor of dissatisfaction, suggesting the need for psychological support to employees in their workplace, and the approach in academic and continuing education about the process of death and dying.

In addition, some adaptations about human resources and the (re)organization of the health system, strengthening the process of reference and counter-reference are important to meet the new demands imposed by the increase in cases of cancer and to reduce professional workloads.

Although professionals from different occupational categories have participated in a considerable number, as a limitation it is recognized the fact that this study has encompassed a local context and its individual subjectivity, which hinders or prevents the generalization of the findings.

It is noticed the need for studies in different realities, in order to help them achieve better quality of life at work, promote job satisfaction and the solvability of health care, given the potential relationship between them.

It is hoped that this research will contribute to raise awareness among managers as to the importance

of looking at professionals' health and subjectivity, which may influence, among other things, in the quality of the assistance provided to patients who are under their care.

Collaborations

Bordignon M contributed in the construction of the project and in its publication, data interpretation and writing of the article. Ferraz L, Beck CLC, Amestoy SC contributed to the relevant critical review of the intellectual content and to the final version to be published. Trindade LL contributed in the guidance of this study.

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