

Job satisfaction: Servers of Regional Hospital Gurupi — Tocantins

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Abstract—The investigative balance of this research comprised the macro theme of satisfaction in the work of employees who work directly in the health care team. The cozy locus was the Regional Hospital of Gurupi (RHG), located in the south of the state of the Tocantins, from which we seek to identify and analyze the level of work satisfaction of the professionals who make up the functional staff of the unit. Methodologically, it is configured in a case study of the exploratory-descriptive type, with a qualitative and quantitative approach, whose data collection was performed from March to June 2018 with 160 servers crowded in the referenced unit and selected by simple random sampling. A structured questionnaire was used as a data collection instrument, made available through the “FormSus” web platform, composed of 15 objective questions and 2 open questions, divided into 4 sections, namely: Section A - Data collection sociodemographic; Section B - Professional data; Section C - Work Satisfaction Scale; Section D - Interference of Satisfaction in the services provided. In the analytical stage of the collected data, the descriptive statistic (mean) method was used in sections A and B of the questionnaire, section C was analyzed following the guidance of Siqueira (2008) establishing the means of the scores in each dimension, and for section D qualitative analysis of the participants' statements in conjunction with the theories previously addressed was used. The results indicated that the servers surveyed are generally dissatisfied with the performance of their tasks, with existing relationships, with the salary received and with the policies of encouraging employees of the unit. With the constant movement in search of excellence in providing health care with quality and safety, it is necessary to keep servers satisfied, fulfilling the mission of the state and public management that is to meet with excellence to social demands.

Keywords—Job satisfaction, Public Service, Public policies, Quality of life at work, Tocantins

I. INTRODUCTION

The population requires the state for the public

health care service to work well. However, for this service to be provided satisfactorily, it is necessary for the

involvement and dedication of the servers. Providing a quality service to the community is essential and public hospital employees are of fundamental importance in this context, be considered agents of transformation of the public service, contributing significantly to growth and development of the municipality, state and country [1, 2].

Studies that address job satisfaction have gained relevance in recent years because work-related physical and emotional exhaustion can be considered an epidemic among workers from various professions [3].

There are numerous factors related to job dissatisfaction, such as the lack of growth opportunities in the organization, remuneration, poor working conditions, relation problems of the multidisciplinary team and the power of decision-making actions related to the activity carried out. It is noteworthy that the level of satisfaction can increase or decrease productivity, improve or worsen the quality of service, and can also generate greater or lower profit for organizations [2, 4].

In the area of public health, studies involving the perception of servers and professionals about the services provided to the community can offer evidence about facilities and/or difficulties of these services in achieving the expectations and needs of users. Analyzing the levels of satisfaction in the work of public servants is essential because surveys such as these can be used to base management decision-making, the well-being of people and also contribute to the enrichment of the literature, seeking to understand the factors that influence such perceptions [5]. The present research aimed to know the level of satisfaction at work of the servers of the Regional Hospital of Gurupi — Tocantins (RHG). In this sense, we understand the adherence of the theme proposed since studies in this context are not known, and the subject is still challenging in the organizational sphere, which can be perceived by the high number of workers still unmotivated and dissatisfied in their professional environments in various fields of activity.

II. MATERIALS AND METHODS

The research unfolded in a descriptive exploratory case study, with a qualitative and quantitative approach. The study was carried out at Regional Hospital Gurupi (RHG), in Gurupi — TO southern region of the

Tocantins, a unit of size III within the hospital classification of the unified health system, which performs high complexity care and is a reference center for 18 municipalities in the region.

Data collection took place between March and June 2018. The participating population consisted of 598 (five hundred and ninety-eight) employees directly linked to the health care area, distributed in the following positions/functions: Hospital Administrator, Social Development Analyst, Health Services Assistant, Social Worker, Nursing Assistant, Health Services Assistant, Dentist, Nurse, Work Nurse, Pharmacist, Physiotherapist, Speech Therapist, Physician, Nutritionist, Psychologist, Nursing Technician, Laboratory Technician, Radiology Technician, and Therapist Occupational.

The RHG servers that acted directly in the health care team with at least 12 months of work in the unit and who agreed to voluntary participation in the research and signed the TCLE were included; servers that refused to respond to the search or partially responded were excluded. By simple random sampling, the selected servers, among the universe of participants (598 servers), were the ones who first accepted the invitation, accessed the Datasus platform and agreed to the terms of the TCLE.

The sample size was calculated according to Barbetta's (2008) [6], reaching the number of 160 servers, obtaining a 7.9% sample error.

Data collection was performed through the FormSus web platform, with a questionnaire containing 15 objective questions and 2 open questions, divided into 4 sections, which was made available in physical and digital materials, in addition to access via QR Code.

Section A of the questionnaire traced the respondents' sociodemographic profile and Section B identified the professional profile of the server. To assess job satisfaction in Section C, the Work Satisfaction Scale was used, constructed and validated by Siqueira (2008) [7], which is a multidimensional measure that assesses the degree of worker contentment in front of five dimensions of his work, being: satisfaction with salary, satisfaction with co-workers, satisfaction with leadership, satisfaction with promotions, satisfaction with the nature of work according to Table 1 [7].

Table 01- Dimensions, definitions, items, and est accuracy indexes in its complete form with 25 items. Source: Siqueira (2008, p. 269)

Dimensions	Definitions	Items	Est accuracy indexes
Satisfaction with colleagues	Contentment with collaboration, friendship, trust and relationship with their co-workers.	1, 6, 14, 17, and 224	0,86
Satisfaction with salary	Contentment with what he receives as a salary compared to how much the individual works, with his professional capacity, with the cost of living and with the efforts made in carrying out work.	5, 8, 12, 15 and 21	0,92
Satisfaction with the leadership	Contentment with the organization and professional capacity of the boss, with his interest in the work of subordinates and understanding between them.	2, 9, 19, 22 and 25	0,90
Satisfaction with the nature of work	Contentment with the interest aroused by tasks, with the ability to absorb the worker and with the variety of them.	7, 11, 13, 18 and 23	0,82
Satisfaction with promotions	Contentment with the number of times you have received promotions, with the guarantees offered to those who are promoted, with the company's way of conducting promotions and waiting time for promotion.	3, 4, 10, 16 and 20	0,87

In the fourth and last part of the questionnaire, Section D was composed of two open questions, which aimed at the perception of the servers regarding the satisfaction and interference of the individual productivity of the worker and the quality of their services provided. The editing of the collected data was performed with the help of the Microsoft Excel program. The analysis of the data from sections A and B was - formed through descriptive statistics. In section C, because EST is a multidimensional measure with five dimensions, the score was initially calculated for each dimension and later calculated a multidimensional mean score. The calculation of each score was obtained by adding the values indicated by the respondents in each of the items that integrate each dimension and then this value was divided by the number of items in the dimension. Thus, for the complete form of EST, the sum has always been divided by five. For the interpretation of the results of the mean score, it is emphasized that the result should always remain between intervals 1 and 7. Thus, 5 and 7 tend to indicate satisfaction. On the other hand, values between 1 and 3.9 tend to signal dissatisfaction, while values between 4 and 4.9 report a state of indifference [7]. Therefore, the higher the value of the average score, the greater the degree of contentment or satisfaction of the employee with that dimension of his work.

Section D data were analyzed qualitatively from

"ordering, classification, and analysis", according to Minayo (2001) [8].

The impacts on the degree of satisfaction of the server and its influence on public health and society were analyzed through the reasons of the scientific literature on the subject, sought by descriptors in specialized journals indexed in the bases of data BVS, Bireme, Lilacs, Scielo, portal of Capes journals and textbooks, finally enabling the end to point out the main points that generate dissatisfaction at work, seeking as a consequence to support the improvement of public policies existing.

III. RESULTS AND DISCUSSION

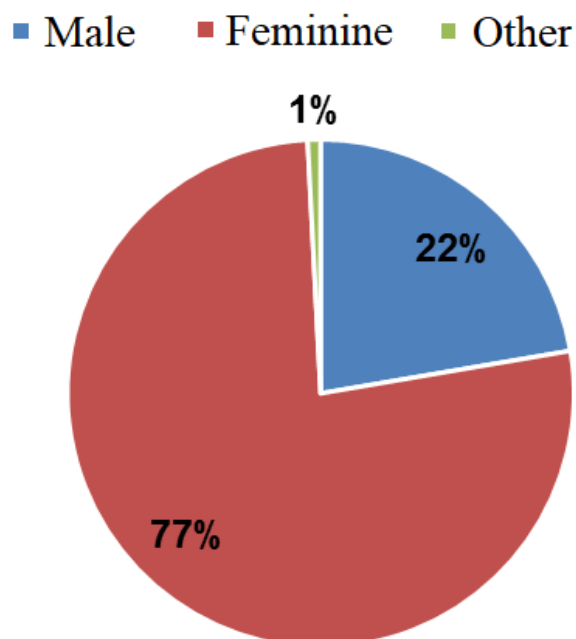
Of the 160 questionnaires answered, 30 servers did not agree with the objectives and conditions of participation in the survey and declined their free participation, 9 questionnaires were incomplete and 121 were completed correctly and with acceptance of the terms of the TCLE. The final number of participating servers linked to the care area account for 26% of the total servers crowded in the Unit that hosted this research.

1.1. Sociodemographic profile of servers crowded in Reginal Hospital Gurupi (RHG)

When considering the data regarding the gender, it was found that of the 121 of the respondents, 22% are

male, 77% are female, and 1% another, observing predominance of female professionals (Graph 1).

Graph 1 - Distribution, by gender, of the servers crowded at Regional Hospital Gurupi (RHG)



In surveys in the various regions of the country, it can be found that the population of health employees is composed mostly of female professionals [9–11]. Santos and Santos (2018) [12] conducted satisfaction survey with employees of a private hospital in the city of Campina Grande — PARAÍBA (PB) and observed the same characteristics as those found, in which, of the 34 employees, 91% were female and only 9% of the sex Male. These studies confirm the findings in this research regarding the gender of the participating servers.

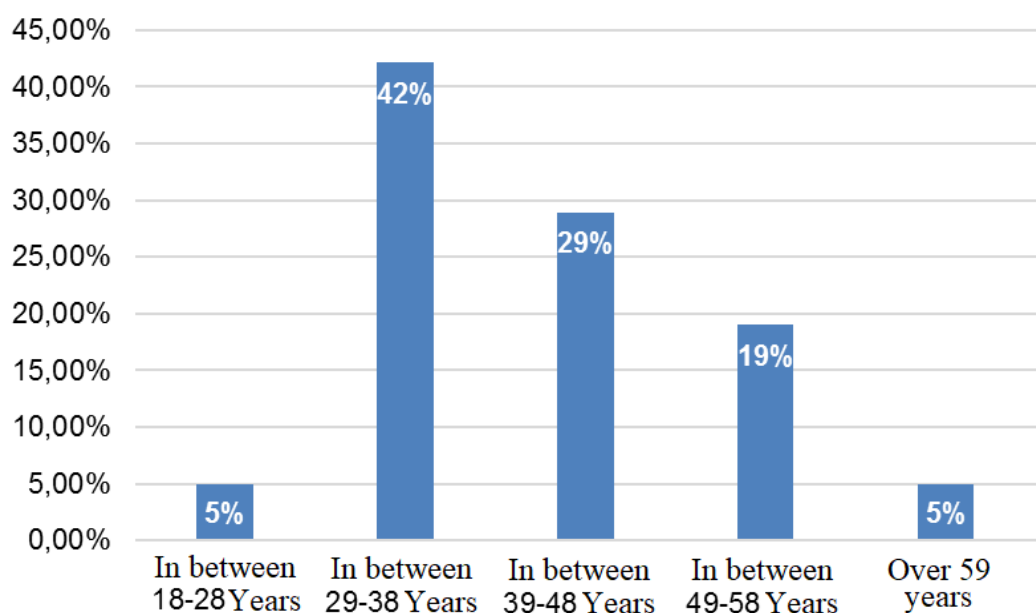
Historically, nursing is known to be an activity associated with the female universe, another point that can be highlighted is that although gender inequality is something very present in organizations, the findings portray the rise of women in the labor market, especially

in the area of health care.

Regarding the age of the interviewees (Graph 02), the majority are in the range of 29 to 38 years, representing 42% of the servers, 29% between 39 and 48 years, 19% between 49 and 58 years and with a lower proportion of 5% of servers aged between 18 and 28 years and aged 59 years or older.

The most frequent age group among respondents (between 29 and 38 years) indicate a young server staff operating in the unit, and when the frequencies between 18 and 38 years represent 47% of the total participants. This staff of professionals shown with youth profile shares experience with 53% of professionals between 39 and 59 years old.

Graph 2 - Distribution, by age, of the servers crowded at Regional Hospital Gurupi (RHG).



The married marital status (Table 2) was predominant (50.41%), followed by singles with 29.75%, divorced 15.70%, and stable union 3.31%.

Table 2. Marital status and number of children of health care employees stationed at Regional Hospital Gurupi (RHG).

Sociodemographic Characteristics	N	%
Marital status		
Married	61	50,41%
Single	36	29,75%
Divorced	19	15,70%
Widower	1	0,83%
Stable union	4	3,31%
Children		
Yes	79	65,29%
No	42	34,71%

The study by Santos and Santos (2018) [12] in a study that addressed servers of a private hospital identified that there is a predominance of singles that totaled 57% of the respondents, and only 43% of the interviewees were married. In the same sense, Tambasco et al. (2017) [10] observed in their survey that the number of single participants (40%) was close to the number of married (37.5%). Other authors cite in their studies that most of those interviewed in research with health professionals are married or maintain stable union [13, 14].

Regarding children, the results of the survey 79 (65.29%) answered yes and 42 (34.71%) answered not having children, which resembles other studies, such as Moreira et al. (2016) [15] and Ferreira et al. (2015) [16]

Silva et al. (2018) [17] report that of the servers participating in their research, 80.5% have children.

1.2. Professional profile of the servers crowded at Regional Hospital Gurupi (RHG)

Among the employees who answered the questionnaire, 7 were health service assistants (5.79%), 1 social worker (0.83%), 15 nursing assistants (12.40%), 1 health services assistant (0.83%), 36 nurses (29.75%), 3 pharmacists (2.48%), 7 physiotherapists (5.79%), 4 physicians (3.31%), 1 speech therapist (0.83%), 3 nutritionists (2.48%), 2 psychologists (1.65%), 38 nursing technicians (31.40%), 2 radiology technicians (1.65%), 1 occupational therapist (0.83%), thus totaling 14 areas professionals participating in the research.

Among the different areas that make up the body of hospital employees, there was greater participation of technical servants in Nursing, totaling 31% of the respondents.

This is an expected phenomenon since the largest number of health employees in the hospital unit is composed of these professionals. Nursing technicians and nurses are health professionals who deal directly with patients and know the problems they present because they perform most hospital actions and primary care.

Santos and Santos (2018) [12], in their research, had as most technical respondents in nursing (79%), data that resemble RHG data.

In observation the professional profile of the respondent servers, it is perceived that most have only technical course, totaling 47% of the professionals; then the experts, who add up to 32%; graduates with 14%, the masters with 6% and with doctorate only one professional (1%).

Table 3. Professional characteristics of health care servers crowded at Regional Hospital Gurupi (RHG).

Professional features	n	%
Degrees		
Technical	57	47,11%
Graduate	17	14,05%
Specialist	39	32,23%
Master	7	5,79%
Doctor	1	0,83%
How long has the specialty		
Less than 1 year ago	5	4,13%
Between 1 and 2 years	8	6,61%
Between 2 and 5 years	18	14,88%
More than 5 years	48	39,67%
I have no specialty	42	34,71%
Does it provide service essentially in the context of specialized care?		
Yes	97	80,17%
No	24	19,83%
Working Day		
40 Hours	17	14,05%
Exclusive Dedication	2	1,65%
Other	102	84,30%
How long have you been working in this institution		
1 to 2 years	9	7.44 %
2 to 5 years	28	23.14%
5 to 10 years	39	32.23%
More than 10 years	45	37.19%
Family Income		
1 to 3 minimum wages	47	38.84%
4 to 6 minimum wages	43	35.54%
7 to 10 minimum wages	16	13.22%

10 to 15 minimum wages	11	9.09%
Over 15 minimum wages	4	3.31%
Has Administrative Position		
Yes	14	11.57%
No	107	88.43%
Works elsewhere		
Yes	46	38.02%
No	75	61.98%

Santos et al. (2018) [18] observed in his research that approximately 41% of the 32 participating nurses had specialization and 38% master's degree, data that distance themselves from the reality observed in the RHG. The high number of professionals with training at the technical level can be explained by the fact that the positions of nursing technician and nursing assistants add up to the majority of the employees of the unit, because these are responsible for direct care to the patients, requiring a greater number of professionals to end in any health care unit. Regarding how long the specialty has been (Table 3), the majority, 39.67%, reported acting in the specialty for more than 5 years, 14.68% between 2 and 5 years, 6.61% between 1 and 2 years, 4.13% less than 1 year. 34.71% reported having no specialty, which can be directly linked to the fact that technical level servers do not have such training and have greater representatives in numbers in front of other servers.

Qualification is an important issue for the execution of the work because it can provide the professional with a new critical look, adding skills and values that enable him to interact and transform the environment in which he works, increasing the level of quality service and consequently satisfaction with the service provided. In addition to encouraging qualification is a way to value the knowledge of public servants.

The majority of respondents (n= 97, 80.17%), indicated in their response that they work exclusively in the field of specialized care, while only 24 (19.83%) reported having other non-specific activities of specialized health care.

Regarding working elsewhere, the majority of 61.98%, reported that they had no other activity, while 38.02% reported that, in addition to RHG, they perform their duties elsewhere.

When asked about the time of service to unit, most respondents, 37.19%, reported working for more than 10 years; followed by servers with service time between 5 and

10 years (32.23%); those between 2 and 5 years (23.14%) and those who have been in the Unit for less time, between 1 and 2 years.

The working day was also one of the questions evaluated in the identification of the professional profile. Table 3 shows that 14.05% of respondents reported working for 40 hours per week, 2 of them claim to have an exclusive dedication journey and 102 (84.30%) report having another workday.

The double working day significantly influences the quality of the service provided, because, with the exhaustive workload, the professional is exposed to sources of stress and is subject to greater physical and psychological fatigue. Most often, activities performed in hospital units require physical strength from professionals, which generates exposure to occupational diseases, directly influencing workers' health and the quality of patient care.

Workers with health problems, physical or mental, transfer their problems and concerns to their work activities, which leads to several difficulties ranging from delays and absences to work, carelessness with materials, decreased quality of work and a drop in the quality of care provided.

Also, in relation to the working day, the option "other" obtained an expressive number among those available, a fact that can be explained, because, since August 1, 2010, nurses, auxiliaries and nursing technicians at the Tocantins work only 30 hours per week. This workload was defined after the approval of Bill No. 42/2010, which changed Law No. 1,588, of June 30, 2005, reducing the workload from 40 to 30 hours per week.

The family income was divided into 5 categories, which 38.84% of respondents reported family income between 1 and 3 minimum wages; 35.54% between 4 and 6 minimum wages; 13.22% between 7 and 10 minimum wages; 9.09% between 10 and 15 minimum

wages and 3.31% reported higher income above 15 minimum wages.

In the diagnosis of motivation and satisfaction in the work performed by Santos and Santos in 2018 [12], it was found that most employees had lower remuneration or up to 3 (three) minimum wages, data that corroborate those found in this research.

Of the 121 questionnaires analyzed, 107 respondents reported not having an administrative office, while 14 performed administrative activities, whether in the management, leadership or direction of some department of the hospital unit.

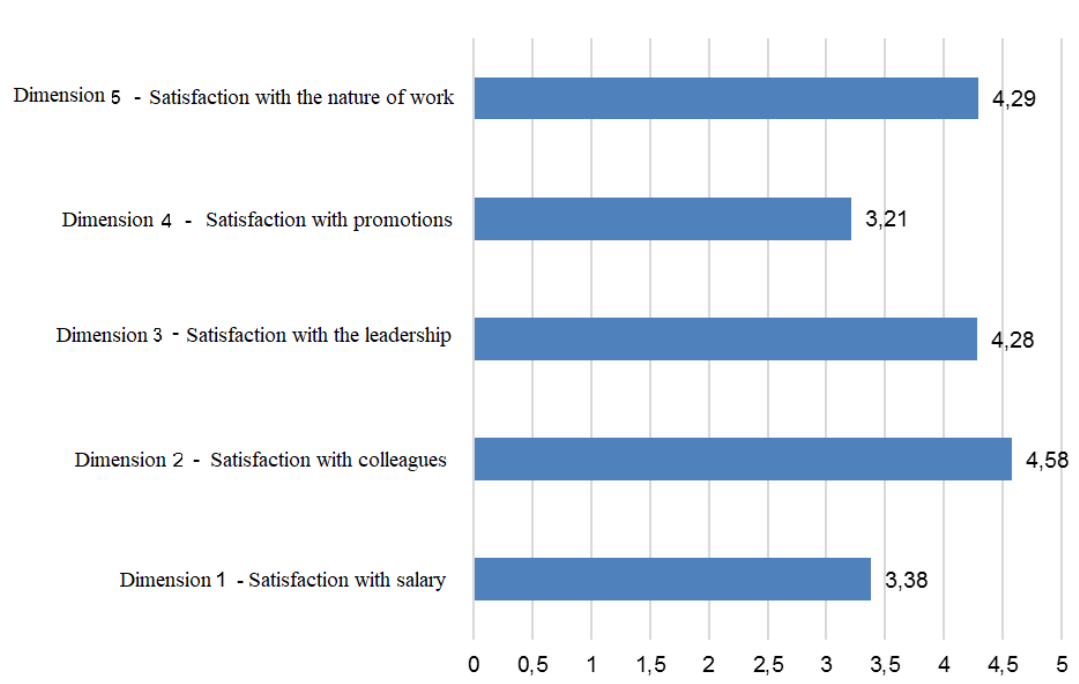
These servers hold positions known as "commissions or trust function", by which the server is removed from its origin activities and appointed to perform provisional

positions, intended for the assignments of management, leadership, and advice.

1.3. Level of satisfaction at work according to the dimensions of the Work Satisfaction Scale

Analyzing Graph 3 it can be observed that after obtaining the average of the scores of the five dimensions present in the Satisfaction Scale it is concluded that the dimension of satisfaction with the salary that has an average score of 3.38, while dimension 2 that deals with satisfaction with colleagues had an average score of 4.58, already the dimension that measures satisfaction with the leadership score of 4.28, while the dimension of satisfaction with promotions obtained the lowest score of 3.21, and dimension 5 that deals with the nature of the work with a score of 4.29.

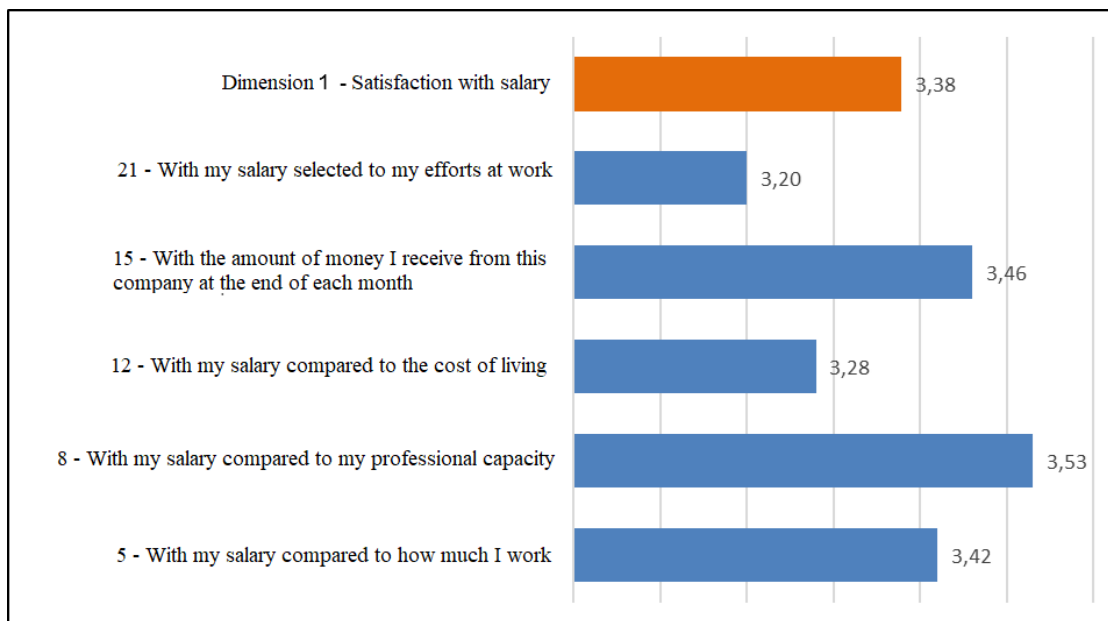
Graph 3 - Average scores - Dimensions of the Satisfaction Scale



1.4. Satisfaction with salary

As Graph 4 points out regarding salary satisfaction, a score of 3.38 can be observed, which indicates dissatisfaction on the part of the servers in relation to the amount of money they receive each month.

Graph 4 - Satisfaction with salary

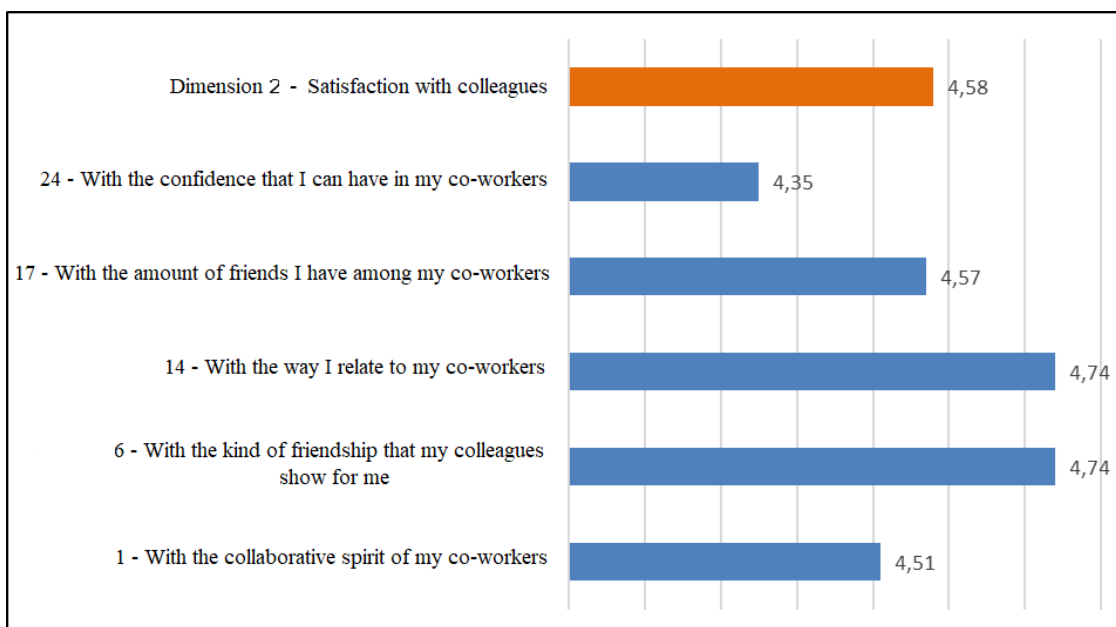


The issue of EST dealing with salary compared to work efforts presented the lowest satisfaction rate. During the approach and data collection, the servers reported this situation in which the number of calls is increasing and the number of servers has fallen constantly, generating overload and greater efforts in activities.

1.5. Satisfaction with co-workers

As far as dimension 2 is concerned, which deals with the relationship with co-workers, the servers are generally indifferent. With scores of 4.35 satisfaction in relation to trust in co-workers, then 4.74 with regard to the relationship with the type of friendship, 4.74 to the relationship with co-workers and 4.57 concerning the number of friends, and with 4.51 in relation to the spirit cooperation of co-workers.

Graph 5 - Satisfaction with co-workers



A good relationship between co-workers is a primary factor so that coexistence does not become exhausting, always maintaining a positive environment, since there are working regimes in the case of shifts where

professionals can work for up to 24 hours with the same team. Activities in hospital environments already become exhausting and, if there is no good conviviality between the team, these become even more exhaustive.

The organization must promote interaction activities so that such people who are not satisfied can relate to others, thus increasing their degree of satisfaction and contributing to maintaining the feeling of those who are already considered satisfied.

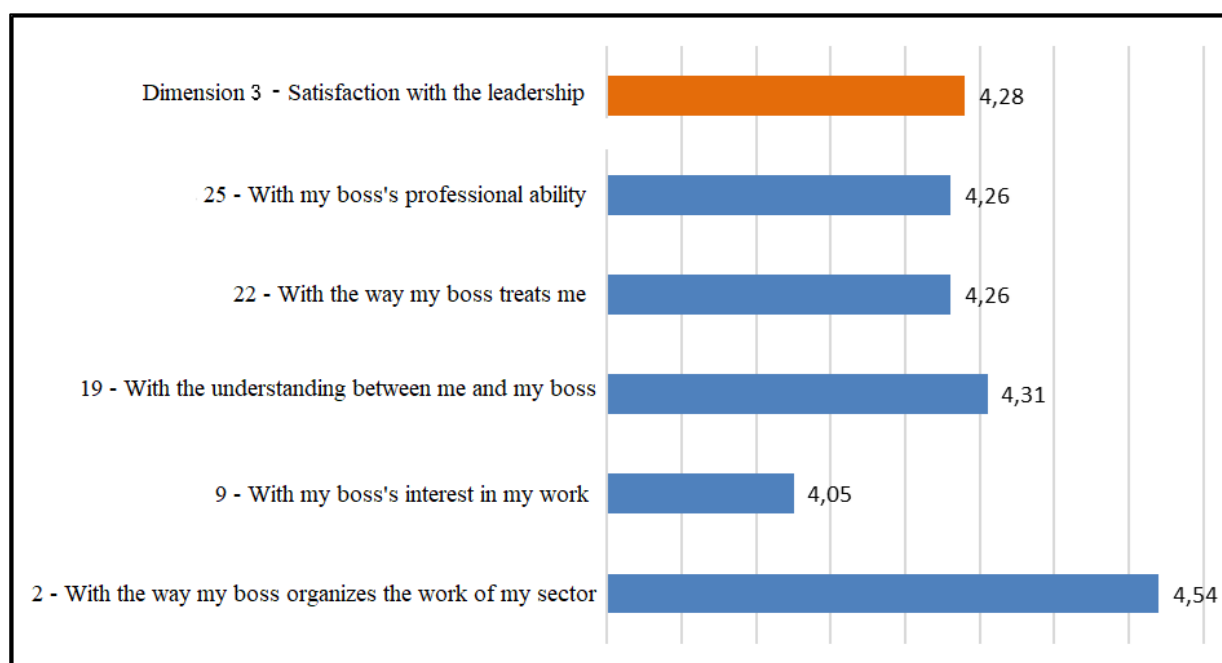
In the research by Affonso and Rocha (2010) [9] were found during the interviews some servers who reported that they assume a peaceful coexistence with other colleagues to avoid conflicts. That is, there is dissatisfaction with co-workers, but for the improvement

of the work environment, the servers hide or even ignore the differences.

1.6. Satisfaction with the leadership

Graph 06 shows the average of scores obtained in the questions raised in dimension 03, which are: the professional capacity of the boss 4.26, the way they are treated by the boss 4.26, regarding the understanding with the boss 4.31, the interest of the boss for his work 4.05 and the way the chief organizes the work of the sector 4.54, 4.31 and 4.26, respectively.

Graph 6 - Satisfaction with the leadership



It is possible to observe through the indexes the level of the indifference of the servers in relation to the head, where even if it does not present satisfaction index, the way in which the head organizes the work had the highest index among EST questions.

The manager of a hospital unit or department must act as a point of trust of the servers under their supervision because, in addition to organizing the activities, they must directly influence his team. Motivation is a primary factor for excellence in the execution of an activity, and it is up to it to set goals, plan the activities of the team, fairly and egalitarian.

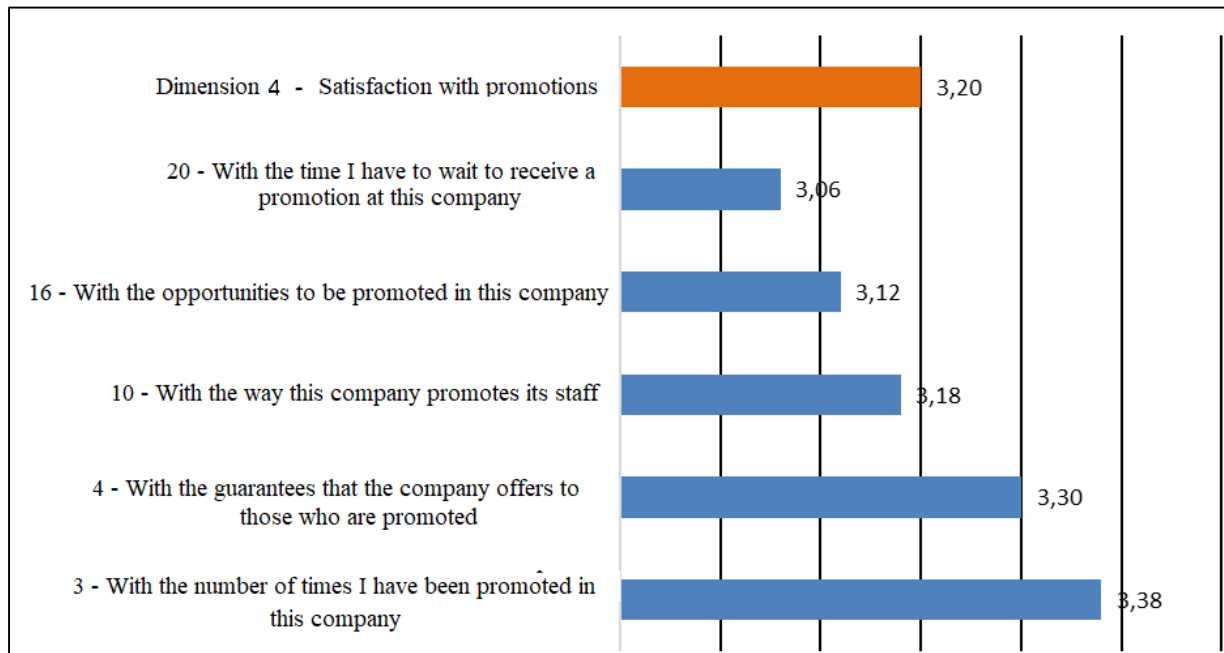
The hospital environment already has hostile characteristics, dealing with pain, sufferings of others is a constant challenge for health professionals, a qualified

manager, with strategic thinking, able to identify and solve problems, using the creativity, awareness and ethical posture in the face of everyday situations contributes significantly to the best performance and increased quality of services provided.

1.7. Satisfaction with promotions

When we observe issues that encompass this dimension in Graph 07, it appears that in the issue that deals with the number of times it has already been promoted, the score is 3.38, with the guarantees that the company offers to those who are promoted 3.30, with the way the company conducts promotion 3.18 with opportunities to be promoted 3.12 as waiting time to be promoted 3.06.

Graph 7 - Satisfaction with promotions



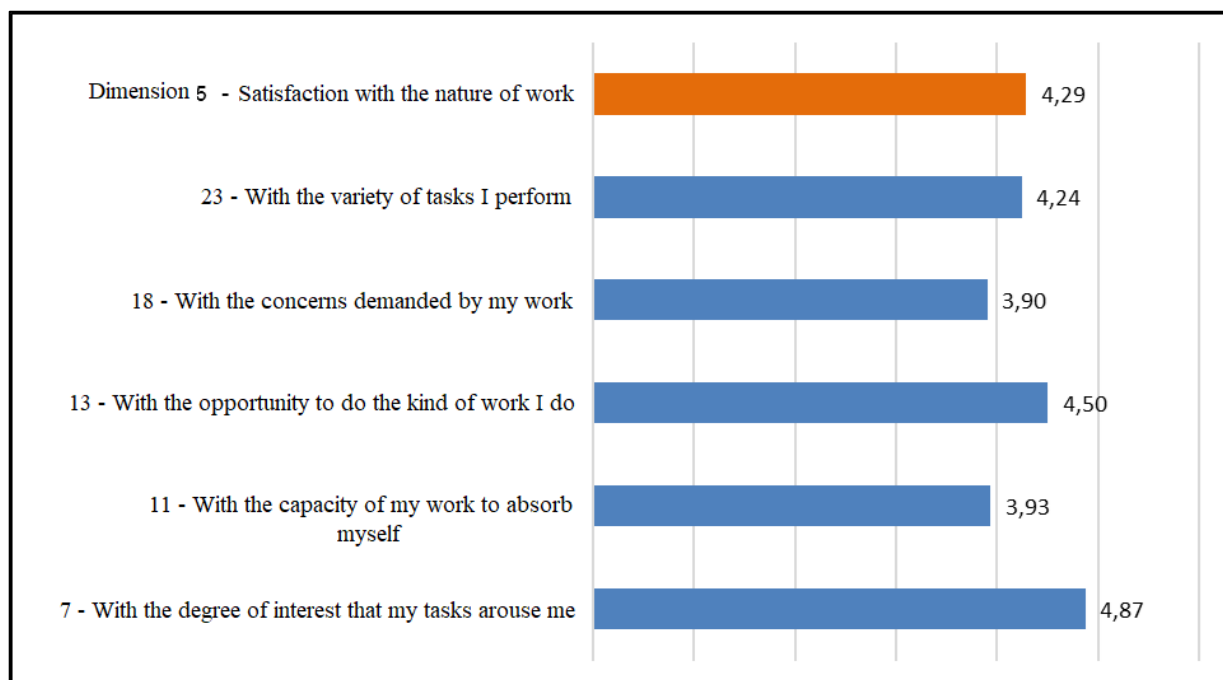
Perhaps these indices can be explained by the fact that in the Hospital unit there is no promotion policy by deserving, promotions are carried out by indication of superiors.

1.8. Satisfaction with the nature of work

In the last dimension of the scale deals with server satisfaction with the nature of its work, Graph 08 shows a score of 4.29, which according to Siqueira (2008) [7] indicates indifference. When answering the questions that

deal with this dimension, the scores presented were 4.24 in relation to varieties of tasks, 3.90 with the concerns required by the work and 4.87 with interest in tasks. It is also observed that when asked if they are satisfied with the ability that the work absorbs, with the opportunity to do the type of work they do, they have scores of 3.93 and 4.50 respectively.

Graph 8 - Satisfaction with the nature of the work



In the question that deals with the degree of interest that the activities arouse, the servers presented the highest scores of all 25 questions raised by EST, although this index presents indifference, presupposes that even with all the limitations raised by the servers (lack of materials, inadequate working conditions, poor pay and non-compliance with the Office, Careers and Salaries Plan) they still have a certain degree of interest in work.

This interest in the activities developed can be considered with the motivation factor of the server, and can be the starting point for actions that seek motivation strategies generating benefits not only for the organization also bad for the server. The interpretation of the results considered that the higher the value of the mean score, the greater the degree of contentment or satisfaction of the

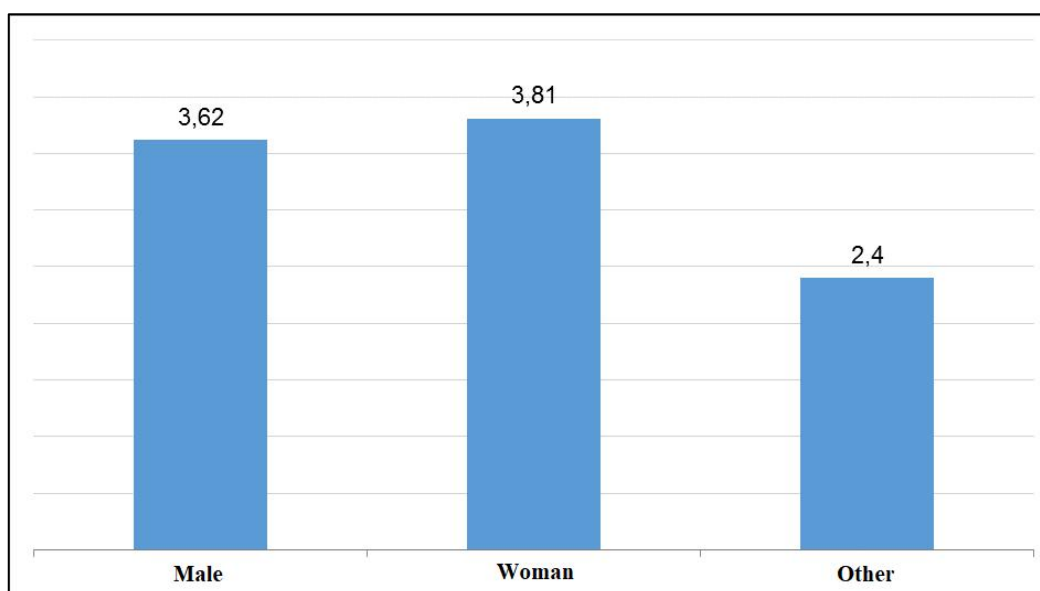
employee with that dimension of his work.

Thus, in none of the dimensions, an average score was obtained from 5 to 7, which indicates that there is no satisfaction of the servers in any of the questions. In dimensions 03 and 04, which deal respectively with the relationship with the head and promotions, a score was obtained between 4 and 4.9 which indicates that RHG servers show indifference to these points. In the dimensions related to salary and the nature of the work, an average score was obtained between 1 and 3.9 which indicates dissatisfaction.

1.9. Satisfaction in the work evaluated by gender

Among the interviewees, women were more satisfied with the work, as shown in Graph 9.

Graph 9 - Level of satisfaction at work according to gender



In the study by Carrillo-García (2013) [19] the relationship between the gender of the participants and the level of satisfaction at work was observed, and women expressed being more satisfied, which coincides with the data observed in this study.

In other studies, the authors observed that women constituted two-thirds of the study participants and were more dissatisfied. The most likely hypothesis for this result is the "double journey" assumed by women who, being the majority in the group, contributed to this result [20,21].

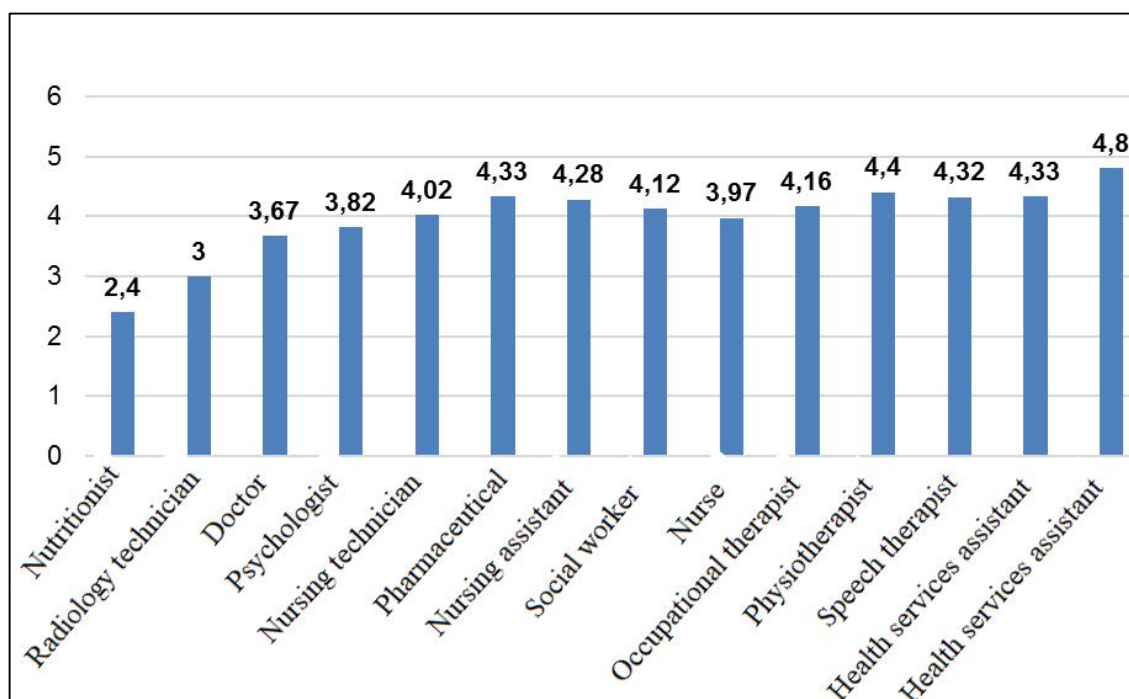
Even when women are employed in the same

occupations as men, as is the case with this study, one might think that they still have a perception of less appreciation or feel pressured by the double working hours, which may imply a feeling of greater effort spent at work.

1.10. Job satisfaction assessed by profession

When it comes to the level of satisfaction evaluated by profession/position, it is perceived that most professionals present indifference, scores between 4.0 and 4.8. While nutritionists, radiology technicians, and physicians are dissatisfied with scores between 2.4 and 3.6.

Graph 10 - Level of satisfaction at work according to the general perception of each profession



A study conducted by Albuquerque et al. (2018) [22], which specifically addressed the satisfaction of medical professionals, she reports that in general, the physicians interviewed are still satisfied with the work, they affirm that they can take care of the population that needs the most, the feeling of doing the best for these people, the doctor-patient bond and stability in employment are causes of satisfaction.

1.11. Global Satisfaction

In summary, it was found that RHG does not offer a level of satisfaction in the dimensions analyzed and evaluated according to the perception of its servers. When calculating the overall arithmetic mean of the results obtained in each dimension, an overall index of 3.94 was observed, which indicates that the level of server satisfaction is low, evidencing dissatisfaction.

Table 4 - Overall satisfaction of the servers of the Regional Hospital of Gurupi - Tocantins

Dimension	Average Score
Dimension 01 - Satisfaction with salary	3,38
Dimension 02 - Satisfaction with colleagues	4,59
Dimension 03 - Satisfaction with the leadership	4,28
Dimension 04 - Satisfaction with promotions	3,20
Dimension 05 - Satisfaction with the nature of work	4,28
Global Score	3,94

As observed, RHG servers are dissatisfied with the way promotions are carried out, as criteria such as deserving and qualification are not respected to perform certain functions.

1.12. Server satisfaction and its interference to the productivity and quality of the services provided

Society in general, regardless of social class, color, age, gender, and other factors, lives in search of

satisfaction, satisfaction is understood as a feeling inherent to each person and considered as a starting point of motivational behavior. When asked about satisfaction with the services provided, it was possible to learn that the servers evoke a dissatisfaction with actions related to management and remuneration. The following statements demonstrate this dissatisfaction:

Suj. 96: Not because you should make better.

Suj. 61: Not because every day changes the rules of the industry coordinator. It does not accept the employee's opinion.

Suj. 6: No! Because here management is not committed to the servers.

Suj. 21: "No, because unfortunately our rulers never continue the services that are working"

It is perceived that the servers evaluate that managers are fundamental parts for the efficiency, productivity, and quality of the services provided, because they are responsible for the actions developed in the work environment, and these should be chosen not by indication, but by capacity and merit for the skills and skills demonstrated for the exercise of positions.

Generally, a dissatisfied employee is more often absent and may present diseases such as stress, disrupt the work of other employees and become a burden for the organization [23].

When asked if satisfaction interferes with the quality of the services provided, servers report situations such as large quantity and poor division of work, lack of materials. Situations such as lack of resources and poor working conditions contribute significantly to server dissatisfaction and the quality of service provided because the good performance of activities depends on the availability, conditions, and offering of materials necessary for the execution of the services.

Suj. 19: "There are no investments on the part of the employer in the training of the server, working conditions, in the improvement of the work environment (physical structure and Human Recourse) and the replacement of inputs and materials essential for the performance of my functions".

Suj. 16: "Resources are lacking so that I can perform my work in a resolution."

Improve the organization's infrastructure, create wellness environments for rest and rest, create the week of Quality of Life at Work (QLW), to give individual attention to the server, as well as a channel to listen to their needs and promote integration organization, collaborate for a positive environment [24].

Suj. 77: "No, we always work on improvisation"

Suj. 45: "No! Because we're always working on improvisation."

Suj. 13: "No, working conditions are bad"

Servers also report the lack of appreciation, from the recognition of the service provided to the progressions that are not met within the stipulated period, and also the lack of incentive and appreciation for the search for qualification:

Suj. 83: No, the government's instability is lacking greatly hinders. Suj. 35: "No, I promotion here only with politics."

Suj. 60: "No. We are not valued".

Suj. 22: "No. There is no recognition of the work by the Hospital Board. People are discarded when they are not part of the political summit."

This deficient organizational climate can negatively influence work performance, destabilizing the environment and impairing the development and production of the individual.

According to Pontes (2007) [25], organizations are increasingly lacking qualified staff and motivated to meet their objectives. One of the strategies in this sense is the generation of opportunities for professional development, through a plan of professional progression.

Suj.88: "Here you never get a promotion; the rights of progression and benefits are always behind".

Suj.118: "Here alone and valued who has a political friend, promotion only in politics".

The influencing factors in motivation and quality of life are personal and professional appreciation, so there should be respected and possibilities for the server to expand its knowledge; ascending position and career plan; have autonomy and integration with the work team; develop good interpersonal relationships; have unity; communication; democratic leadership and participatory management [26, 27].

The factors presented in the literature that affect QLW and cause dissatisfaction of workers is the stress caused by overwork due to reduced teams; low-wage and few benefits; excessive pressure and supervision charges; poor infrastructure, such as lack of equipment and inputs; inhuman working conditions and poor quality of hygiene and cleaning of the environment [5, 28].

Human performance depends on the complexity of factors that act by interacting with each other in an extremely dynamic way. It is a consequence of

motivational state and individual effort to accomplish the task and achieve the objectives, it is believed that when the company has a good organizational climate its productivity can be higher [23, 29].

When an employee feels satisfied and recognized within the organization tends to have less need to look for another job.

The majority, which corresponds to 83% (n= 100), said that satisfaction significantly interferes in the quality and productivity of services:

Suj.81: "I believe that working satisfied is much better"

Suj.46: "Of course, satisfied professional performs with pleasure and motivation his work activities."

Suj.2: "Surely the work leaves to be desired. The hungry server does not yield."

Another point to highlight concerns about food. Some servers complained about the supply and poor quality of food served to the unit's employees. Several authors report that the quality of nutrition offered to servers is a factor that contributes to well-being and strengthens the feeling of its importance to the organization [24, 30].

The structure of the place, materials, and working conditions were also heard in the manifestations of the servers:

Suj. 03: "Generally lacks support from our rulers in managing and structuring our hospitals better"

Suj.25: "Lack of support for carrying out the work. Both the physical and personal structure"

It is known that for the good performance of any activity and necessary assistance of equipment, in the case of the health service in addition to equipment is necessary materials and medicines. The lack of any of these items already generates a loss of productivity and efficiency of the service provided, consequently, a poor-quality service.

For the server, this lack of structure generates dissatisfaction, where even with technical capacity and availability to develop a good job, it cannot do so, because it does not have support from the organization.

The present research described the sociodemographic, professional characteristics and level of satisfaction of RHG servers.

RHG servers do not have a level of satisfaction in the dimensions analyzed and evaluated in this study. When calculating the overall arithmetic mean of the results obtained in each dimension, it was observed that the level of server satisfaction is low, evidencing general dissatisfaction among the population sample participating in the research, thus it is concluded that the RHG servers are dissatisfied in their work.

Thus, the results demonstrate that there is a need to review the management of the unit, with the addition of measures that object to the motivation of the servers in the organizational environment.

The need for attention on the part of the organization's management was made clear, especially with regard to the expansion of human resources and compliance with acquired benefits, because these were indicated by the servers as factors that contribute to the satisfaction at work and the high impact on productivity.

The server is the pillar of public administration, and its satisfaction is a great challenge for public policies. With the constant movement in search of excellence in providing quality and safety health care, it is necessary to keep servers satisfied, making them able to increase their productivity, their self-esteem, their willingness to work and consequently an increase in the quality of service provided, fulfilling the mission of the State and public management that is to meet with excellence the social demands.

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IV. CONCLUSION

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