

Assessment of the satisfaction of professional autonomy of oncology nurses

RESUMO | Objetivo: Avaliar a satisfação da autonomia profissional de enfermeiros no cuidado oncológico. Método: Estudo descritivo, transversal e de abordagem quantitativa, com 48 enfermeiros. Com base nisso, foi aplicado um questionário sociodemográfico e profissional para a obtenção dos dados. E para avaliação da satisfação dos profissionais acerca da autonomia no trabalho foi aplicado o Índice de Satisfação Profissional (ISP). Resultado: Há prevalência de mulheres (93,75%), idade de 25 a 48 anos, brancos e pardos 45,83% cada; solteiros (56,25%), renda mensal superior a 4 salários mínimos (52,08%). De acordo com os resultados obtidos, os enfermeiros referem possuir autonomia em suas atividades. Conclusão: A autonomia resulta em profissionais mais realizados profissionalmente, logo é recurso e indicador de quão satisfatório é o ambiente de trabalho.

Descritores: Enfermagem; Satisfação no trabalho; Autonomia profissional; Oncologia.

ABSTRACT | Objective: To assess the satisfaction of nurses' professional autonomy in cancer care. Method: Descriptive, cross-sectional study with a quantitative approach, with 48 nurses. Based on this, a sociodemographic and professional questionnaire was applied to obtain data. And to assess the satisfaction of professionals about autonomy at work, the Professional Satisfaction Index (ISP) was applied. Result: There is a prevalence of women (93.75%), aged 25 to 48 years, white and brown 45.83% each; singles (56.25%), monthly income greater than 4 minimum wages (52.08%). According to the results obtained, the nurses reported having autonomy in their activities. Conclusion: Autonomy results in more professionally accomplished professionals, therefore it is a resource and indicator of how satisfactory the work environment is.

Keywords: Nursing; Job satisfaction; Professional autonomy; Oncology.

RESUMEN | Objetivo: Evaluar la satisfacción de la autonomía profesional de los enfermeros en el cuidado del cáncer. Método: Estudio descriptivo, transversal con abordaje cuantitativo, con 48 enfermeros. En base a ello, se aplicó un cuestionario sociodemográfico y profesional para la obtención de datos. Y para evaluar la satisfacción de los profesionales sobre la autonomía en el trabajo, se aplicó el Índice de Satisfacción Profesional (ISP). Resultado: Predominan las mujeres (93,75%), de 25 a 48 años, blancas y pardas 45,83% cada una; solteros (56,25%), renta mensual superior a 4 salarios mínimos (52,08%). De acuerdo con los resultados obtenidos, los enfermeros relataron tener autonomía en sus actividades. Conclusión: La autonomía redundante en profesionales más realizados profesionalmente, por lo que es un recurso e indicador de cuán satisfactorio es el ambiente de trabajo.

Palabras claves: Enfermería; Satisfacción laboral; Autonomía profesional; Oncología.

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INTRODUCTION

Cancer fits into non-communicable diseases, of a chronic nature and, in most cases, disabling, which require continuous care both in the hospital and at home, due to the high rates of sequelae and limitations generated by it. Showing epidemiological, economic, and social repercussions⁽¹⁾.

Upon receiving the diagnosis of cancer, both the person and their family and their bonds are afraid of suffering during treatment, the uncertainty of the cure and the fear of death, which are described as inevitable feelings for cancer patients and their families. In this way, the nursing team plays a fundamental role in this context, providing support and understanding, acting with empathy and

humanization⁽²⁾.

Nursing is present at different stages of care, integrating the family into the treatment, minimizing child suffering, seeking to promote pain control actions, as well as recognizing the signs and symptoms of the disease⁽³⁾. What constitutes a great challenge for professionals, including nurses, who maintain continuous contact with these patients and their families, not only in physical care, but also in emotional, social, cultural and spiritual matters, as well as helping to reintegrate them. to society with maximum autonomy⁽⁴⁾.

According to Marques (2018), the quality of life at work is the degree of satisfaction that the worker has with the functions performed and with the place where he works. The satisfaction of a professional in the work environment is not something that only concerns him; this is an issue that should be given due attention by managers employee satisfaction is completely linked to the reliable results that the company wants to achieve⁽⁵⁾.

Nursing is characterized by high work demands, low control over the activities performed, as well as frequent contact with pain, suffering and death, making it one of the most stressful professions⁽⁶⁾. Furthermore, nursing professionals are exposed to excessive workloads, insufficient rest time, the possibility of working in shifts, fatigue, impaired physical activity and leisure activities, changes in the sleep cycle -vigil⁽⁶⁾. This whole context can directly influence the health of this worker, thus affecting their performance and satisfaction.

As already mentioned, nursing professionals are subjected to several factors that cause work overload. The impact on the health and life of these workers is related to the perception of high demand in routine situations and difficulties in coping with established professional demands⁽⁷⁾. Dissatisfaction with work can trigger a decrease in personal fulfillment and a reduction in self-esteem.

According to Oliveira⁽⁸⁾, the degree of nurses' dissatisfaction can harm harmony and stability within the workplace, consequently, patient satisfaction, as it is intrinsically related to the care provided by the professional, indicating that a negative perception of the user is a reflection of an ineffective assistance within the system.

Having strategies to face suffering, achieve professional satisfaction and quality of care are, in this environment, linked to the ability and conditions available to carry out activities that help the patient, that is, having autonomy and means of improving the user's condition is also an important factor for feeling satisfied⁽⁹⁾. Autonomy and efficiency of oncology nurses generate happiness and serving others generates something greater than oneself⁽¹⁰⁾, as having control of the entire work process related to the practice of knowledge brings motivation⁽¹¹⁾.

In the study by Gouveia et al.⁽¹²⁾, it is evident that autonomy is an important factor of satisfaction, as it demonstrates, among other things, decision-making power, recognition of the quality of care and trust in the manager.

Ferri et al.⁽¹³⁾, say that it is important to know the satisfaction index of the servers, because from these data it can create positive means to contribute even more to satisfaction and reduce negative factors within the institution's possibilities.

Evaluate the satisfaction of nurses' professional autonomy in cancer care.

METHOD

This study is characterized as a cross-sectional descriptive and quantitative approach, developed at the Cancer Hospital, in São Luís, Maranhão. The survey was carried out from February to March 2019. An intentional population of professionals with higher education in Nursing was used, with n= 48, who met the inclusion criteria. Inclusion criteria

were nursing professionals linked to the location; men and women; adults; Minimum service time at the institution of 6 months. Exclusion criteria: nurses on vacation or on maternity leave or illness during the data collection period. To obtain the data, a socio-demographic and professional questionnaire was applied. And to assess the satisfaction of professionals about autonomy at work, the Professional Satisfaction Index (ISP) was applied. The ISP was created by Stamps, in 1997, and adapted and validated for the Portuguese language in 1999 by Lino. The instrument makes it possible to identify the satisfaction attributed and perceived by nurses in relation to six work components: Autonomy, Interaction, Professional Status, Job Requirements, Organizational Norms and Compensation⁽¹²⁾. The ISP is composed of two parts, the first is a comparative pairing of the components so that the professional chooses the most important term for his/her satisfaction, which provides the attributed satisfaction. The second part consists of 44 statements, 22 positive and 22 negative, randomly distributed on a seven-point Likert-type attitude scale, ranging from "totally agree" to "totally disagree", and measures the perceived satisfaction⁽¹⁴⁾.

The decision was made to restrict the study to the autonomy component of the attitude scale, evaluating only satisfaction with autonomy at work. Therefore, the version of the instrument used in the research was limited to its 8 statements, which are three positive statements and five negative statements.

In addition, the attitude scale, which originally contains 7 points, ranging from strongly disagree ⁽⁷⁾ to strongly agree ⁽¹⁾, has been reduced here to 5 points, from strongly disagree ⁽⁵⁾ to strongly agree ⁽¹⁾. To preserve the anonymity of the participants, the questionnaires were identified by the letter E, and then by the numerical order in which the questionnaire was completed.

The information was stored in the Ex-

cel 2010 program in tables, divided into socio-demographic data and the questionnaire on autonomy, and statistical analysis was performed using the Stata® program. In the analysis of the autonomy questionnaire, first the negative and positive items were randomly organized. Subsequently, a frequency distribution matrix of responses was created, grouping the responses “totally agree”, “agree”, “totally disagree”, “disagree” and “doubtful”. For data analysis, values from 1 to 5 were considered for the answers, increasing from right to left.

Therefore: I totally disagree⁽¹⁾, I disagree⁽²⁾, in doubt⁽³⁾, I agree⁽⁴⁾ and I totally agree⁽⁵⁾. Therefore, for positive statements, the higher the final score, the greater the satisfaction index in relation to their real autonomy, and for negative statements, the lower the score, the greater the satisfaction. Categorical variables were described using frequencies and percentages and quantitative variables with mean and standard deviation. The normality of the quantitative data was checked with Shapiro Wilker. Statistical calculations used p-value = 0.05 and confidence index (CI) = 95%.

This research is part of a larger project entitled: Men and women with cancer: meanings, perceptions and implications, approved by the Research Ethics Committee with opinion number 1,749,940. And it complied with the norms present in resolution nº 466/12 of the National Health Council, which refers to studies involving human beings.

RESULTS

Through the sociodemographic results found, there was a significant prevalence of females, 93.75%. As for age, 58.33% are ≥ 30 years old, the average is around 32 years old, and it is worth mentioning that there are no elderly people, since the age range varies between 25 and 48 years old. In terms of color/race, there is a prevalence of white and brown races with 45.83% each, while

only 6.25% are self-declared black people.

Of the survey participants, only 39.58% are married, most refer to them-



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selves as single, 56.25%. While 56.25% do not have living children, and among the 43.75%, the maximum number of children is 3.

As for personal remuneration, 52.08% have an income equal to or more than 4 minimum wages, with an average salary of the population of 3.61 wages. The family income equals or exceeds 6 salaries in 56.25% of cases, with an average of 6.20. Considering that 66.67% claim that the number of residents in their household is less than 4, it can be stated that the main provider of these households is the nursing professional.

Regarding professional characteristics, the prevalence of 47.72% of former residents stands out, while only 6.25% attended some specialization course, 12.50% are masters, and 33.33% have a degree in nursing

Of these workers, 70.83% have always worked only in the assistance area; 20.83% work or have worked at some time also in teaching; and 8.33%, currently or previously, provided services in the areas of assistance, teaching and research.

In terms of training time, 52.08% graduated at least 6 and 10 years ago, with the longest training time being 22 years and the shortest 2. Only 12.50% have graduated for more than 10 years and 35.42% for up to 5. Almost 48% have been working specifically with oncology for at least 5 years or more, with a maximum time of 22 years; around 33% have been working in the area for less than 2 years.

Based on the referred workload, the minimum is 36 hours per week and the maximum is 40 hours, with the minimum prevailing in 95.83% of cases. There are 3 work regimes at the institution: day shift, day shift and night shift; these represent respectively 81.25%, 2.08% and 16.67%. However, even with these labor regimes, a long workload and an average income above 3 minimum wages, more than 58% still work elsewhere, with 4.17% working in two more locations.

The results found in the autonomy scale, component of the ISP chosen for the research, show that the positive sta-

tements obtained prevalence in the positive points (agree and totally agree). Grouping these points results in a total of: 77.09%, 33.33% and 72.91% for each utterance.

As for the negative points (disagree and totally disagree), the values were 6.25%, 22.92% and 8.33% for disagree, and 2.08% for total disagree for item 8, since the other two items were not mentioned. Grouping them together, we have: 6.25%, 22.92% and 10.41% for each statement.

For the negative statements, the data obtained were 68.77%, 47.92%, 66.67%, 70.84% and 64.58%, grouped. As for the negative points, the results were 6.25%, 25.00%, 12.50%, 10.42% and 18.75% for agree, and 4.17%, 6.25%, 2.08 % and 4.17%, item 6 "... my supervisors make all the decisions, I have little control over my work", was not mentioned by any participant. Adding the values of the negative points, we obtain: 10.42%, 31.25%, 14.58%, 10.42% and 22.92%.

There was no response with a large discrepancy from the others. When grouping into agree, neutral and disagree, it is noted that for positive statements, the mean value of agreement is 61.11%. And for negative statements, the average disagreement is 63.75%. Thus, a total average of 62.43% is obtained, demonstrating that the level of perceived satisfaction regarding the autonomy of this population is positive.

According to the results obtained, the nurses participating in the study reported having autonomy in their activities, which can be evidenced by "q02: I feel I have enough input in patient care planning." (77.09% agreement).

DISCUSSION

Based on the results, it was possible to analyze a female prevalence. This characteristic is associated with the history of women's work in nursing⁽¹⁵⁾. Values that are corroborated with data

from the World Health Organization (WHO) on the profile of nursing in Brazil, from 2017, where 87% of nursing professionals were women⁽¹⁶⁾.

Regarding distribution by age group, the nursing workforce is young. About 9 out of 10 nursing professionals in the world are female. In Brazil, approximately 35% of professionals are under 35 years of age and 9% are over 55 years of age^(16,17).

According to Moreira et al.⁽¹⁹⁾, age and length of experience at work are factors that have been inversely related to work stress, and consequently to satisfaction.

Second, Nogueira et al.⁽⁹⁾ the younger and with less length of service, the more prone the individual is to stress, and therefore to dissatisfaction. This would be explained by the elevated expectations about the service that these people present, and which, when not met, lead to frustration. In addition, inexperience when dealing with this dissatisfaction and stress can lead to acts of malpractice, affecting the quality of the service and, consequently, the autonomy received^(15,19).

Regarding color/race, there was a prevalence of white and brown races. This prevalence also happens in other studies⁽¹⁷⁾.

As for marital status, most referred to themselves as single. However, in the study by Rapozo et al.⁽¹¹⁾ the prevalence is of married couples. Just as most participants do not have living children, while in the research by Teixeira et al.⁽¹⁹⁾, 59.6% have children. In the study with 50.53% married and 63.07% with children, the author reports that these professionals with a partner tend to have a favorable perception of the environment, as the presence of the partner provides support for the professional's psychic and emotional structure. The same can be said about having children⁽²⁰⁾

As for personal remuneration, the data are similar to the research by Rapozo et al.⁽¹¹⁾. For the author, remunera-

tion is a more important factor for job satisfaction. However, this is not yet a reality for nursing, as good remuneration serves as a motivation, in addition to reducing the need for extra sources of income, thus reducing physical and mental exhaustion.

For Maurício et al.⁽¹⁵⁾, having qualification represents, for the professional, the mastery of specific knowledge that results from education and training; the better qualified, the greater the probability of being competent in the exercise of their functions. This promotes professional satisfaction, as it favors autonomy and decision-making ability to achieve the goals and objectives outlined in the treatment of each patient⁽¹⁹⁾. Data similar to training time were found in the study by Maurício et al.⁽¹⁵⁾. This factor can be positive, as it enables collaboration between subjects and the exchange of experiences⁽¹⁸⁾.

Based on the mentioned workload, working on shifts can affect the personal lives of public servants, especially those who work at night. Because, generally, they are absent from meetings, family gatherings, which affects the creation and maintenance of affective bonds that are emotional support, considering that these bonds are a source of support for coping with difficulties in all areas of these individuals' lives⁽¹⁵⁾.

However, even with these labor regimes, a long workload and an average income above 3 minimum wages, more than half still work elsewhere, with 4.17% working in two more locations. This factor may be associated with the rate of people with only a degree, as in the research by Teixeira et al.⁽¹⁹⁾, 12 years was the time since graduation, on average, and only 39.4% have another employment relationship. The author says that this double journey can favor physical and mental exhaustion, especially among professionals who work in critical sectors, due to the high workload to which they are exposed and less time for rest.

Regarding the results found in the autonomy scale, similar values are found in the study on the perception of nurses about their satisfaction in a private hospital⁽¹²⁾, in the hemato-oncology service⁽¹⁸⁷⁾ and in the study by Lino⁽²¹⁾.

However, a high percentage in item 4, "A large dose of independence is allowed to me, when it is not required", which is also repeated in another study.⁽²¹⁾ It is believed that there is a difficulty in understanding, however, as the questionnaire is self-administered, there was no possibility of answering questions.

For the negative statements, there were results that show little difference when compared to the data found in Li-

no's studies⁽²¹⁾. However, they are similar to those obtained in two other more recent surveys⁽¹⁴⁾.

Through the results obtained, the nurses participating in the study reported having autonomy in their activities, corroborating with the study by Gouveia⁽¹²⁾, about nurses in a private hospital, where the author reports the satisfaction presented by the participants based on the agreement index of 79.6% for sufficient participation in patient care planning.

However, it turns out that sometimes they need to go against their better professional judgment. However, it was observed that in this regard, there was a higher rate of disagreement, which reaf-

firms the feeling of autonomy of nurses. Similar data is found in research at the hemato-oncology service⁽¹⁸⁾.

CONCLUSION

It is concluded that autonomy results in more professionally accomplished professionals, but for that they need to be better technically prepared. Therefore, it is an important resource and indicator of how satisfactory the work environment is. However, it cannot be worked on and encouraged as the only satisfaction factor.

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