

Job satisfaction and associated factors in the perception of nurses: cross-sectional study

Satisfação no trabalho e fatores associados na percepção dos enfermeiros: estudo transversal

Satisfacción laboral y factores asociados en la percepción de los enfermeros: estudio transversal

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ABSTRACT

Objective: to analyze the association between job satisfaction and the sociodemographic and work profile of nurses at a university hospital. **Method:** cross-sectional study with 134 nurses of both sexes and regardless of length of experience. Those on sick leave and vacation were excluded. Sociodemographic and labor questionnaire and the Job Satisfaction Scale were applied. The chi-square test was performed between the variables "satisfaction" and "personal and professional profile" (95% CI). **Results:** it was observed that 49.3% were satisfied at work, 41.0% were indifferent and 9.7% were dissatisfied. Between profile and level of satisfaction, there was a significant difference for "age group", "desire to change jobs" and "working hours". **Conclusion:** relationship between age, working hours and job change increased job satisfaction or dissatisfaction contributed to the adoption of measures to maintain satisfaction and reverse indifference, a worrying fact in the context of nursing workers' health.

Descriptors: Occupational Health; Nurses; Hospitals, University; Health Profile; Job Satisfaction.

RESUMO

Objetivo: analisar a associação entre satisfação no trabalho e o perfil sociodemográfico e laboral de enfermeiros de hospital universitário. **Método:** estudo transversal com 134 enfermeiros, de ambos os sexos e independente do tempo de atuação. Foram excluídos aqueles em licença de saúde e férias. Aplicado questionário sociodemográfico e laboral e a Escala de Satisfação no Trabalho. Realizado o Teste qui-quadrado entre as variáveis "satisfação" e "perfil pessoal e profissional" (IC 95%). **Resultados:** observou-se que 49,3% estavam satisfeitos no trabalho, 41,0% indiferentes e 9,7% insatisfeitos. Entre perfil e nível de satisfação, houve diferença significativa para "faixa etária", "desejo de mudança de emprego" e "horário de trabalho". **Conclusão:** a relação entre idade, horário de trabalho e mudança de emprego potencializavam a satisfação ou insatisfação no trabalho contribuem para adoção de medidas de manutenção da satisfação e reversão da indiferença, fato este preocupante no contexto da saúde do trabalhador de enfermagem.

Descritores: Saúde do Trabalhador; Enfermeiras e Enfermeiros; Hospitais Universitários; Perfil Epidemiológico; Satisfação no Trabalho.

RESUMEN

Objetivo: analizar la asociación entre la satisfacción laboral y el perfil sociodemográfico y laboral de los enfermeros de un hospital universitario. **Método:** estudio transversal con 134 enfermeros de ambos sexos e independientemente del tiempo de experiencia. Se excluyeron los que estaban de baja por enfermedad y de vacaciones. Se aplicó un cuestionario sociodemográfico, laboral y la Escala de Satisfacción Laboral. Se realizó la prueba de chi cuadrado entre las variables "satisfacción" y "perfil personal y profesional" (IC 95%). **Resultados:** se observó que el 49,3% se mostró satisfecho en el trabajo, el 41,0% se mostró indiferente y el 9,7% se mostró insatisfecho. Entre perfil y nivel de satisfacción, hubo diferencia significativa para "grupo de edad", "deseo de cambiar de trabajo" y "horario de trabajo". **Conclusión:** la relación entre edad, jornada de trabajo y cambio de empleo potencializó la satisfacción o insatisfacción laboral contribuyó a la adopción de medidas para mantener la satisfacción y revertir la indiferencia, hecho preocupante en el contexto de la salud de los trabajadores de enfermería.

Descriptores: Salud Laboral; Enfermeras y Enfermeros; Hospitales Universitarios; Perfil de Salud; Satisfacción en el Trabajo.

INTRODUCTION

Nursing care providers, in the execution of their healthcare activities, in addition to the actions and technical procedures related to their profession, establish interpersonal relationships with other professionals and individuals to whom they provide care. These relationships hold significant relevance from a work-planning perspective. One of the more abstract yet crucial considerations for planning is job satisfaction, without which other factors such as motivation, health, and safety may be impacted, subsequently influencing the quality of care.

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Conceptually, job satisfaction involves subjective processes, rendering this phenomenon a complex and challenging object to define, which varies according to individual singularities, contexts, and circumstances, as highlighted in the concept by Dejours^{1,2}.

Work organization, workload, career progression constraints, highly complex functions, lack of autonomy, and unfavorable interpersonal relationships at work can be seen as potential stressors³. Job satisfaction is essential for ensuring an adequate nursing workforce and high-quality healthcare^{4,5}. Therefore, identifying associated factors can contribute to discussions on reality-based interventions for these healthcare providers, considering the scarcity of studies investigating job satisfaction among nurses in university hospitals. The job satisfaction concept encompasses affection and external recognition in five areas: management, colleagues, salary, promotions, and the work itself. These constitute effective conditions for reducing turnover and absenteeism, with significant implications for organizations and workers³.

From a holistic perspective, factors such as self-esteem, positive emotions, psychological and structural empowerment, and organizational and professional commitment are described in the literature as mediators of job satisfaction for nursing care providers. At a deeper level, this reveals the psychological, professional, and environmental mechanisms of job satisfaction⁴. In the nursing practice, satisfaction is associated with professional affinity, the outcomes of the care implemented, patient satisfaction with the care provided, and good relationships with colleagues, in addition to societal recognition⁴. Conversely, job dissatisfaction is influenced by discontent with certain work-related factors, particularly working conditions and salary, affecting worker motivation⁶.

These conditions also include precarious infrastructure, long working hours, strenuous activities, inadequate rest areas, poor working conditions, inappropriate work relationships, considerable physical effort in performing their functions, improper body posture, the risk of exposure to biological materials and accidents, operational procedures, and promotions^{7,8}. Emphasizing the need to identify factors influencing the satisfaction of nurses when formulating strategies to improve working conditions, aiming to reduce the workload and working hours, improve hospital infrastructure, and provide nurses with opportunities to influence their work organization⁸. Dissatisfaction, fatigue, and workload will result from a worker's effort to adapt to working conditions compared to their real competencies, exposing them to the risk of failure, with success or failure being the inevitable outcome in job execution².

Therefore, the study sought to fill the gap related to factors that may interfere with the professional satisfaction of nurses, understanding that the level of satisfaction affects the lives and health of workers, utilizing the job satisfaction scale, an instrument that has been validated in Brazil with nurses⁹.

Accordingly, the aim was to evaluate the association between job satisfaction and the sociodemographic and work profile of nurses in a university hospital.

METHOD

This cross-sectional analytical study employed the STROBE Equator¹⁰ instrument. It was conducted at a university hospital of medium and high complexity in the State of Rio de Janeiro, including specialty outpatient care, adult and neonatal intensive care units, clinical and surgical wards, pediatrics, orthopedics, hemodialysis, day hospital, surgical center, and a material and sterilization center.

The study involved nurses, utilizing a non-probabilistic sample, where 190 nurses were eligible for the study from a population of 213, as 23 nurses were on vacation or leave at the time of the study, considered exclusion criteria. Of these, 70.5% effectively responded to the instrument ($n=134$), with a loss of 56 participants (nurses who refused to respond or did not return the instrument).

Nurses of both genders, irrespective of their tenure at the hospital, were considered eligible. Nurses on medical leave and vacation during the data collection period were excluded.

To identify the sociodemographic and work profile of the nurses, a self-administered questionnaire was used. The questions constituting the study variables included gender, self-declared skin color/race, age group, living arrangements, previous experience as a nursing assistant, the initial choice when applying for university, current education level, type and number of employment contracts, weekly working hours, shifts, occupying a leadership position, desire for a job change, and whether they had changed jobs (referring to nurses who, throughout their professional trajectory, left the job or contemplated leaving, considering their satisfaction level with it). The "Job Satisfaction Scale" was utilized to assess job satisfaction. This self-administered Likert-type scale comprises 15 items and was developed and validated in a study conducted in Brazil in 2008⁹ (Figure 1).

Dimension	Items
Satisfaction with coworkers	1. With the spirit of collaboration among my coworkers. 4. With the type of friendship my coworkers demonstrate towards me. 14. With the trust I can have in my coworkers.
Satisfaction with salary	3. With my salary compared to the amount of work I do. 6. With my salary compared to my professional capacity. 11. With my salary compared to my efforts at work.
Satisfaction with leadership	10. With the understanding between me and my supervisor. 12. With the way my supervisor treats me. 15. With the professional capability of my supervisor.
Satisfaction with the nature of the work	5. With the level of interest my tasks evoke in me. 8. With the ability of my work to engage me. 13. With the variety of tasks I perform.
Satisfaction with promotions	2. With the number of times I have been promoted in this company. 7. With how this company conducts promotions for its staff. 9. With the opportunities for promotion in this company.

Figure 1: Summary of the dimensions of the job satisfaction scale⁹. Rio de Janeiro, RJ, Brazil, 2019.

The data collection occurred from December 2018 to February 2019. A pilot test was conducted with ten nurses affiliated with the proposing institution to refine the application. Participants were individually invited by the principal researcher at their workplace, receiving an envelope containing data collection instruments and two copies of the consent form. After signing the form, participants were instructed to complete the questionnaire and return it to the researcher; the completion time did not exceed one day, as the majority of participants promptly returned the instrument after completion.

Data were processed using the IBM SPSS version 23.0 software. The nurses' profiles were analyzed using relative and absolute frequencies, means, and standard deviation. The satisfaction level was assessed through a score defined by the scale author (the values chosen by the participants were summed for each item, and the number of items in each field was divided by three). The score ranged from 1 to 7, where higher mean scores implied greater job satisfaction. Based on the score, job satisfaction was categorized as dissatisfied (1 to 3.9), indifferent (4 to 4.9), and satisfied (5 to 7). The chi-square test was employed to analyze the relationship between sociodemographic and work-related variables and job satisfaction, considering a significance level of 5% and a confidence interval of 95%.

This study followed the ethical principles of resolution 466/12 for research involving human subjects and used a consent form. It obtained approval from the Research Ethics Committees of the proposing and co-participating institutions.

RESULTS

Table 1 presents the characterization data of the 134 study participants.

Regarding the sociodemographic and work profile, the majority were female ($n = 116$; 86.6%), 43% were aged 20 to 35 years ($n = 58$), 48.5% self-reported being white ($n = 65$), and 62.7% lived with a partner ($n = 84$). Concerning employment, 59% had an employment contractual defined as "statutory" ($n = 79$), which provides stability after three years of work. A total of 67.2% had a single employment contract ($n = 90$), 58.2% were rotational shift nurses ($n = 78$), 85.8% did not hold managerial positions ($n = 15$), 58.2% expressed a desire to change jobs ($n = 78$), and 49.3% worked up to 30 hours per week ($n = 66$). The analyses revealed that 66 nurses were satisfied (49.3%), 55 were indifferent (41.0%), and 13 were dissatisfied with their jobs (9.7%).

The "age group" variable was positively associated with the degree of satisfaction, with 60.3% of nurses aged 20 to 35 expressing job satisfaction. The "weekly working hours" and "desire to change jobs" variables also presented statistically significant associations with job satisfaction. A total of 63.6% of nurses working more than 30 hours per week ($n = 42$) and 48.7% of those who changed jobs during their professional trajectory ($n = 56$) reported job satisfaction.

Table 1: Association between sociodemographic/work-related variables and job satisfaction (n=134). Rio de Janeiro. RJ, Brazil, 2019.

Variables	Job Satisfaction Scale			p-value*
	Dissatisfied n (%)	Indifferent n (%)	Satisfied n (%)	
Gender (n = 134)**				
Female	12 (10.3%)	47 (40.5%)	57 (49.1%)	0.80
Male	1 (5.6%)	8 (44.4%)	9 (50.0%)	
Age group (n = 130)**				
20 to 35 years	3 (5.2%)	20 (34.5%)	35 (60.3%)	0.03
36 to 50 years	8 (15.4%)	27 (51.9%)	17 (32.7%)	
51 years or older	2 (10.0%)	6 (30.0%)	12 (60.0%)	
Self-declared race (n = 134)**				
Black	2 (10.0%)	8 (40.0%)	10 (50.0%)	1
White	6 (9.2%)	27 (41.5%)	32 (49.2%)	
Mixed race	5 (10.2%)	20 (40.8%)	24 (49.0%)	
Living with a partner (n = 131)**				
Yes	7 (8.3%)	39 (46.4%)	38 (45.2%)	0.17
No	6 (12.8%)	14 (29.8%)	27 (57.4%)	
Technical nursing education (n = 134)**				
Yes	5 (11.6%)	17 (39.5%)	21 (48.8%)	0.85
No	8 (8.9%)	38 (42.2%)	44 (48.9%)	
First chosen course (n = 134)**				
Nursing	4 (6.0%)	28 (41.8%)	35 (52.2%)	0.33
Others	9 (13.8%)	27 (41.7%)	29 (44.6%)	
Education level (n = 134)**				
Graduates	0 (0.0%)	2 (25.0%)	6 (75.0%)	0.29
Postgraduates	13 (10.3%)	53 (42.1%)	60 (47%)	
Employment relationship (n = 134)**				
Civil servants	12 (15.2%)	31 (39.2%)	36 (45.6%)	0.12
Contractual employees	1 (2.1%)	20 (41.7%)	27 (56.3%)	
Temporary employees	0 (0.0%)	4 (57.1%)	3 (42.9%)	
Number of job contracts (n = 133)**				
One	6 (6.7%)	40 (44.4%)	44 (48.9%)	0.35
Two	7 (16.3%)	15 (34.9%)	21 (48.8%)	
Weekly working hours (n = 134)**				
Less than 30 hours	6 (9.1%)	37 (56.1%)	23 (34.8%)	0.01
More than 30 hours	7 (10.6%)	17 (25.8%)	42 (63.6%)	
Shift type (n = 134)**				
Rotational	6 (10.7%)	25 (44.6%)	25 (44.6%)	0.66
Daily	7 (9.0%)	30 (38.5%)	41 (52.6%)	
Managerial positions (n = 134)**				
Yes	1 (6.3%)	4 (25.0%)	11 (68.8%)	0.19
No	11 (9.6%)	51 (44.3%)	53 (46.1%)	
Changed jobs (n = 134)**				
Yes	8 (7.0%)	51 (44.3%)	56 (48.7%)	0.01
No	5 (26.3%)	4 (21.1%)	10 (52.6%)	
Desire to change jobs (n = 134)**				
Yes	9 (11.5%)	35 (44.9%)	34 (43.6%)	0.14
No	4 (7.8%)	16 (31.4%)	31 (60.8%)	

* Chi-square test; ** Valid responses

DISCUSSION

The majority of participants in the study reported satisfaction with their work. These results are in line with research conducted in Portugal with nurses, which identified satisfaction as significant for performance in the hospital unit, displaying variations according to each sector, due to specificities¹¹. A study conducted in Brazil found a moderate score of job satisfaction among nurses, reinforcing that in similar contexts, distinct results are evident¹².

A Brazilian study also found similar outcomes, prompting reflection on the myriad factors contributing to job satisfaction. In the specific case of nursing, caregiving emerges as a predominant factor for satisfaction, potentially serving as a common element irrespective of the national or international context¹³.

This study highlighted a noteworthy result when a considerable number of professionals reported being indifferent (neither satisfied nor dissatisfied). Indifference, a sentiment warranting further exploration in future studies, may compromise not only the health of these professionals but also the quality of the care provided. In contrast to the results presented, a study carried out in Brazil found nurses to be dissatisfied with their jobs, with the authors suggesting that their findings could be influenced by factors inherent to the work itself¹⁴.

Considering this, satisfaction aligns with intrinsic work-related factors, encompassing the nature of the work, job responsibilities, career progression, company policies, supervision, interpersonal relationships, and working conditions. A state of satisfaction motivates professionals in their work environments, influencing the development of more positive attitudes. In the case of dissatisfaction or indifference, investments should be made in proposals to improve factors that can impact the worker's sense of satisfaction, thereby affecting the quality of care and the worker's health⁴.

It should be highlighted that the "age group" exhibited a significant relationship with job satisfaction, with a high prevalence of satisfied nurses in the 20 to 35 years age group. Similar findings were described in a Portuguese study where the majority of satisfied nurses had a mean age of 30¹. However, it is crucial to emphasize that not only age but also working conditions can influence the perception of job satisfaction. For nurses in Brazil, working conditions differ from those in other countries due to factors such as increased stigmatization of workers, social exclusion, and work absences observed in Brazilian workplaces¹⁵.

The nature of the work also significantly influences satisfaction. This reflection pertains to the inadequate staffing of nurses in sectors, impacting the pace of work and the low quality of permanent equipment, thereby increasing the workload¹⁶.

Regarding self-declared skin color/race, the majority of black, white, and mixed-race workers were satisfied, although it is noteworthy that black and mixed-race professionals were less satisfied than their white counterparts. In line with these results, a study on job satisfaction in the southern region of Brazil reported that black nurses exhibited higher dissatisfaction than white nurses, representing a significant predictor of differences in satisfaction levels¹⁷. Another study indicated that the dissatisfaction of black professionals in the healthcare sector is related to a lack of professional recognition due to prejudices that mark the history of social inequalities in the country¹⁸.

Concerning marital status, the majority of those living without a partner expressed satisfaction, a finding similarly documented in a study conducted in the city of Londrina, Brazil¹. The other analyzed sociodemographic variables did not present statistically significant relationships; however, they stood out in terms of frequency. Notably, a substantial number of nurses exhibited satisfaction with their work, a trend also observed in a study with Brazilian nurses. This satisfaction can be attributed to more positive attitudes towards nursing care within the category¹².

The results indicated that nurses without previous training as nursing technicians were more satisfied. It is pertinent to clarify that in Brazil, some nursing technicians seek professional qualifications, primarily through undergraduate nursing courses. However, this qualification does not always lead to promotion to the role of nurses within their institutions, contributing to job dissatisfaction. This perception may be associated with the difficulty these professionals face in receiving recognition, a significant aspect for nurses who have attained higher levels of education.

Observing nurses' choices regarding university courses, those who opted for nursing as their first choice demonstrated greater satisfaction in their current work. However, a study conducted in Portugal, which identified dissatisfaction with the decision to pursue a nursing career, revealed that 57.2% of nurses intended to leave their jobs. It can be inferred that attrition from the nursing profession is associated with nurses' dissatisfaction in their workplace. Some indicated a persistent (2.2%) or frequent (11.3%) desire to leave¹⁹. A Brazilian study identified that leaving the profession may be linked to feelings of job dissatisfaction, a factor contributing to variations in the quality of life among workers¹⁴.

Nurses with postgraduate education expressed higher satisfaction compared to those with only an undergraduate degree. Consistent with this analysis, a study found that the most satisfied nurses were those with

specialized training¹⁹. This underscores the importance of continuous qualification, not only in providing higher-quality care but also as a potential mediator in the relationship between health and worker satisfaction.

Working hours demonstrated statistical significance, with the majority of satisfied nurses working more than 30 hours per week. In contrast to the findings of the present study, a Brazilian study identified dissatisfaction when working hours were high¹⁹. In the context of Brazilian nursing, this suggests that professionals working longer hours tend to have higher workloads. Therefore, workload was analyzed as a factor influencing the overload of nursing workers, in addition to physical and mental exhaustion²⁰. Working more than 30 hours per week and having multiple jobs to ensure higher financial gains may have influenced participants' responses. A study indicated that nurses with more than one job and accumulating working hours have a positive correlation with developing work-related illnesses²¹.

Furthermore, data indicate that changing jobs is linked to job dissatisfaction. The expectation of leaving the profession is associated with dissatisfaction, involving interpersonal relationships, professional development, job responsibilities, care quality, and working conditions⁵. Another Brazilian study showed that approximately 60% of the nurse sample intended to leave their current job, with a higher likelihood of being dissatisfied with the work^{17,19}. Finally, aspects of nursing work in the hospital setting, such as autonomy in caregiving activities, teamwork, and the recognition of nurses' efforts by patients' families, were considered contributors to job retention²².

Regarding aspects of work that were not statistically significant, it should be emphasized that the majority of nurses employed under the "statutory" regime were satisfied, while temporary nurses demonstrated indifference. In disagreement with the data of the present study, a study with healthcare providers, including nurses, found that the chances of reduced productivity due to presenteeism were increased in those with a permanent contract with the service²³. Job dissatisfaction may be a factor in presenteeism among healthcare providers. A study with a nursing team identified that temporary workers tend to be dissatisfied⁷. These results may be related to financial security, rights, and benefits offered by public positions, which may be absent in other types of contracts: career plans, paid vacations, career progression based on merit, qualification opportunities, and others.

Regarding work shifts, the majority of nurses working daily shifts (eight hours per day) were satisfied, while those on rotating shifts showed the same percentages of indifference and satisfaction. In line with this, a Brazilian study emphasized that shift work, especially at night, led to changes in nurses' health and the quality of care provided. Staying awake for extended periods during work may reduce attention and efficiency levels, negatively impacting the physiological system²⁴. Another Brazilian study found that nurses working in the afternoon showed higher levels of satisfaction⁸.

Concerning managerial positions, the majority were satisfied. A study conducted in New York with 20 nurse managers highlighted that assuming a leadership role had a positive impact on job satisfaction when factors such as autonomy, decision-making power, and leadership focused on interpersonal relationships were aligned. This contributed to creating a healthy work environment through transformative management²⁵.

Study limitations

The study limitations are associated with the participation of nurses from only one hospital, which may impact the generalizability of the findings. Additionally, the study was conducted in a university hospital, preventing comparisons with general hospitals and those in the private sector. Convenience sampling is considered a limitation of the study. In the construction of variables, it is noticeable that the statement "has the desire to leave the job" could have been complemented by seeking to identify the reasons for this desire, which could have contributed to the discussion about this decision by the participants.

The findings contribute to recognizing sociodemographic and occupational aspects that influence the professional satisfaction of nurses. This highlights that the development of intervention strategies aimed at mitigating factors that cause job dissatisfaction is of utmost importance in preserving this workforce, improving organizational management, and impacting the quality of care and the health of the worker.

CONCLUSION

In this study, the variables "age group," "working hours," and "job change" showed a significant association with job satisfaction, suggesting that personal and occupational aspects can influence the levels of professional satisfaction among nurses. It can be inferred that a longer tenure in the workplace may contribute to better adaptation, reducing the risks of job dissatisfaction.

It is important to note that this study was conducted before the COVID-19 pandemic, highlighting aspects of a hospital environment without the impacts of the subsequent public health issues. It will serve as a foundation for future comparative studies on changes that may have occurred regarding the factors influencing job satisfaction among nurses. Translating knowledge about the reality of Brazilian nursing allows for reflection on the social construction of nursing at the international level.

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Authors' contributions

Conceptualization, FPBN; methodology, FPBN, RCGZ, GMT, KHJFS e ASJ; software, FPBN e GMT; validation, FPBN, RCGZ, GMT e KGM; formal analysis, FPBN e GMT; investigation, FPBN; resources, FPBN e RCGZ; data curation, FPBN, AMMA e KGM; manuscript writing, FPBN e RCGZ; manuscript review and editing, GMT, AMMA, KGM, KHJFS, ASJ; visualization: GMT, KGM, KHJFS e ASJ; supervision, RCGZ; project administration, FPBN e RCGZ. All authors have read and agreed to the published version of the manuscript.