RIASE
REVISTA IBERO-AMERICANA DE SAÚDE E ENVELHECIMENTO
REVISTA IBERO-AMERICANA DE SALUD Y ENVEJECIMIENTO

THE SATISFACTION OF LONG-TERM CARE TEAMS

Maria Laurência Gemito - PhD in Sociology. Adjunct Professor at the University of Évora, Nursing Department. Researcher at the Sciences and Health Technologies Research Center of the University of Évora. Portugal

Felismina Rosa Parreira Mendes - PhD in Sociology. Coordinating Professor at the University of Évora, Nursing Department. Researcher at the Research and Sociology Studies Center of the Lisboa Polytechnic Institute. Portugal

Isaura Serra - Master in Health's Socio-Organization Intervention. UCP Master in Nursing. Adjunct Professor at the University of Évora, Nursing Department. Portugal

Carla Maria dos Santos Calça - Master in Community Nursing. Specialist in Community Nursing. Nurse at the Agrupamento de Centros de Saúde do Alentejo Central. Guest Professor at the University of Évora. Portugal

Ana Carla da Silva Coelho - Master in Community Nursing. Specialist in Community Nursing. Nurse at the Agrupamento de Centros de Saúde do Alentejo Central. Guest Professor at the University of Évora. Portugal

VOL. 2 N.º 3 DECEMBER 2016

ABSTRACT

Objective: To evaluate the satisfaction of the Long-Term Care Teams operating in the district of Évora. **Methodology**: A descriptive study, whose target population were professionals from 10 Long-Term Care Teams in the district of Évora, Portugal. For data collection was used a questionnaire for assessing job satisfaction adapted from the Manual of Quality Management for Continuous Care in the Quality Manual and the Manual of Instruments, which was answered by 61 professionals. **Results**: Professionals was expressed high satisfaction with most aspects analyzed, except for issues related to performance evaluation and training received, with lower levels of satisfaction of remuneration issues and prospects for promotion, generating dissatisfaction in these professionals. **Conclusions**: There is a need to rethink the training of Long-Term Care Teams as the evaluation system, to promote the professional career and compensation, which indicators are under the same satisfaction or dissatisfaction among respondents.

Descriptors: Long-term care; homebound persons; patient care team; job satisfaction.

INTRODUCTION

The questions arising from the accented aging of the population, not being a recent issue, had in the last few years important health and social influences. We saw the emergence of new patterns of illness among which chronic illness conditioned the search for health care and society's response in the development of support to the elderly and families.

In 2006, The National Network of Long-Term Integrated Care[1] was created in Portugal with the purpose of adjusting response to the different groups of people in a situation of dependency as well as to their health and social needs. It sees the Integrated Continued Care (ICC) as the set of sequential health or social support interventions, which are a result of the joint evaluation focused on the global recovery understood as the active and continuous therapeutic and social process with the purpose of promoting the functionality of the person in a situation of dependency, through her/his rehabilitation, family and social re-adaptation which, in Portugal, express the subjacent philosophy of *Long Term Care* adopted by European countries since the 1980s[2].

The concern to find health and social responses appropriate to the needs of citizens in situations of temporary or definitive dependency, in Portugal, goes back to the 1990s where one predicted the creation of integrated response to dependent elderly people and dependant population[1].

In 2005, we witnessed the planning and execution of a new perspective in the providing of an integrative long-term care that was more suited to the needs of elderly citizens and/or with high loss of autonomy considering that the two dimensions of health and social security are inseparable[3]. To rehabilitate and reintegrate, the pair of active ageing policies, are the challenges at a global level and Portugal is not oblivious. The strategy for the progressive development of a set of appropriate services was carried out through a partnership between the Ministry of Labour and Health and Social Solidarity, which generated dynamics of creation and promotion of multi-sectorial responses with the purpose of promoting the continuity of health care and social support to the citizens that showed dependency compromising their health or to those in a situation of terminal illness. This partnership is sustained by several *stakeholders* such as public and private enterprises - hospitals, health centres, and district centres of social security -, which have the State as main promoter.

The Continued Integrated Care units are models of integrated and/or articulated intervention of health and social security that have a preventive recuperative and palliative nature situated at an intermediate level of health care and social support among those of community basis and those of hospital stay with the objective of promoting autonomy to improve the functionality of the person who is in a situation of dependency through her/his rehabilitation, readaptation and family and social reintegration[2]. This change of paradigm implies the integrated and proactive work of teams of health and social support with the involvement of users and family/informal care providers.

The answers from The National Network of Long-Term Integrated Care demanded the implementation of hospital stay units of teams of health care providers at home formed by multidisciplinary teams, namely[2]:

Convalescence units that have as aim the treatment and continued intensive clinical supervision and the providing of clinical care of rehabilitation in the following of hospital stay due to an acute situation, recurrence or the decompensating of a chronic process for stays up to 30 consecutive days.

Medium duration and rehabilitation units have as aim the clinical stabilization, evaluation and integral rehabilitation of the person and comprises hospital stays over 30 days and inferior to 90 consecutive days.

Long duration and maintenance units that aim to provide care that prevent and delay the aggravation of dependency situations offering quality of life during a period over 90 consecutive days (up to 90 days inpatient admissions per year so that the care provider can rest).

Palliative care units, which ensure monitoring, treatment and clinical supervision to users in complex clinical situation involving suffering, arising from severe and/or advanced, incurable or progressive illness.

The providing of Integrated Continued Care in the community is ensured by the Community Team of Support in Palliative Care (a multidisciplinary team under the responsibility of the health services, with training in palliative care for the purpose of providing support and advice in palliative care to home teams and to the medium and long-term maintenance units) and by the Continued Integrated Care Team (CICT). The CICT provide multidisciplinary care (medical and nursing; physiotherapy; speech therapy; psychological, social occupational and other types of support) in the home care of patients with functional dependency, terminal illness or who are in the process of convalescence with social support, not justifying hospital stay but who cannot move autonomously. This care is provided daily between 8am and 8pm, during weekdays and according to needs at weekends and bank holidays. These teams have also as aims the health education of patients, families and care providers and case coordination and management in articulation with other community resources.

The providing of care at the level of the ICC is based on case management and on the multidisciplinary intervention according to the 3R principle: Rehabilitation, Readaptation and Reintegration. This approach implies the implementation of a sustainable model, taking advantage of resources and using quality procedures enabling the evaluation of process and outcome indicators, namely effectiveness and efficiency. It includes the involvement of the service user and her/his family in the rehabilitation process and enhances the relationship between teams of different assistance levels within the community.

The operationalization of the work of these teams is ensured through interdisciplinary meetings, where the construction of the individual plan of intervention (IPI) of each service user takes place. The IPI must make it possible to increase the consistency of care; focus on all members of the interdisciplinary team in the same problem; describe the functional capacities, needs and problems of the user; fix objectives to promote the functionality of the user; respond to physical, mental, social and emotional needs of the user; provide a reference to measure progress or decline in the condition of the user and allow her/his participation or of her/his legal representative/family, on its making[4].

Since the implementation of The National Network of Long-Term Integrated Care (NNLTIC) a document structure was foreseen to support the Quality Management System, which comes up with criteria and proposes instruments for the professional assessment of NNLTIC Unit and Team workers; assess the level of satisfaction of the needs and expectations of

the community in which it operates and also the level of satisfaction of service users and health professionals[5].

The transformations that have occurred in the care process, with the formation of the ICCT, require from professionals a higher level of qualifications and their ability to adapt to new contexts, aiming at quality, service user safety and productivity[6]. In Portugal, the ageing of population and the shift of care from the hospital to the community/home, contributed to an increased demand for assistance and, consequently, the need for more complex responses from health professionals. The providing of care at home represents a challenge for health professionals as it has characteristics that are very much different from those in the hospital care model, on which their professional training was mainly centred[6].

Although the providing of care, in this context, may offer professionals more autonomy and consequently greater satisfaction, it also requires more power to deal with greater experience in family issues, like the fact of having smaller infrastructures for the provision of care or therapeutic limitations and also with learning needs of households or informal caregivers. These alone can be considered as factors that contribute to dissatisfaction at work[6]. The process of satisfaction at work is a result of the complex interaction and dynamics of the general life conditions, work relationships, work process and of the control that professionals themselves have on their own life and working conditions. The satisfaction or dissatisfaction may result in consequences of personal or professional nature, influencing not only the health and well-being of the professional, but also her/his performance and may cause problems to the organization and to the working environment and in this specific case it may affect the providing of health care[8].

Studies that analyse the level of satisfaction of professionals who integrate long-term care units[9-10] and the level of satisfaction of service users and family members towards the care provided in these units were made in Portugal[10-11]. If continuous monitoring of the level of professional satisfaction has been made in ICC units and there are studies that analyse it, it proves that there is a lacuna in ICCT.

METHODOLOGY

We made a descriptive study according to a quantitative approach. The population consists of a total of 74 total ICCT professionals in Évora (Portugal), 61 of whom filled in the questionnaire.

The gathering of data took place in 2013 through the filling in of a questionnaire approved and adapted by the Quality and Management Manual for Integrated long-term Care[5]. This consists of 2 parts; in the first, a socio demographic characterisation is made of the participants according to gender, age, education, work place, profession and duration of work in ICCT. The second part, consists of 15 items, we intend to assess the level of satisfaction of professionals in relation to various aspects of their work in ICCT in particular, organization, functioning, relationship with colleagues, supervisor and subordinate performance, satisfaction towards work, time schedule, remuneration, assessment system, undertaken training, chances of promotion, necessary information, communication channels, degree of motivation and finally how they feel about all aspects of working and living within the team. The questionnaire was made using a Likert scale, with 5 options related to satisfaction ranging from very dissatisfied to very satisfied. The *Alpha of Cronbach's* is 0.762.

For the statistical treatment of data one used the *Statistical Package for the Social Sciences* (SPSS ®) 18.0. and to measure the intensity of the relation between variables we calculated the *Spearman's* rank Correlation Coefficient.

All ethical procedures were completed in accordance to the Helsinki Declaration of Ethics in research involving humans (opinion no. 04/2012/CES of the Health Ethics Committee of the Regional Health Administration of *Alentejo*).

RESULTS AND DISCUSSION

Sixty-one professionals filled in the questionnaire, 58 (95.1%) of whom are female. They are aged between 25 and 63, being the average age 42 years, with a deviation pattern of 9.657. In what the level of education is concerned 40 (65.6%) have a Bachelor Degree, 6 (9.8%) a high-school certificate, 1 (18.0%) a Masters Degree and 1 (1.6%) a PHD. Regarding occupation 30 (49.2%) are nurses, 8 (13.1%) are Psychologists and 5 (8.2%) are Social Service Technicians. When questioned about the time of service in ICCT, most, i.e. 44 (72.1%) reported to having been there for more than 1 year, 24 (39.3%) between 1 and 2 years and 20 (32.8%) for over 2 years, as shown in Table 1.

Table 1 - Distribution according to the characteristics of ECCI professionals in the Évora district, 2013.

Variables		N.º	%	Valid %
Gender	Male	3	4,9	4,9
	Female	58	95,1	95,1
	NR/NA	0	0	0
	Total	**61**	**100,0**	**100,0**
Age	25 a 29	7	11,5	11,5
	30 a 34	10	16,4	16,4
	35 a 39	8	13,1	13,1
	40 a 44	13	21,3	21,3
	45 a 49	9	14,8	14,8
	50 a 54	7	11,5	11,5
	55 a 59	4	6,5	6,5
	60 a 64	3	4,9	4,9
	NR/NA	0	0	0
	Total	**61**	**100,0**	**100,0**
Academic qualifications	High school	6	9,9	9,9
	Bachelor's Degree	2	3,3	3,3
	Graduation	40	65,6	65,6
	Master	11	18,0	18,0
	PhD	1	1,6	1,6
	NR/NA	1	1,6	1,6
	Total	**61**	**100,0**	**100,0**
Profession	Nurse	30	49,2	49,2
	Physiotherapist	4	6,6	6,6
	Doctor	4	6,6	6,6
	Nutritionist	1	1,6	1,6
	Psychologist	8	13,1	13,1
	Social Work Technical	5	8,2	8,2
	Speech therapist	1	1,6	1,6
	Technical assistent	4	6,6	6,6
	Operational Assistant	2	3,3	3,3
	Public Health Assistant	1	1,6	1,6
	Other	1	1,6	1,6
	NR/NA	0	0	0
	Total	**61**	**100,0**	**100,0**
Professional practice time at ECCI	Less than 6 months	3	4,9	4,9
	Between 6 months and 1 year	14	23,0	23,0
	Between 1 year and 2 years	24	39,3	39,3
	More than 2 years	20	32,8	32,8
	NR/NA	0	0	0
	Total	**61**	**100,0**	**100,0**

It was observed that the majority of these professionals, namely, 57 (93.5%) are satisfied and very satisfied with the service organization and 55 (90.2%) with its functioning. Regarding interpersonal relationships, 59 (96.8%) feel satisfied and very satisfied with the collaboration and atmosphere among colleagues; only 1 (1.6%) feels dissatisfied. In what management is concerned and according to the supervisor's professional performance 53 (86,8%) are highly satisfied, only 1 (1,6%) showed dissatisfaction. The working schedule is not presented as a problem, taking into account that 52 (85.2%) referred to being satisfied and only 4 (6,6%) were dissatisfied. Satisfaction with the necessary information for the good performance of tasks was clear to 45 (73.8%) professionals and only 2 (3.3%) feel dissatisfied. The same happened in relation to the existing communication channels with which the vast majority, 51 (83.6%) are satisfied and 1 (1.6%) is dissatisfied. Almost all of the professionals, 58 (95.1%) are satisfied and very satisfied with the work they perform and 56 (91.8%) with the level of motivation. Even higher values emerged when all aspects of their work and life in the team are considered, in which 59 (96.8%) reported to being satisfied and very satisfied.

In terms of undertaken training, 31 (50.8%) were satisfied and 8 (13.1%) reported to being dissatisfied.

The performance appraisal system is not a constant in professional life, only 16 (26.2%) reported to being satisfied and 11 (18.0%) are dissatisfied and very dissatisfied. When questioned about remuneration, the level of satisfaction decreases, only 8 (13.1%) reported to being satisfied and the majority, 36 (59.0%) are dissatisfied and very dissatisfied. This tendency was found in relation to promotion perspectives in which only 5 (8.2%) are satisfied and most dissatisfied and very dissatisfied, 26 (42.6%), as shown in Table 2.

Table 2 - Percentage distribution of the satisfaction of the ECCI professionals (satisfied and very satisfied) of the district of Évora, 2013.

Variables	N.º	%	Valid(%)
Satisfaction with the organization of the service where you work	57	93,5	93,5
Satisfaction with the operation of the service where you work	55	90,2	90,2
Satisfaction with collaboration and climate of relationship with co-workers	59	96,8	96,8
Satisfaction with the competence and performance of the immediate superior	53	86,8	86,8
Satisfaction with the work you do	58	95,1	95,1
Satisfaction with working hours	52	85,2	85,2
Satisfaction with remuneration	8	13,1	13,1
Satisfaction with the performance appraisal system	16	26,2	26,2
Satisfaction with training received	31	50,8	50,8
Satisfaction with promotion prospects	5	8,2	8,2
Satisfaction with information necessary for the proper performance of their duties	45	73,8	73,8
Satisfaction with existing communication channels	51	83,6	83,6
Satisfaction as to the degree of motivation	56	91,8	91,8
Satisfaction with all aspects of work and life in the team	59	96,8	96,8

In order to find out the intensity of the relation between "satisfaction with all aspects of their job and their life as part of the team" and the remaining variables, after analysis of the Spearman's Correlation Coefficient, one concluded that the association, was mostly low (positive), except for the association between the level of "satisfaction concerning all aspects of their job and their life on the team" and the "necessary information for the good performance of their duties" (Correlation Coefficient 0.568; p =0.000) and with the "level of motivation" (Correlation Coefficient 0.588; p=0.000), whose association is moderate (positive). Data results revealed the little amount of time spent working in the ICCT, up to the present, which is associated to the fact that the majority of ICCT have only started functioning recently.

The privileged work model of the NNLTIC tends to promote the professionals ' level of satisfaction, eventually because they feel like the protagonists of the mission and the active intervenients in the recovery process of service users. The importance of autonomy as a factor in relation to job satisfaction can be found in other studies[12].

Despite the complexity and subjectivity inherent to satisfaction, several authors characterized it as a state of emotional pleasure, influenced by the individual conception of life whose frequent effects result in productivity, performance, rotation, organisational citizenship, health and well-being, personal satisfaction of service users. When there is dissatisfaction either because of overwork or poor working conditions, there is low self-esteem and loss of interest from service users[13]. This was not the case of professionals subjected to analysis.

In the teams studied, the relation between job satisfaction and performance is positive in the majority of analysed items. According to the participants, factors such as recognition, working conditions, management policies, supervision, policies and organization skills, proved to be highly satisfactory, the same concerning interpersonal skills, access to information and the functioning of channels of communication. Knowing that, as referred to by several authors[14], work occupies an important place in people's lives, the satisfaction obtained from it is an influential factor in mental health and on the quality of life, both inside and outside of the workplace.

The apparent satisfaction can also be associated to the fact that the operating of the referred teams and the providing of care, under the NNLTIC being structured according to strict organisation and operation *guidelines* (expressed in the Management Long-term care Integrated Manual - PTCQ (Professional Training Centre for Quality)[5], with continuous monitoring of provided care and of the obtained results and, simultaneously, based on the model of integrated and/or articulate intervention, of health and social security, preventive in nature, and palliative, which means proactive work from health and social support teams with the involvement of service users, family/informal caregivers.

This new model of care focuses on a multidisciplinary and interdisciplinary approach, whose operationalization is ensured through meetings with all the professionals of the teams responsible for the providing of health care and social services. These meetings, highlight the importance of interdisciplinary practice, which requires effort, attitudes of stimulus, support and communication between all members, boosting and reaffirming teamwork through the autonomy of each professional group and peer recognition, in which all compete towards the same goals – the recovery, rehabilitation and reintegration of service users. The results obtained in relation to satisfaction-generating factors of professionals converge with the results obtained in other studies[15]. This new operating dynamics seems to be a challenge for many professionals; some of them with a vast experience in care, in other health system levels and strongly marked by an atomized care on users.

It should be noted, that there are also factors related to job satisfaction, which have a direct relation to its content, namely training, the possibility of promotion and assessment, which

were considered less satisfactory or even dissatisfactory by those who were surveyed. In fact, the factors classically associated to dissatisfaction at work are lack of promotion opportunities at work and how performance assessment takes place[7,16].

As for training, it should be noted that the area of integrated long-term care is recent in Portugal, and specific training directed to this area is scarce and essentially bets on post-graduate training including postgraduate courses mostly with the duration of 1 academic semester or master's degrees with the duration of 3 semesters.

Nevertheless the expectations of promotion and performance assessment generate strong dissatisfaction in the professionals surveyed. The professionals of ICCT are mostly civil servants and thus, from 2011, they have had their career development suspended, due to the financial and economic crisis in Portugal. The dissatisfaction reveals how much assessment may be linked to the maintaining of a process (assessment) whose results have no expression in terms of career development. The same results were obtained by another researcher who in his theoretical model sets out precisely the relation between education, opportunity, justice integration and dissatisfaction at work[17].

Finally, remuneration comes as the factor of greatest dissatisfaction for these professionals. With the aforementioned crisis, all civil servants had a wage reduction. This dissatisfaction must be contextualized in terms of the loss of the wage bill of state health professionals, and not at the level of structural and organizational factors of different teams of the NNLTIC.

Generating dissatisfaction factors such as financial incentives, specific vocational training, development and career progression, coincide with the findings of other studies in which these factors are also generators of dissatisfaction[18-19]. Other studies still relate to dissatisfaction to the difficulties of interaction and low pay[20], as well as the inadequacy of working hours[21].

CONCLUSION

The analysis of the level of satisfaction of the ICCT professionals, of the District of Évora, revealed that most are satisfied or very satisfied with the organization and operating of the service, as well as with the collaboration and relationship with colleagues. In a care structure in which the channels of communication and flow of information are crucial, since the referencing to the release of service users, the level of satisfaction of professionals was expressed positively in relation to these factors. The same was felt in relation to work and the degree of motivation with what they do.

The dynamics of the operating of this new strand of integrated long-term health care – seems to assert itself and constitute itself as a new challenge for many professionals, even to those who have long experience in providing care, guided by satisfaction with a job dominated by the multidisciplinary approach, with constant attitudes of individual stimulus and teamwork, with attitudes of support and communication between all members, with peer recognition and respect for the autonomy of each professional group.

Bearing in mind that the work in the ICCT is based on a stimulating multidisciplinary dynamic, it seems to us fundamental to proceed systematically to the (re) evaluation of the level of satisfaction of these professionals, in order to monitor the maintaining of satisfaction with related factors with the contents of work and also assess the impacts of the level of dissatisfaction associated to wage factors and professional rewards, in terms of motivational and organizational commitment.

The need to rethink and revise training in ICC, which has been absent from most of the curricula of different academic training (and professional) of the members belonging to the ICCT (nurses, psychologists, physiotherapists, social workers, among others) mostly trained according to the biomedical models, should be pointed out. In this context, one suggests the introduction of compulsory course units, dealing with the long-term care/of long curricular duration in the contents of health courses, at all levels (Bachelor, Master and PHD). This training, rather than contribute to the satisfaction of professionals, will provide them with skills to answer to the challenges of quality that societies increasingly face in the care for the elderly, and service users with loss of autonomy.

REFERENCES

1. Ministry of Health Work and Social Solidarity (Pt). Order Set no. 407/98. D.R. no.138, Series I-A of 1998-06-18. Regulatory guidelines of articulated intervention of social support and health in continued care aimed at people in a situation of dependency. Lisbon; 1998.

2. Ministry of Health Work and Social Solidarity (Pt). Law-Decree no. 101/2006 of 6 June. Diário da República — Series I - A nº 109—6 June 2006. Creates the national network of long-term care. Lisbon; 2006.

3. Presidency of the Council of Ministers (Pt). Resolution of the Council Of Ministers no. 84/2005. D.R. no. 81, Series I-B of 2005-04-27. Endorses the guiding principles for the structuring of health care for the elderly and persons in situations of dependency. Lisbon; 2005.

4. Pereira M, Araújo M.Training in an individual plan of intervention in CICU - training manual. Carnaxide: Productiva – Skills and Ideas Factory, Lda; 2009.

5. The Portuguese Institute for Quality. PIQ, Vocational Training Centre for Quality. CEQUAL. Quality management in integrated long-term care units I/II type quality manual. Manual of instruments [Internet]. Lisbon; (s/d) [quoted in 30 Apr 2015]. Available in: http://www1.ipq.pt/PT/IPQ/Publicacoes/PublicacoesDownload/Documents/QualIdade/MGQ_UCCI.pdf

6. Paiva FFS, Rocha AM, Cardoso LDF. Job satisfaction among nurses working in home care. Rev esc enferm USP. [serial on the Internet]. 2011 [quoted on 10 May 2015]; 45: 1452-58. Available on: http://www.scielo.br/pdf/reeusp/v45n6/v45n6a25.pdf

7. Marqueze EC, Moreno CRC. Satisfaction at work – a brief revision. Rev bras saúde ocup. [serial on the Internet]. 2005 [quoted on 10 Apr 2015]; 30: 69-79. Available on: http://www.scielo.br/pdf/rbso/v30n112/07.pdf.

8. Henne D, Locke E. Job dissatisfaction: what are the consequences? International Journal of Psychology. 1985; 20: 221-40.

9. Tavares JPA, Silva AL. Barriers and solutions in long-term care to the elderly: perceptions of nurses (as). Rev. Enf. Ref. [Internet]. 2010 [quoted on 2 May 2015]; serIII(1): 17-28. Available on: http://www.scielo.gpeari.mctes.pt/pdf/ref/vserIIIn1/serIIIn1a03.pdf.

10. Ministery of Health (Pt). Report of monitoring the development and activity of the national network of long-term integrated care [Internet]. Lisboa; 2009 [quoted on 10 Mar 2015]. Available on: http://www.portaldasaude.pt/portal/conteudos/a+saude+em+portugal/publicacoes/estudos/relatorio+mmix.htm

11. Branco N. Long-term care: a case study [dissertation]. Lisbon: Instituto Superior de Ciências Sociais e Politics, Technical University of Lisbon; 2010. 12.Siqueira VTA, Kurcgant P. Job satisfaction: indicator of quality in human resources management in nursing. Rev esc enferm USP [Internet]. 2012 [quoted on 2 Jun 2014]; 46: 151-7. Available on: http://www.scielo.br/pdf/reeusp/v46n1/v46n1a21.pdf.

13. Melo MB, Barbosa MA, Souza PR. Job satisfaction of nursing staff: integrative review. Rev Latino-Am Enfermagem [Internet]. 2011 [quoted on 10 May 2015]; 19: 1047-55. Available on: http://www.scielo.br/pdf/rlae/v19n4/26.pdf

14. Carlotto MS, Câmara SG. Psychometric properties of the job satisfaction survey (S20/23). Psico-USF [Internet]. 2008 [quoted on 10 May 2015]; 13: 203-10. Available on: http://www.scielo.br/pdf/pusf/v13n2/v13n2a07.pdf.

15. Ladeira WJ, Sonza IB, Berte RS. Background of satisfaction in the public sector: a case study in Santa Maria (RS). Public Administration [Internet]. 2012 [quoted on 16 Dec 2015]; 46: 71-91. Available on: http://www.scielo.br/pdf/rap/v46n1/v46n1a05.pdf.

16. Sneed J, Herman CM. Influence of job characteristics and organizational commitment on job satisfaction of hospital foodservice employees. Journal of the American Dietetic Association. 1990; 90: 1072-6.

17. Cavanagh SJ. Job satisfaction of nursing staff working in hospitals. J Adv Nurs. 1992; 17: 704-11.

18. Teófilo TJS, Gubert FA, Nepomuceno LB, Teófilo FKS. Satisfaction and satisfaction factors related to the job: perspective of workers in the family health strategy. J Nurs UFPE on line [Internet]. 2013 [quoted on 10 April 2015]; 7: 5239-49. Available on: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista /article/view/4571.

19. Nunes CM, Tronchin DMR, Melleiro MM, Kurcgant P. Satisfaction and dissatisfaction at work on the perception of nurses of a university hospital. Rev. Eletr. Enf. [Internet]. 2010 [quoted on 10 Mar 2015]; 12: 252-7. Available on: http://www.fen.ufg.br/revista/v12/n2/v12n2a04.htm.doi:10.5216/ree.v12i2.700

20. Versa GLGS, Matsuda LM. Job satisfaction of nursing staff of intensive care at a teaching hospital. Rev enferm UERJ. 2014; 21: 409-15

21. Camelo SHH, Chaves LDP, Silva VLS, Angerami ELS. Psychosocial risks in family health teams: cargo, pace and working scheme. Rev enferm UERJ. 2012; 20: 733-8.

Correspondence: iserra@uevora.pt