


## **JOB SATISFACTION AND DISSATISFACTION IN PRIMARY HEALTH CARE: AN INTEGRATIVE REVIEW**

**Marieli Mezari Vitali<sup>1</sup>** 

**Denise Elvira Pires de Pires<sup>2</sup>** 

**Elaine Cristina Novatzki Forte<sup>3</sup>** 

**Joni Marcio Farias<sup>4</sup>** 

**Jacks Soratto<sup>4</sup>** 

<sup>1</sup>Universidade Federal de Santa Catarina, Programa de Pós-Graduação em Psicologia. Florianópolis, Santa Catarina, Brasil.

<sup>2</sup>Universidade Federal de Santa Catarina, Programa de Pós-Graduação em Enfermagem. Florianópolis, Santa Catarina, Brasil.

<sup>3</sup>Universidade Federal de Santa Catarina, Departamento de Enfermagem. Florianópolis, Santa Catarina, Brasil.

<sup>4</sup>Universidade do Extremo Sul Catarinense, Programa de Pós-Graduação em Saúde Coletiva. Criciúma, Santa Catarina, Brasil.

### **ABSTRACT**

**Objective:** identify the factors that contribute to job satisfaction or job dissatisfaction among Primary Health Care workers.

**Method:** this integrative review was conducted in Public/Publish Medline, Scopus, American Psychological Association, Web of Science, Latin America and Caribbean Health Sciences Literature, Cumulative Index to Nursing and Allied Health Literature, and Scientific Electronic Library Online using the following descriptors and keywords: job satisfaction, personal satisfaction, dissatisfaction, health personnel, Primary Health Care. The studies presenting abstracts written in English, Spanish or Portuguese, published between 1972 and 2017, with full texts available, were included.

**Results:** 63 papers were identified with 204 satisfaction factors and 174 dissatisfaction factors and were grouped into the following categories: career, which gathered professional aspects of the work routine; infrastructure, which included factors related to the physical work environment such as material resources and inputs; interpersonal relations comprised factors related to the professional relationship established with the work team, patients, service users and families; and psychosocial aspects, which refer to the health workers' internal aspects and the influence of social issues.

**Conclusion:** the factors promoting satisfaction or dissatisfaction among PHC workers are ambiguous, though aspects leading to satisfaction are mostly related to the categories career and interpersonal relations, while dissatisfaction is related to aspects that prevent an individual from achieving a promising professional career and weaknesses in the services' infrastructure.

**DESCRIPTORS:** Primary health care. Job satisfaction. Health personnel. Health facilities. Interpersonal relations. Structure of services.

**HOW CITED:** Vitali MM, Pires DEP, Forte ECN, Farias JM, Soratto J. Job satisfaction and dissatisfaction in primary health care: an integrative review. *Texto Contexto Enferm* [Internet]. 2020 [cited YEAR MONTH DAY]; 29:e20180181. Available from: <https://doi.org/10.1590/1980-265X-TCE-2018-0181>

## SATISFAÇÃO E INSATISFAÇÃO PROFISSIONAL NA ATENÇÃO PRIMÁRIA À SAÚDE: UMA REVISÃO INTEGRATIVA

### RESUMO

**Objetivo:** identificar os fatores que contribuem para a satisfação e insatisfação dos profissionais de saúde que atuam na Atenção Primária à Saúde.

**Método:** trata-se de uma revisão integrativa realizada na Public/Publish Medline, Scopus, American Psychological Association, Web of Science, Literatura Latino Americana e do Caribe em Ciências Sociais, Cumulative Index to Nursing and Allied Health Literature e Scientific Eletronic Library Online, com os seguintes descritores e palavras-chave: satisfação profissional, satisfação pessoal, insatisfação, pessoal de saúde, trabalhadores de saúde e Atenção Primária à Saúde. Os estudos incluídos foram artigos com resumos disponibilizados em inglês, espanhol ou português entre os anos de 1972 a 2017 que dispuseram texto na íntegra.

**Resultados:** foram identificados 63 artigos, com 204 fatores de satisfação e 174 de insatisfação, os quais foram agrupados nas categorias: carreira, que agregou aspectos profissionais da rotina de trabalho; infraestrutura, foram incluídos fatores relacionados ao ambiente físico de trabalho, aspectos materiais e insumos; relacionamento interpessoal, abrangeram fatores pautados na relação do profissional com equipe de trabalho, pacientes, usuários do serviço e familiares; aspectos psicossociais, contemplou questões internas do profissional de saúde e a influência de questões sociais.

**Conclusão:** os fatores promotores de satisfação e insatisfação na APS são ambíguos com uma predominância dos aspectos satisfatórios relacionados a carreira profissional e das relações interpessoais, e insatisfatórios relacionados a fragilidades de uma carreira profissional promissora e a infraestrutura dos serviços.

**DESCRITORES:** Atenção primária à saúde. Satisfação profissional. Profissionais da saúde. Instalações de saúde. Relações interpessoais. Estrutura de serviços.

## SATISFACCIÓN E INSATISFACCIÓN LABORAL EN LA ATENCIÓN PRIMARIA DE SALUD: UNA REVISIÓN INTEGRATIVA

### RESUMEN

**Objetivo:** identificar los factores que contribuyen a la satisfacción e insatisfacción de los profesionales de la salud que laboran en Atención Primaria de Salud.

**Método:** esta es una revisión integradora realizada en Public / Publish Medline, Scopus, American Psychological Association, Web of Science, Latin American and Caribbean Literature in Social Sciences, Cumulative Index to Nursing y Allied Health Literature and Scientific Eletronic Library Online, con las siguientes palabras clave y palabras clave: satisfacción laboral, satisfacción personal, insatisfacción, personal de salud, trabajadores de salud y Atención Primaria de Salud. Los estudios incluidos fueron artículos con resúmenes disponibles en inglés, español o portugués entre los años 1972 a 2017 que tenía texto completo.

**Resultados:** se identificaron 63 artículos, con 204 de satisfacción y 174 factores de insatisfacción, que se agruparon en las categorías: carrera, que agregó aspectos profesionales de la rutina laboral; se incluyeron infraestructura, factores relacionados con el ambiente físico de trabajo, aspectos materiales e insumos; relaciones interpersonales, factores cubiertos en función de la relación del profesional con el equipo de trabajo, pacientes, usuarios del servicio y familiares; aspectos psicossociales, aspectos internos contemplados del profesional de la salud y la influencia de los aspectos sociales.

**Conclusión:** los factores que promueven la satisfacción e insatisfacción en la APS son ambiguos con predominio de aspectos satisfactorios relacionados con la carrera profesional y las relaciones interpersonales, e insatisfactorios relacionados con las debilidades de una carrera profesional prometedor y la infraestructura de servicios.

**DESCRIPTORES:** Atención primaria de salud. Satisfacción laboral. Profesionales de la salud. Establecimientos de salud. Relaciones interpersonales. Estructuras de servicios.

## INTRODUCTION

Human needs range from basic needs such as food and shelter to psychological needs like respect and personal fulfillment, autonomy, and growth.<sup>1</sup> Daily work has the role of providing for and satisfying these needs, regardless of their magnitude and as they arise in people's lives. However, health workers produce non-material goods; that is, the product of health professionals' work ends immediately after it is consumed. Thus, the product cannot be dissociated from the process.<sup>2</sup>

Labor can lead to satisfaction if its creative process meets people's needs, in which both the object and human beings are transformed.<sup>3</sup> If, however, there is no connection between workers and the result of this process, that is, if workers become a mere gear piece, having no saying in the creative and production process, dissatisfaction may emerge.

The relationship established between the individuals and the work organization needs to consider that workers have aspirations, desires, motivations, and psychological needs and a history of life that influences their personal characteristics. Therefore, subjectivity influences the relationship between individuals and labor.<sup>4</sup>

Dissatisfaction, one of its consequences, is job distress, may manifest when workers cannot or are not able to mobilize or enjoy their work, whether due to subjective issues or the impositions of the organizational model. Thus, workers enjoy their work when they can "create convenient solutions" to cope with situations.<sup>5:374</sup>

The work performed within Primary Health Care (PHC) is similar to that performed in other health sectors; however, it has particularities. In addition to patients and their families, the object of work includes the entire population in the territory covered by the staff. In this sense, workers' practice is accompanied by singularities that need to be considered in the work organization, among which the bond established with patients and families, interdisciplinary work, and the way health is produced, which should give priority to health promotion and prevention of diseases.<sup>6</sup>

In the Brazilian context, the PHC is the entrance door to the Unified Health System (SUS), and PHC workers are the basis of the functioning and development of the services provided to the population. Therefore, identifying the factors that lead to the satisfaction or dissatisfaction of the professionals working at the foundation of the system is necessary and essential because satisfaction levels influence the staff's work.<sup>7</sup>

Based on the previous discussion, this study's objective is to identify factors that contribute to the satisfaction or dissatisfaction of PHC health workers.

## METHOD

This integrative review<sup>8</sup> was developed to answer the question: What factors cause satisfaction or dissatisfaction among Primary Health Care workers?

The keywords were selected from the Medical Subject Headings (MESH) and grouped, using the Boolean operators AND and OR, in order to exhaust all possibilities and make the search more specific. The search strategies were *Job satisfaction AND personal satisfaction AND (Health Personnel OR health workers) AND Primary Health Care*, and, whenever available in the database, the item *All Fields* was checked. In the SciELO the following group of keywords were used: *Job satisfaction AND dissatisfaction AND Primary Health Care*.

The following databases were used: PubMed (Public/Publish Medline), Scopus (The most extensive base of abstracts and references from the peer-reviewed scientific literature), PsycINFO

(American Psychological Association database), Web of Science, LILACS (Latin American and Caribbean Health Sciences Literature), CINAHL (Cumulative Index to Nursing and Allied Health Literature), and SciELO (Scientific Electronic Library Online).

The studies included were papers with abstracts written in English, Spanish or Portuguese. The time frame established was between 1972, when the term *personal satisfaction* was first used, and September 2017. Exclusion criteria were papers, the full texts of which were not available, papers that appeared in duplicity, and gray literature.

The abstracts of the papers found in the databases were read to identify the keywords. The papers that did not contain keywords were excluded. Later, the papers that appeared more than once, the full texts of which were not available, were in the format of monographs, or written in a language other than English, Portuguese or Spanish, were excluded. The papers that remained after applying inclusion and exclusion criteria were included in the analysis.

The third stage included establishing what information would be extracted from the studies. Atlas.ti was used to selected meaningful excerpts (quotations) from the papers selected. Each quotation received a code and was later grouped (code groups), which aided the establishment of categories.<sup>9</sup> Data were analyzed using thematic content analysis, in which factors for satisfaction and dissatisfaction were organized according to categories, considering the codes selected and the study's objective.<sup>10</sup>

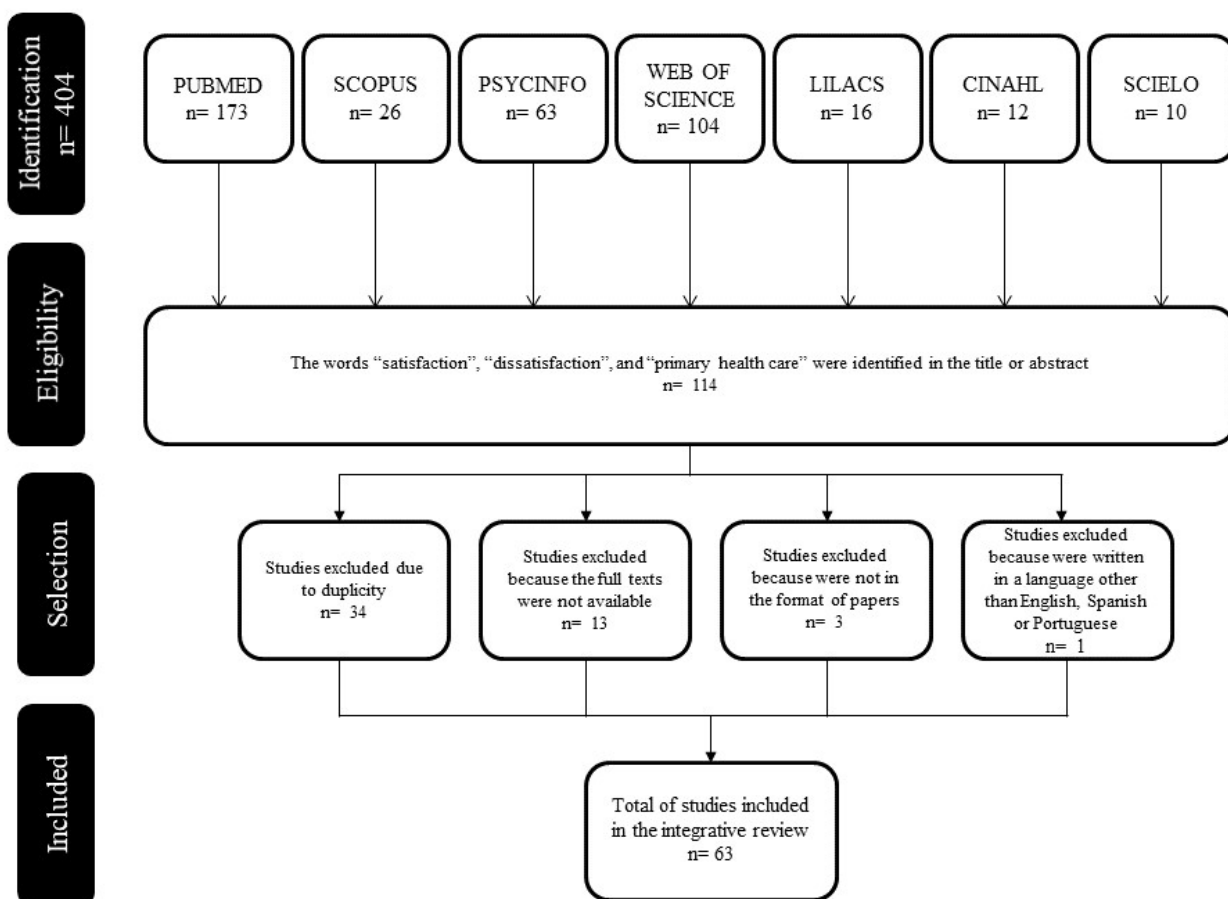
## RESULTS

The initial search strategy resulted in 404 studies, and after reading the titles and abstracts to identify the keywords satisfaction, dissatisfaction, and primary health care, 114 papers remained. Duplicated papers or papers, the full texts of which were not available, were excluded. Hence, a total of 63 papers remained. Figure 1 presents the study selection process.

The 63 papers were conducted in 19 different countries: the United States of America (16), Brazil (8), Spain (6), Israel (4), Switzerland (3), South Africa (3), England (3), Finland (2), China (2), the Netherlands (2), Turkey (2), Australia (2), Canada (2), Cuba (2), Portugal (2), Estonia (1), Iraq (1), Iran (1), and Italy (1). The papers were published between 1973 and 2017; most were published from 2014 to 2015, which comprises more than 23% of the studies (13).

Of the 63 papers, 30 reported satisfaction and dissatisfaction factors, 19 presented only satisfaction factors, and 14 reported only dissatisfaction factors. The results included 206 quotations of satisfaction factors and 174 quotations of dissatisfaction factors.

Four thematic categories emerged from the analytical process based on the coding of factors that promote either satisfaction or dissatisfaction in the PHC, namely: career, which gathered codes that concerned professional aspects of the work routine; infrastructure, which included aspects related to the physical structure of the work environment, material resources and inputs; psychosocial aspects, which comprised the health workers' internal aspects and the influence of social issues; and interpersonal relations, which included codes concerning factors related to the professional relationship established with coworkers, patients, individuals using the service, and family members.



**Figure 1** – Diagram of the studies selection process. Criciúma, SC, Brazil, 2017. (n=63)

An important aspect is that various factors may promote satisfaction or dissatisfaction among PHC workers depending on each worker and the workplace’s political and management situation. Table 1 shows the relationship between the categories and macro-categories and the number of quotations related to each of them:

**Table 1** - List of categories and macro-categories, according to the number of quotations. Criciúma, SC, Brazil, 2017.

Category	Macro category	
	Satisfaction	Dissatisfaction
Career	95	80
Interpersonal relations	44	23
Infrastructure	38	41
Psychosocial aspects	29	30
<b>Total</b>	<b>206</b>	<b>174</b>

The career category encompassed the largest number of factors leading to both satisfaction and dissatisfaction. The factors leading to satisfaction were: characteristics of tasks (13), salary (12), autonomy (10), variety of tasks (10), continuing education (10), supervision and orientation (8), working hours (7), workload (6), training (3), opportunities to grow (3), enjoying the job (3), professional

responsibility (2), intellectual stimulation (2), the low emotional impact from work (2), helping people (2), the complexity of care (1), and working with a multi-professional team (1).

The factors that lead to dissatisfaction in the health workers' career include salary (19), workload (19), working hours (13), lack of opportunities to grow and develop professionally (9), lack of autonomy (6), little incentive for continuing education (6), an excess of administrative tasks (5), lack of orientation (1), little contact with patients (1), and turnover (1).

The factors associated with interpersonal relations rank second for professional satisfaction and, differently from the previous category, these are the factors less frequently reported as the cause of dissatisfaction. Satisfaction factors are relationship established with coworkers (17), quality of interaction with patients (14), teamwork (7), communication established with coworkers and patients (4), being respected by patients (1), and work climate (1).

Even though dissatisfaction factors were less frequently mentioned, there are some contradictions such as problems with the management (5), interaction with patients (5), interaction with coworkers (4), difficult to implement teamwork (3), communication established with coworkers (3), lack of support (2), professional isolation (1).

The infrastructure category emerges as the second most important factor for dissatisfaction, though; it is frequently mentioned as a factor that leads to satisfaction. The satisfaction factors in this category were divided into two axes: macro issues and labor issues. The first axis encompasses the service functioning (14), working conditions (9), the service's regulation (4), the health network capacity (3), equity and quality of care delivery (2). The second axis includes medical insurance (1), retirement insurance (1), unemployment insurance (1), housing allowance (1), transportation allowance (1), and injury insurance (1).

The dissatisfaction factors in the infrastructure category were: inappropriate working conditions (14), poor infrastructure, insufficient material and human resources (12), lack of safety (5), work environment organization (5), lack of qualified personnel (3), lack of a referral center with specialties (1), and lack of health facilities' maintenance (1).

Dissatisfaction factors stood out in the psychosocial aspects category and were the most frequently reported. Satisfaction factors in this category include: social recognition (6), personal rewards (6), prestige (5), leisure time spent with the family (5), being proud of the profession (3), professional achievement (2), and workers feeling like they make a difference (2).

The factors that influence the workers' psychosocial dissatisfaction are lack of recognition (15), poor personal maintenance (3), low personal fulfillment (2), little time for leisure (2), stress (2), emotional distress (2), high psychological demands (2), few sleep hours (1), and anxiety (1).

Based on the extensive content that resulted from the analysis and the fact that this review included papers published in recent decades, the discussion is based on the 63 papers included.

## DISCUSSION

### Career

Career corresponds to the professionals' work routine and the aspect most frequently reported in this category was salary/remuneration. Salary appears on the top of both satisfaction and dissatisfaction factors. Salary, together with other factors, is one of the greatest motivators of health workers. The results show that when individuals are satisfied with their salary and when the institution has a career and salary plans, workers feel appreciated and motivated to perform their work, contributing to improved quality of life.<sup>11-12</sup> Hence, low salaries lead to dissatisfaction, corroborating the importance of this factor for health management.<sup>13-14</sup>

Some studies show that having the autonomy to perform professional tasks shows the confidence of managers and coworkers and also that one knows his/her tasks and responsibilities, enabling workers to expand their roles and plan their working day the way they consider to be the most relevant.<sup>15-16</sup> Lack of autonomy, however, is a source of dissatisfaction because workers have to ask permission to make clinical decisions and, occasionally deny the delivery of care,<sup>17</sup> resulting in stress, work overload, and low salaries.<sup>18</sup>

Opportunity to continuing education is considered an essential factor contributing to satisfaction as it promotes professional development, contributes to the workers' daily practice and, renews one's enthusiasm with his/her job. Some workers consider continuing education to be one of the few positive factors in the workplace.<sup>19-20</sup>

Conversely, having no incentives for continuing education, associated with a lack of guidance, leads to fewer professional growth and development opportunities.<sup>21-22</sup> That is, a lack of investment in health workers, whether an investment in professional development or not trusting the workers' ability to perform tasks, leads to job dissatisfaction.

Receiving training and being supervised and oriented are important satisfaction factors. Training enables health workers to update knowledge in their field of work, promoting professional growth and development.<sup>23-24</sup>

Support received from both the management and coworkers results in a high level of satisfaction and is related to work climate, with workers' availability to support each other.<sup>25</sup> On the other hand, lack of time to receive and orient other workers in the unit leads to dissatisfaction because it hinders teamwork and fragments practice.<sup>22</sup>

Working hours are among the most recurrent satisfaction factors in the career category among PHC workers. Workers find satisfaction in working in the morning or afternoon shifts, especially those who have already experienced the night shift.<sup>26</sup> Workload is more often a cause of dissatisfaction among health workers as it is excessive and associated with the high demand for services, a situation that interferes with the time workers have to spend with each patient/user of the service.<sup>27-29</sup>

Responsibilities are considered in terms of workload and in terms of being responsible for people's lives. Responsibilities are linked with obtaining optimal outcomes in the service provided, which are considered a reason to be satisfied due to the health workers' responsibility in helping people.<sup>30</sup>

The workload is excessive, therefore, causes dissatisfaction in most workers. Excessive workload is often associated with political and/or managerial changes, mainly due to spending cuts, leading to an accumulation of tasks for those who remain in the service. It may also be associated with the poor distribution of tasks among workers.<sup>31-33</sup>

The characteristics of tasks and a variety of jobs are frequently mentioned in the papers as a source of satisfaction because these intellectually stimulate workers.<sup>34</sup> Due to the different demands arising in PHC services, workers need to guide their practice according to the field's needs, associating autonomy with the method to be used.<sup>30,35</sup> The characteristics of tasks represent the institutions' daily life; that is, the routine of workers and is directly connected with the satisfaction workers derive from their work<sup>36</sup>

The complexity of health care is seen as a satisfaction factor as it enables workers to exert their autonomy and establish which care practices will be performed.<sup>37</sup> It is also associated with enjoying one's job, especially due to the perception that the work performed is essential for the lives of the patients and individuals using the service,<sup>15,38</sup> in addition to the low emotional impact that the work performed within the PHC cause on the workers, compared to the work performed in secondary care facilities, such as hospitals.<sup>28-31</sup>

However, an excessive number of administrative tasks cause the opposite effect, that is, results in having little contact with patients.<sup>17</sup> Many studies address the dissatisfaction of health workers for dealing with the administrative work of their units, coupled with the list of often excessive tasks.<sup>34,39</sup> These factors, in turn, lead to high levels of turnover, one of the factors that cause dissatisfaction among workers as it hinders the continuity of teamwork.<sup>40</sup>

Still, the professionals experience satisfaction in terms of teamwork when they work with intersectoral and multi-professional teams. These enable providing more comprehensive care and imply having meetings with a multi-professional team and other institutions within the network; that is, it also involves interpersonal relations.<sup>35,41</sup>

## Interpersonal relations

The satisfaction factor most frequently reported within the interpersonal relations category refers to the relationship established with coworkers. In addition to motivating workers, this relationship contributes to maintaining the personnel and reduce tension within the work environment.<sup>19,42</sup> Hence, appropriate and positive communication among workers make them feel more satisfied with their jobs, mainly because there is a relationship between efficient communication and interpersonal relations, decreasing tension and making the work environment more pleasant.<sup>43</sup>

Conversely, low interaction and communication among workers is an important aspect to understand dissatisfaction among health workers,<sup>44</sup> because it leads to professional exclusion, especially from the decision-making process, hindering cooperation among team members.<sup>45</sup>

Another important interpersonal issue that may cause dissatisfaction among health workers is difficulty in implementing teamwork. There are reports of workers concerning health institutions revealing that little commitment of some colleagues influence the work of the entire team, hindering integrated work and causing dissatisfaction.<sup>27</sup>

In contrast, teamwork is mentioned as an important satisfaction factor,<sup>27,46</sup> enabling the service to function properly, because it helps workers take resolute actions. Therefore, in addition to making workers more satisfied, the population also becomes satisfied with a service that meets their needs.

The quality of interaction and communication with patients is also appointed as an essential satisfaction factor among workers. Health care delivery involves having contact and establishing bonds with all those involved in the process, especially workers and patients. This relationship influences the workers' behavior and the commitment of patients, thus, influencing the service's problem-solving capacity.<sup>27,43</sup> Nonetheless, the interaction with the patients emerges as a dissatisfaction factor when patients or families are aggressive and/or impatient toward workers.<sup>47-48</sup>

Respect on the part of patients is a vital satisfaction factor among health workers, especially when workers have to deal with numerous dissatisfaction factors in their work environment such as lack of support from the government and other unsatisfying working conditions.<sup>49</sup>

Problems with the leadership and/or management appear as the primary dissatisfaction factor, mainly marked by difficulty understanding the workers' practice and excluding workers from the decision-making process. These are situations that negatively influence the work routine and decrease the satisfaction of workers.<sup>27,47-48,50</sup>

In addition to the problems with managers, coworkers' problems also lead to exclusion in the workplace, causing isolation. These circumstances harm communication and interaction even more, also affecting professional growth.<sup>51</sup>

The lack of support reported by health workers involves excessive workload and is directly linked to professional fulfillment. When there is a demand to meet, workers tend to boost their performance to meet the demand; however, if there is no support, their personal enthusiasm fades away, and dissatisfaction increases.<sup>52</sup>



Finally, the work climate is an essential aspect of organizations and is produced together with the professionals in the organizational environment. Thus, it influences satisfaction, motivation, and performance. For this reason, even when the physical structure is not good enough, the workers may still consider the climate to be satisfactory.<sup>25</sup>

## Infrastructure

There are two axes in the infrastructure category. The first axis is related to macro issues, such as the capacity of the health network<sup>19</sup> and the services' regulation, but mainly functioning issues. The good functioning of the processes within health institutions represents providing a service with good problem-solving capacity, making workers satisfied as well as those using the services.<sup>26-27</sup>

Working conditions are considered satisfaction factors because they influence the health of workers and their practice.<sup>53-54</sup> It is mainly related to the opportunity to work with quality equipment, considering that it enables greater quality health care delivery.<sup>55</sup>

Working conditions, however, are very frequently reported as sources of professional dissatisfaction, including many other issues such as the facilities' physical aspects, the characteristics of the tasks performed, and institutional characteristics, which lead workers to be dissatisfied.<sup>44,56-57</sup>

Insufficient infrastructure and lack of material and human resources are related to working conditions and are equally reported as sources of dissatisfaction, as well as poorly maintained facilities. The reason is that these harms the work and interfere in the daily routine of services, leading to dissatisfaction reported in the career category such as excessive workload.<sup>22</sup>

Lack of organization in the work environment leads to dissatisfaction among health workers because it leads to excessive workload, while an organized environment leads to a more agile and effective practice.<sup>55</sup> Organization is extended to other facilities, while lack of safety leads to dissatisfaction because it is related to concerns with one's personal safety and patients' safety.<sup>23</sup>

Still, the network's capacity is considered a factor that causes satisfaction among PHC workers because it shows demands were met, and all consultations and/or referrals were properly addressed.<sup>19</sup> Some workers, however, report that a lack of a referral center with medical specialties with a referral and counter referral system hinders the practice of workers and increase the level of dissatisfaction.<sup>58</sup>

A vital issue reported by the health workers is related to the services' regulations; the less complex the regulations, the greater the satisfaction of workers, considering that excessive bureaucracy is associated with a greater number of functions.<sup>59</sup>

On the other hand, the workers assess equity and quality of health care delivery in terms of the treatments provided to chemical-dependent patients, or those with depression, or obese patients; efficient treatments are an important source of satisfaction.<sup>60-61</sup> A lack of a qualified team influences the quality of care and workers' dissatisfaction, especially regarding a lack of training programs when workers enter the health service. These issues may be linked to the institution's or network's lack of organization and be an important obstacle hindering the professionals' practice.<sup>47,62</sup>

The remaining aspects reported as sources of satisfaction regarding infrastructure are related to the system's labor issues, which are considered benefits, such as medical insurance, retirement insurance, unemployment insurance, housing allowances, transportation allowances, and injury insurance, that is, basic issues considering legal and labor aspects.<sup>49</sup>

## Psychosocial aspects

In the psychosocial category, recognition was the most frequently mentioned source of satisfaction; however, it may also be a dissatisfaction factor. Satisfaction with recognition comes from being appreciated by the community and coworkers, so that, compliments and perception of playing an important role are ways one feels recognized, which leads to job satisfaction.<sup>42,63-64</sup>

On the other hand, lack of recognition is an important weakness and leads to dissatisfaction among workers. For some workers, lack of recognition is related to the physicians' central role, as these workers are considered to be the "holders of knowledge" within the health field. Additionally, there is a perception that those working in public services provide low-quality care delivery.<sup>13,27,30,55</sup>

Being recognized is also related to social prestige and personal rewards and income plays an important role in leading to job satisfaction among PHC physicians and is associated with prestige. Personal rewards within the PHC service are mainly linked to having more time with the family and for other activities.<sup>31,65</sup>

Some workers report that having little time for leisure, for spending time with family, and for personal care, accruing from excessive workload, result in fewer sleep hours, and excessive stress, causing health problems, such as anxiety.<sup>17,44,66</sup> All these aspects affect personal and professional fulfillment and are important dissatisfaction factors.<sup>13</sup>

Personal fulfillment, however, emerges as a satisfaction factor associated with being proud of one's profession. This aspect helps workers overcome the most significant difficulties faced in their practice, making them satisfied with their professional roles, or at least, motivating them to keep working.<sup>45</sup> Individual fulfillment is related to the positive influence one has in other people's lives through work, generating enthusiasm for the work, which leads to professional satisfaction.<sup>67</sup>

Stress is interconnected with emotional distress and, as previously mentioned, to a lack of appreciation of the work performed by PHC professionals. Excessive workload caused by political-administrative-financial issues leads to a more significant workload, intensifying stress. As a consequence, high psychological demand may cause feelings of inappropriateness and lack of ability among health workers, increasing their level of dissatisfaction.<sup>68</sup>

Emotional distress is a dissatisfaction factor that is possibly associated with burnout, which makes clear the importance of identifying satisfaction and dissatisfaction among health workers, considering the complexity of pathological cases of job dissatisfaction, as it affects the delivery of health care and even influences adherence or lack of adherence of patients to treatments.<sup>69-72</sup>

Another critical issue is the anxiety generated among workers because there are the protagonists of their professional practice. It is related to difficulty implementing teamwork because the team often does not recognize itself as being a collective, which leads professionals to work in isolation,<sup>73-74</sup> a situation that results in work overload. Thus, these factors are interconnected and intensify dissatisfaction.

This study's limitations include the fact that there is limited space to discuss the topic, considering the number of results. There are also difficulties categorizing the factors because they are connected and can be both a source of satisfaction and dissatisfaction. Further studies are needed to address studies published in other languages and other formats besides papers.

## CONCLUSIONS

Aspects related to professional career significantly contribute to satisfaction, followed by interpersonal relations, which influence the dynamics of the services and the team, and professional practice within the service and other settings, such as the family environment. The professionals' psychosocial aspects were also factors that stood out and need to be addressed in more detail because they refer to how each individual is affected by issues in the professional environment. Infrastructure emerged as a predominant propellant element for dissatisfaction and an aspect that can generate satisfaction among PHC workers. Satisfaction and dissatisfaction factors within the PHC are ambiguous; that is, the same factors may promote job satisfaction or job dissatisfaction, as they are connected and presented worldwide, crossing territorial boundaries.

## REFERENCES

1. Maslow A. *Introdução à psicologia do ser*. Rio de Janeiro, RJ(BR): Eldorado; 1962.
2. Pires DEP. *Reestruturação produtiva e trabalho em saúde no Brasil*. 2th ed. São Paulo SP(BR): Anna Blume; 2008.
3. Marx K. *O capital: crítica da economia política*. Livro I. 34th ed. Rio de Janeiro, RJ(BR): Civilização Brasileira; 2016.
4. Dejours C, Adoucheli E, Jayet C. *Psicodinâmica do trabalho: Contribuições da escola Dejouriana à análise da relação prazer, sofrimento e Trabalho*. São Paulo, SP(BR): Atlas; 1994.
5. Dejours C. *Psicodinâmica do trabalho e teoria da sedução*. *Psicol Estud* [Internet]. 2012 [cited 2017 Oct 15];17(3):363-71. Disponível em: <https://doi.org/10.1590/S1413-73722012000300002>
6. Ministério da Saúde (BR). *Política Nacional de Atenção Básica*. Brasília, DF(BR): MS; 2012 [cited 2018 Apr 18]. Available from: [http://bvsmms.saude.gov.br/bvs/publicacoes/politica\\_nacional\\_atencao\\_basica.pdf](http://bvsmms.saude.gov.br/bvs/publicacoes/politica_nacional_atencao_basica.pdf)
7. Tambasco LP, Silva HS, Pinheiro KMK, Gutierrez AO. *A satisfação no trabalho da equipe multiprofissional que atua na Atenção Primária à Saúde*. *Saúde Debate* [Internet]. 2017 [cited 2019 Jan 08];41:140-51. Disponível em: <https://doi.org/10.1590/0103-11042017s212>
8. Ganong LH. *Integrative reviews of nursing research*. *Res Nurs Health* [Internet]. 1987 [cited 2017 Oct 15];10(11):1-11. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1002/nur.4770100103>
9. Friese S, Soratto J, Pires D. *Carrying out a computer-aided thematic content analysis with ATLAS.ti*. *MMG Working Paper* [Internet]. 2018 [cited 2019 Jan 08];18(2):1-30. Available from: [https://pure.mpg.de/rest/items/item\\_2582914\\_2/component/file\\_2582912/content](https://pure.mpg.de/rest/items/item_2582914_2/component/file_2582912/content)
10. Bardin L. *Análise de conteúdo*. Lisboa (PT): Edições 70; 2011.
11. Navarro-González DM, Ayechu-Díaz A, Huarte-Labiano L. *Prevalencia del síndrome del burnout y factores asociados a dicho síndrome en los profesionales sanitarios de Atención Primaria*. *Semergen* [Internet]. 2015 [cited 2017 Oct 14];41(4):191-8. Available from: <https://doi.org/10.1016/j.semerg.2014.03.008>
12. Daubermann, DC, Tonete VLP. *Qualidade de vida no trabalho do enfermeiro da Atenção Básica à Saúde*. *Acta Paul Enferm* [Internet]. 2012 [cited 2018 Apr 15];25(2):277-283. Disponível em: <https://doi.org/10.1590/S0103-21002012000200019>
13. Jabbari H, Pezeshki MZ, Naghavi-Behzad M, Asghari M, Bakhshian F. *Relationship between job satisfaction and performance of primary care physicians after the family physician reform of east Azerbaijan province in northwest Iran*. *Indian J Public Health* [Internet]. 2014 [cited 2017 Oct 25];58(4):256-60. Available from: <https://doi.org/10.4103/0019-557X.146284>

14. Cagan O, Gunay O. The job satisfaction and burnout levels of primary care health workers in the province of Malatya in Turkey. *Pak J Med Sci* [Internet]. 2015 [cited 2017 Oct 27];31(3):543-7. Available from: <https://doi.org/10.12669/pjms.313.6795>
15. Halcomb E, Ashley C. Australian primary health care nurses most and least satisfying aspects of work. *J Clin Nurs* [Internet]. 2016 [cited 2017 Oct 16];26: 535-45. Available from: <https://doi.org/10.1111/jocn.13479>
16. Beach MC, Meredith LS, Halpern J, Wells K, Ford DE. Physician conceptions of responsibility to individual patients and distributive justice in health care. *Ann Fam Med* [Internet]. 2005 [cited 2017 Oct 15];3(1):53-9. Available from: <https://doi.org/10.1370/afm.257>
17. Murray A, Montgomery JE, Chang H, Rogers WH, Inui T, Safran DG. A comparison of physician satisfaction in different delivery system settings, 1986 and 1997. *J Gen Intern Med* [Internet]. 2001 [cited 2017 Oct 21];16:451-9. Available from: <https://doi.org/10.1046/j.1525-1497.2001.016007452.x>
18. Pérez-Ciordia F, Guillén-Grima F, Larumbe AB, Ontoso IA, Fernández-Martínez C. Validación de um cuestionario de mejora de la satisfacción laboral (CMSL) em profesionales de atención primaria. *An Sist Sanit Navar* [Internet]. 2012 [cited 2017 Oct 24];35(3):413-23. Available from: <https://doi.org/10.23938/ASSN.0097>
19. Alejos A, Weingartner A, Scharff DP, Ablah E, Frazier L, Hawley SR, et al. Ensuring the success of local public health workforce assessments: using a participatory-based research approach with a rural population. *Public Health* [Internet]. 2008 [cited 2017 Oct 16];122:1447-55. Available from: <https://doi.org/10.1016/j.puhe.2008.06.008>
20. Tsimtsiou Z, Sidhu K, Jones R. Why do general practitioners apply to do an MSc in primary healthcare? A retrospective study. *Educ Prim Care* [Internet]. 2010 [cited 2017 Oct 17];21:105-10. Available from: <https://doi.org/10.1080/14739879.2010.11493889>
21. Bem-Sira Z. The plight of primary medical care: the problematics of committedness to the practice. *Soc Sci Med* [Internet]. 1986 [cited 2017 Oct 16];22(7):699-712. Available from: [https://doi.org/10.1016/0277-9536\(86\)90220-0](https://doi.org/10.1016/0277-9536(86)90220-0)
22. Molini-Avejonas DR, Aboboreira MS, Couto MIV, Samelli AG. Inserção e atuação da Fonoaudiologia nos Núcleos de Apoio à Saúde da Família. *Codas* [Internet]. 2014 [cited 2017 Oct 28];26(2):148-54. Disponível em: <http://doi.org/10.1590/2317-1782/2014011>
23. Munyewende PO, Rispel LC, Chirwa T. Positive practice environments influence job satisfaction of primary health care clinic nursing managers in two South African provinces. *Hum Resour Health* [Internet]. 2014 [cited 2017 Oct 19];12-27. Available from: <https://doi.org/10.1186/1478-4491-12-27>
24. Beckman HB, Wendland M, Mooney C, Krasner MS, Quill TE, Suchman AL, et al. The impact of a program in mindful communication on primary care physicians. *Acad Med* [Internet]. 2012 [cited 2017 Oct 22];87(6):815-9. Available from: <https://doi.org/10.1097/ACM.0b013e318253d3b2>
25. Jayasuriya R, Whittaker M, Halim G, Matineau T. Rural health workers and their work environment: the role of inter-personal factors on job satisfaction of nurses in rural Papua New Guinea. *BMC* [Internet]. 2012 [cited 2017 Oct 23];12:156. Available from: <https://www.doi.org/10.1186/1472-6963-12-156>
26. Hess S, Sidler P, Chmiel C, Bögli K, Senn O, Eichler K. Satisfaction of health professionals after implementation of a primary care hospital emergency centre in Switzerland: A prospective before-after study. *Int Emerg Nurs* [Internet]. 2015 [cited 2017 Oct 20]; Available from: <https://doi.org/10.1016/j.ienj.2015.04.001>
27. Lima L, Pires DEP, Forte ECN, Medeiros F. Satisfação e Insatisfação no trabalho de profissionais de saúde na atenção básica. *Esc Anna Nery* [Internet]. 2014 [cited 2017 Oct 16];18(1):17-24. Disponível em: <https://doi.org/10.5935/1414-8145.20140003>

28. Ledesma YF, Raya DAA, Díaz BD, Curbelo JC. Satisfacción laboral en enfermeras de la atención primaria municipio Pinar del Río, 2009. *Rev Haban Cienc* [Internet]. 2010 [cited 2017 Oct 20];9(3):441-51. Available from: [http://scielo.sld.cu/scielo.php?script=sci\\_arttext&pid=S1729-519X2010000300019](http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1729-519X2010000300019)
29. Saint J, Zemencuk JK, Hayward RA, Golin CE, Konrad TR, Linzer M. What effect does increasing inpatient time have on out-patient-oriented internist satisfaction? *J Gen Intern Med* [Internet]. 2003 [cited 2017 Oct 26];18:725-9. Available from: <https://doi.org/10.1046/j.1525-1497.2003.20637.x>
30. Whalley D, Bojke C, Gravelle H, Sibbald B. GP job satisfaction in view of contract reform: a national survey. *Br J Gen Pract* [Internet]. 2006 [cited 2017 Oct 20];56:87-92. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/16464320>
31. Bovier PA, Arigoni F, Schneider M, Gallacchi MB. Relationships between work satisfaction, emotional exhaustion and mental health among Swiss primary care physicians. *Eur J Public Health* [Internet]. 2009 [cited 2017 Oct 20];19(6):611-7. Available from: <https://doi.org/10.1093/eurpub/ckp056>
32. Schneider M, Gallacchi MB, Goebring C, Künzi B, Bovier PA. Personal use of medical care and drugs among Swiss primary care physicians. *Swiss Med Wkly*. 2007 [cited 2017 Oct 27];137:121-6. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/17370150>
33. Pérez-Ciordia I, Guillén-Grima F, Brugos A, Aguinaga Ontoso I. Satisfacción laboral y factores de mejora en profesionales de atención primaria. *Anales Sis San Navarra* [Internet]. 2013 [cited 2017 Oct 29];36(2):253-62. Available from: <http://dx.doi.org/10.4321/S1137-66272013000200008>
34. Chen D, Reinert S, Landau C, McGarry K. An evaluation of career paths among 30 years of general internal medicine/primary care internal medicine residency graduates. *R I Med J* [Internet]. 2014 [cited 2017 Oct 21];97(10):50-4. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/25271663>
35. Rodwell J, Gulyas A. The variety of primary healthcare organisations in Australia: a taxonomy. *BMC Health Serv Res* [Internet]. 2013 [cited 2017 Oct 14];13:130. Available from: <https://doi.org/10.1186/1472-6963-13-130>
36. Santana S, Cerdeira J. Satisfação no trabalho dos profissionais do Aces Baixo Vouga II. *Acta Med Port* [Internet]. 2011 [cited 2017 Oct 17];24(s2):589-600. Available from: <https://www.actamedicaportuguesa.com/revista/index.php/amp/article/viewFile/1432/1020>
37. Katerndahl D, Parchman M, Wood R. Perceived complexity of care, perceived autonomy, and career satisfaction among primary care physicians. *J Am Board Fam Med* [Internet]. 2009 [cited 2017 Oct 20];22(1):24-33. Available from: <https://doi.org/10.3122/jabfm.2009.01.080027>
38. Boggis ARJ, Cornford CS. General Practitioners with special clinical interests: A qualitative study of the views of doctors, health managers and patients. *Health Policy* [Internet]. 2007 [cited 2017 Oct 21];80(7):172-8. Available from: <https://doi.org/10.1016/j.healthpol.2006.02.003>
39. Corbie-Smith G, Frank E, Nickens H. The intersection of race, gender, and primary care: results from the women physicians' health study. *J Natl Med Assoc* [Internet]. 2000 [cited 2017 Oct 28];92(10):472-80. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2608549/>
40. Buchbinder SB, Wilson M, Melick CF, Powe NR. Primary care physician job satisfaction and turnover. *Am J Manag Care* [Internet]. 2001 [cited 2017 Oct 28];7(7):701-13. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/11464428>
41. Koponen P, Helio SL, Aro S. Finnish public health nurses' experiences of primary health care based on the population responsibility principle. *J. Adv. Nurs* [Internet]. 1997 [cited 2017 Oct 22];26:41-8. Available from: <http://doi.org/10.1046/j.1365-2648.1997.1997026041.x>
42. Rosenstock KI, Santos SR, Guerra CS. Motivação e envolvimento com o trabalho na estratégia em saúde da família em João Pessoa, Paraíba, Brasil. *Rev Baiana Saúde Pública* [Internet]. 2011 [cited 2017 Oct 22];35(3):591-603. Available from: <https://doi.org/10.22278/2318-2660.2011.v35.n3.a280>

43. Oncel S, Ozer ZC, Efe E. Work-related stress, burnout and job satisfaction in turkish midwives. SBHPAF [Internet]. 2007 [cited 2017 Oct 23];35(3):317-28. Available from: <https://doi.org/10.2224/sbp.2007.35.3.317>
44. Tomasi E, Facchini LA, Piccini RX, Thumé E, Silveira DS, Siqueira FV, et al. Perfil sócio-demográfico e epidemiológico dos trabalhadores da atenção básica à saúde nas regiões Sul e Nordeste do Brasil. Cad Saúde Pública [Internet]. 2008 [cited 2017 Oct 30];24(s1):193-201. Disponível em: <https://doi.org/10.1590/S0102-311X2008001300023>
45. Maissiat GS, Lautert L, Dal Pai D, Tavares JP. Contexto de trabalho, prazer e sofrimento na atenção básica à saúde. Rev Gaúcha Enferm [Internet]. 2015 [cited 2017 Oct 20];36(2):42-9. Available from: <http://seer.ufrgs.br/index.php/RevistaGauchadeEnfermagem/article/view/51128>
46. Wamelink C, Wieggers TA, Cock TP, Spelten ER, Hutton EK. Career plans of primary care midwives in the Netherlands and their intentions to leave the current job. Hum Resour Health [Internet]. 2015 [cited 2017 Oct 15];13(1):29-39. Available from: <https://doi.org/10.1186/s12960-015-0025-3>
47. Soratto J, Pires DEP, Trindade LL, Oliveira JSA, Forte ECN, Melo TP. Job Dissatisfaction among health professionals working in the family health strategy. Texto Contexto Enferm [Internet]. 2017 [cited 2018 Jan 30];26(3):e2500016. Available from: <https://doi.org/10.1590/0104-07072017002500016>
48. Peccoralo LA. Resident satisfaction with continuity clinic and career choice in general internal medicine. J Gen Intern Med [Internet]. 2012 [cited 2017 Oct 22];28(8):1020-7. Available from: <https://doi.org/10.1007/s11606-012-2280-5>
49. Hung LM, Shi L, Wang H, Nie X, Meng Q. Chinese primary care providers and motivating factors on performance. Fam Pract [Internet]. 2013 [cited 2017 Oct 24]; 30:576-586. Available from: <https://doi.org/10.1093/fampra/cmt026>
50. Ogden J, Andrade J, Eisner M, Ironmonger M, Maxwell J, Munir E. To treat? To befriend? To prevent? Patients' and GPs' views of the doctor's rol. Scand J Prim Health Care [Internet]. 1997 [cited 2017 Oct 23];15(3):114-7. Available from: <https://doi.org/10.3109/02813439709018499>
51. Stenger J, Cashman SB, Savageau JA. The Primary Care Physician Workforce in Massachusetts: Implications for the Workforce in Rural, Small Town America. J Rural Health [Internet]. 2008 [cited 2017 Oct 22];24(4):375-86. Available from: <https://doi.org/10.1111/j.1748-0361.2008.00184.x>
52. Rodríguez J, Ramos B, Pérez I, García LR, Diz PG. Relación de la calidad de vida profesional y el burnout en médicos de atención primaria. Aten Primaria [Internet]. 2005 [cited 2017 Oct 28];36(8):442-7. Available from: <https://doi.org/10.1157/13081058>
53. Mazzaglia G, Lapi F, Silvestri C, Roti L, Giustini SE, Buiatti E. Association between satisfaction and stress with aspects of job and practice management among primary care physicians. Qualit Prim Care [Internet]. 2009 [cited 2017 Oct 22];17:215-23. Available from: <http://europepmc.org/abstract/med/19622272>
54. Castro J, Lago H, Fornelos MC, Novo P, Saleiro RM, Alves O. Satisfação profissional dos enfermeiros em cuidados de saúde primários: o caso do centro de saúde de Barcelos/Barcelinhos. Rev Port Sau Pub [Internet]. 2011 [cited 2017 Oct 24];29(2):157-72. Disponível em: [http://www.scielo.mec.pt/scielo.php?script=sci\\_arttext&pid=S0870-90252011000200009](http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S0870-90252011000200009)
55. Kalda R, Maaros HI, Lember M. Motivation and satisfaction among Estonian family doctors working in different settings. Eur J Gen Pract [Internet]. 2000 [cited 2017 Oct 14];6:15-9. Available from: <https://doi.org/10.3109/13814780009074501>
56. Amiri M, Khosravi A, Eghtesad AR, Sadeghi Z, Abedi G, Ranjbar M, et al. Burnout and its influencing factors among primary health care providers in the north east of Iran. Plos One [Internet]. 2016 [cited 2017 Oct 28];11(12):69-74. Available from: <https://doi.org/10.1371/journal.pone.0167648>

57. Groenewegen PP, Hutten BF. Workload and job satisfaction among general practitioners: a review of the literature. *Soc Sci Med [Internet]*. 1991 [cited 2017 Oct 17]; 32(10):111-9. Available from: [https://doi.org/10.1016/0277-9536\(91\)90087-s](https://doi.org/10.1016/0277-9536(91)90087-s)
58. Olivares A, Bonito J, Silva R. Qualidade de vida no trabalho dos médicos da Atenção Básica no estado de Roraima (Brasil). *Psic Saúde & Doenças [Internet]*. 2015 [cited 2017 Oct 29];16(1):100-11. Available from: <https://doi.org/10.15309/15psd160210>
59. Sinsky CA, Willard-Grace R, Schutzbank AM, Sinsky TA, Margolius D, Bodenheimer T. In search of joy in practice: a report of 23 high-functioning primary care practices. *Ann Fam Med [Internet]*. 2013 [cited 2017 Oct 25];11(3):272-8. Available from: <https://doi.org/10.1370/afm.1531>
60. Rasinski KA, Lawrence RE, Yoon JD, Curlin FA. A sense of calling and primary care physicians' satisfaction in treating smoking, alcoholism, and obesity. *Arch Intern Med [Internet]*. 2012 [cited 2017 Oct 24];36(8):1423-4. Available from: <https://doi.org/10.1001/archinternmed.2012.3269>
61. Shye D, Brown JB, Mullooly JP, Nichols GA. Understanding changes in primary care clinicians' satisfaction from depression care activities during adoption of selective serotonin reuptake inhibitors. *Am J Manag Care [Internet]*. 2002 [cited 2017 Oct 25];8(11):963-74. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/12437311>
62. Orama YR, Cortiñas JLR, Lobato MEC. Grado de satisfacción laboral de los médicos generales integrales en sagua la grande satisfaction level of specialists in general medicine with their practice in sagua de la guarda. *Medisur [Internet]*. 2012 [cited 2017 Oct 30];10(3):188-94. Available from: <http://www.medisur.sld.cu/index.php/medisur/article/view/1681/955>
63. Nkomazana O, Mash R, Phaladze N. Understanding the organisational culture of district health services: Mahalapye and Ngamiland health districts of Botswana. *Afr J Prim Health Care Fam Med [Internet]*. 2015 [cited 2017 Oct 25];7(1):a907. Available from: <https://doi.org/10.4102/phcfm.v7i1.907>
64. Wu D, Wang Y, Lam KF, Hesketh T. Health system reforms, violence against doctors and job satisfaction in the medical profession: a cross-sectional survey in Zhejiang Province, Eastern China. *Health Policy [Internet]*. 2014 [cited 2017 Oct 26];4:e006431. Available from: <https://doi.org/10.1136/bmjopen-2014-006431>
65. Spitzer WO, Kergin DJ, Yoshida MA, Russell WAM, Hackett BC, Goldsmith CH. Nurse practitioners in primary care III. The southern Ontario randomized Trial. *Can Med Assoc J [Internet]*. 1973 [cited 2017 Oct 15];108(8):1005-16. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1941371/>
66. Haik J, Brown S, Liran A, Visentin D, Sokolov A, Zilinsky I et al. Burnout and compassion fatigue: prevalence and associations among Israeli burn clinicians. *Neuropsychiatr Dis Treat [Internet]*. 2017 [cited 2017 Oct 30];13:1533-40. Available from: <https://doi.org/10.2147/NDT.S133181>
67. Kanste O, Lipponen K, Kääriäinen M, Kyngäs H. Effects of network development on attitudes towards work and well-being at work among health care staff in northern Finland. *Inter J Circumpolar Health [Internet]*. 2010 [cited 2017 Oct 25];69(4):394-403. Available from: <https://doi.org/10.3402/ijch.v69i4.17675>
68. Carvalho DB, Araújo TM, Bernardes KO. Transtornos mentais comuns em trabalhadores da Atenção Básica à Saúde. *Rev Bras Saúde Ocup [Internet]*. 2016 [cited 2017 Oct 16];41(17):e17. Available from: <https://doi.org/10.1590/2317-6369000115915>
69. Gopal R, Glasheen JJ, Miyoshi TJ, Prochazka AV. Burnout and internal medicine resident work-hour restrictions. *Arch Intern Med [Internet]*. 2005 [cited 2017 Oct 17];165:2595-600. Available from: <https://doi.org/10.1001/archinte.165.22.2595>
70. Kushnir T, Cohen AH. Job structure and burnout among primary care pediatricians. *Work [Internet]*. 2006 [cited 2017 Oct 17];27:67-74. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/16873982>

71. Fortney L, Luchterband C, Zakletskaia L, Zgierska A, Rakel D. Abbreviated mindfulness intervention for job satisfaction, quality of life, and compassion in primary care clinicians: a pilot study. *Ann Fam Med* [Internet]. 2013 [cited 2017 Oct 14];11(5):412-20. Available from: <https://doi.org/10.1370/afm.1511>
72. Pérez-Cárceles MD, Pereñíguez-Barranco JE, Albornoz EOC, Luna-Maldonado A. Derecho de información de los pacientes: influencia de las características socioprofesionales en atención primaria. *Aten Primaria* [Internet]. 2006 [cited 2017 Oct 23];37(2):69-77. Available from: <https://doi.org/10.1157/13084501>
73. Andrés CP, Cuesta AA, Lizarraga CA. La formación práctica en enfermería en la escuela universitaria de enfermería de la comunidad de Madrid. Opinión de los alumnos y de los profesionales asistenciales. Un estudio cualitativo con grupos de discusión. *Rev Esp Salud Pública* [Internet]. 2002 [cited 2017 Oct 16];76:517-30. Available from: <https://www.scielosp.org/article/resp/2002.v76n5/517-530/es/>
74. Myhre DL, Bajaj S, Jackson W. Determinants of an urban origin student choosing rural practice: a scoping review. *Rural Remote Health* [Internet]. 2015 [cited 2017 Oct 23];15(3):3483. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/26391014>



## **NOTES**

### **CONTRIBUTION OF AUTHORITY**

Study design: Soratto J.

Data collect: Vitali MM.

Data analysis and interpretation: Vitali MM, Soratto J, Pires DEP, Forte ECN, Farias JM.

Discussion of results: Vitali MM, Soratto J, Pires DEP, Forte ECN, Farias JM.

Redaction and/or critical review of content: Vitali MM, Soratto J, Pires DEP, Forte ECN, Farias JM.

Review and approval of final version: Vitali MM, Soratto J.

### **FUNDING INFORMATION**

This study was financed by Institutional Program for Scientific Scholarships of the Universidade do Extremo Sul Catarinense (UNESC) in agreement with the National Council for Scientific and Technological Development (CNPq), notice number 15/2017.

### **CONFLICT OF INTEREST**

There is no conflict of interests.

### **HISTORICAL**

Received: May 19, 2018.

Approved: March 11, 2019.

### **CORRESPONDING AUTHOR**

Jacks Soratto

jackssoratto@hotmail.com

