

ANALYSIS OF HEALTH PROFESSIONALS' SATISFACTION WITH WORKING CONDITIONS

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ABSTRACT

The achievement of adequate levels of satisfaction at work ensures professionals' involvement and commitment to carry out their activities. On the other hand, low level of satisfaction may lead to loss in all dimensions of their existences, affecting their health, work, family and social relationships. Thus, the objective of this study was to evaluate the degree of satisfaction with working conditions on the part of professionals such as dental surgeons, physicians and nurses of the Family Health Strategy in the City of Aracaju, State of Sergipe, Brazil. To that end, we conducted a cross-sectional study with a descriptive approach. Data were collected using a structured questionnaire, previously validated, considering different issues relevant to the measurement of satisfaction with working conditions. The results showed low levels of satisfaction in the majority of the issues evaluated. Those referred to wages, health conditions and safety at work showed the lowest averages. The factor of greatest dissatisfaction for the professional categories studied was employment payments. We suggest that careful analyses of the working conditions of those professionals be carried out in addition to implementing actions in order to contribute to ensuring workers' satisfaction at work.

Keywords: Family Health. Work Satisfaction. Working Conditions.

INTRODUCTION

The Family Health Strategy (FHS) is understood as a type of reorientation of the care model, operated by multiprofessional teams deployment in basic health units. These teams are responsible for following up a set number of families located in a defined geographical area. The teams work with the following actions: health promotion, prevention and recovery; rehabilitation of more frequent diseases and aggravations; and maintenance of that community's health⁽¹⁾.

Despite all the advances that have occurred since the implementation of the Family Health Program (FHP), there are still many difficulties, such as poor access to quality health services for the population and the reorganization of the professionals' working relationships with emphasis on workers' health.

When the working process is analyzed, FHP teams face the confrontation between the

idealized representation of the program and the needs of the community that require actions and services. These professionals have specific assignments and among them are: responsibility for the health of the population in their regions; the diagnosis of this population's health; and the preparation of local health planning⁽²⁾, aiming at acquiring knowledge about the population to which it is linked.

During the activities, FHS teams are faced with situations of fragility when providing care to users; however, the main cause for psychophysiological changes—which will cause a body reaction with physical and/or psychological components—seems to be related to the support network, in the web of relationships in the working process and even in the quality of services.

If while performing their activities, teams of the FHP are faced with situations that bother, annoy, or confuse their members, there will be possibilities of psychophysiological changes that will promote the reaction of the body with

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physical and/or psychological components⁽³⁾. These are the reasons why investigating the presence of workers' satisfaction is of fundamental importance to the working conditions of family health professionals.

The precariousness of work relationships has been associated with factors such as lack of regulation for the service entrance system, work instability, precariousness of workplaces, workload generated by the large number of families cared for by the team, and lack of a wage and career policy⁽⁴⁾. Payment has also been pointed to as a cause of dissatisfaction among some professionals of the area⁽⁵⁾.

Considering the scarcity of studies showing the importance of these healthcare professionals' satisfaction with working conditions, our study aimed to contribute to this subject, as a differential for improving collective health in Brazil. The objective was to assess the degree of satisfaction with working conditions of professional members of the FHS in the City of Aracaju, State of Sergipe, Brazil.

MATERIAL AND METHOD

The study was conducted in Aracaju, capital city of the State of Sergipe, Brazil. We carried out a cross study with descriptive approach. In 2006, Aracaju had 128 teams of the FHP and 53 dental care teams, with 128 physicians, 128 nurses and 53 dental surgeons, totaling 309 professionals⁽⁶⁾. The sample size was defined through the formula for the calculation of the minimum sample size, with a sampling error (E_o) that was considered with an error of 5%.

This way:

$$E_o = 0.05 \quad n_o = 1/(E_o)^2 \quad n_o = 1/(0.05)^2$$

$$n = N \cdot n_o / N + n_o \quad n = \text{sample}; N = \text{population}; n_o = \text{estimate of } n.$$

$$N = 309 \times 400 / 309 + 400 = 123600 / 709 = 174.33$$

A structured questionnaire was applied to a sample of this population, selected at random in conglomerate from the draw of the teams in each health region of Aracaju. Based on the size of the sample, 174 professionals distributed in the teams selected were invited to participate. Of these, 147 agreed to participate in the survey and respond fully to the questionnaire. The total number of respondents covered 24 dental

professionals (16.33%), 69 nurses (46.94%), and 54 physicians (36.73%).

The data were collected through a structured and validated questionnaire,⁽⁷⁾ considering different topics relevant to the measurement of perception of the research subjects regarding satisfaction with working conditions. The instrument used was an attitudinal scale type, which offers a universe of responses covering the possible perceptions of the subjects about their working conditions and quality of life, and outlines possible relationships between these factors. The questionnaire was applied individually to the FHS professionals at the workplace, in sealed envelopes and returned directly to the researchers after being answered.

Eight topics were analyzed: 1) satisfactory and adequate wages; 2) health conditions and safety at work; 3) skills use and development; 4) growth opportunities and work guarantee; 5) social integration within work organization; 6) constitutionalism within work organization; 7) work and total life space; and 8) social relevance of life at work. The instrument applied contained 54 assertions that enclosed the eight topics mentioned. The questionnaire was designed in the multiple choice style, with four alternative answers, from which only one should be chosen.

The answer scale had four alternatives representing the satisfaction level of the subjects. The averages of the topics were divided into three areas called 'zones' in accordance with the average reached. The smaller the average was, the more critical the situation was. The 'danger zone' (values between 1.00 and 1.99) indicates that it is an extremely negative attitude with respect to the topics analyzed; therefore, it requires extreme and quick interventionist measures. The 'warning zone' (values between 2.00 and 2.99) is considered worrisome and should serve as a warning to the topic analyzed. It implies the adoption of intervention measures, although less urgent. The 'comfort zone' (values between 3.00 and 4.00) is interpreted as a positive attitude towards the topic and, in this case, no urgent action needs to be adopted. In this way, the average of each topic reflects, in last instance, subjects' personal satisfaction with working conditions.

This study was approved by the Ethics Committee (No. 111206) and met the

recommendations of the National Health Council, Resolution 196/96.

RESULTS AND DISCUSSION

The sample was predominantly female (77.55%), with a percentage of 91.3% in nursing, 83.33% in dentistry and 57.4% in medicine. This shows a trend of feminization within the labor force in health, being this profile probably related to the prospect of creating employment and income for women, as shown by previous studies⁽⁸⁾. A survey aimed at characterizing the socio-professional and training profile of team members of the FHS in the countryside of the State of Rio Grande do Sul, Brazil, found that most professionals were also females and at a productive age. However, in that study, the authors observed low professional teams turnover, which could qualify the care provided with likely formation of links with the communities. This low profile of professionals' turnover in the FHS may be

related to the link with the communities and with professional satisfaction, which in this location of Rio Grande do Sul could be related to training and improvement opportunities given to those professionals⁽⁸⁾.

The results of this study can show the degree of satisfaction with working conditions of professional members of the FHS through the average of eight topics: 1) satisfactory and adequate wages; 2) health conditions and safety at work; 3) skills use and development; 4) growth opportunities and work guarantee; 5) social integration within work organization; 6) constitutionalism within work organization; 7) work and total life space; and 8) social relevance of life at work.

After obtaining the averages, we found that topics 1 and 2 were in the danger zone (averages 1.80 and 1.74, respectively) and topics 3, 4, 7, and 8 were in the warning zone (averages 2.54, 2.44, 2.41, and 2.33, respectively). Topics 5 (3.02) and 6 (3.10) were in the comfort zone (Figure 1).

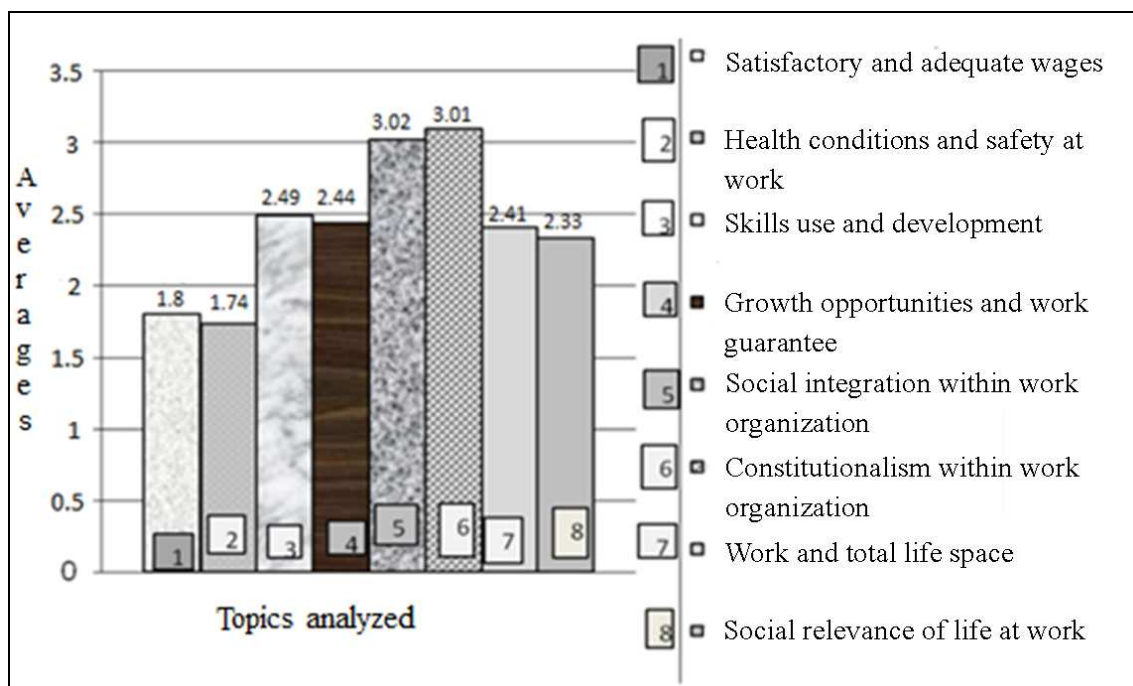


Figure 1. Averages of the topics and analysis of working conditions of professionals in the Family Health Strategy, Aracaju, SE, 2006-2007.

Topic 1 (satisfactory and adequate wages) is related to the adequacy and fairness of workers' payment. It had a general average of 1.80, which was the second lowest average of all topics

assessed. Dentistry and Medicine were in the danger zone, with averages of 1.72 and 1.62, respectively, and Nursing had an average of 2.08, falling within the warning zone (Figure 2).

Regarding the three professional categories, it can be observed that the wages seem to be considered unjust and unsatisfactory in contrast to the responsibilities assumed.

This disparity between the professional categories had already been described in other

studies, which point out that this can be one of the causes of greater dissatisfaction for health professionals, especially in relation to medical colleagues, who receive better wages^(5,9).

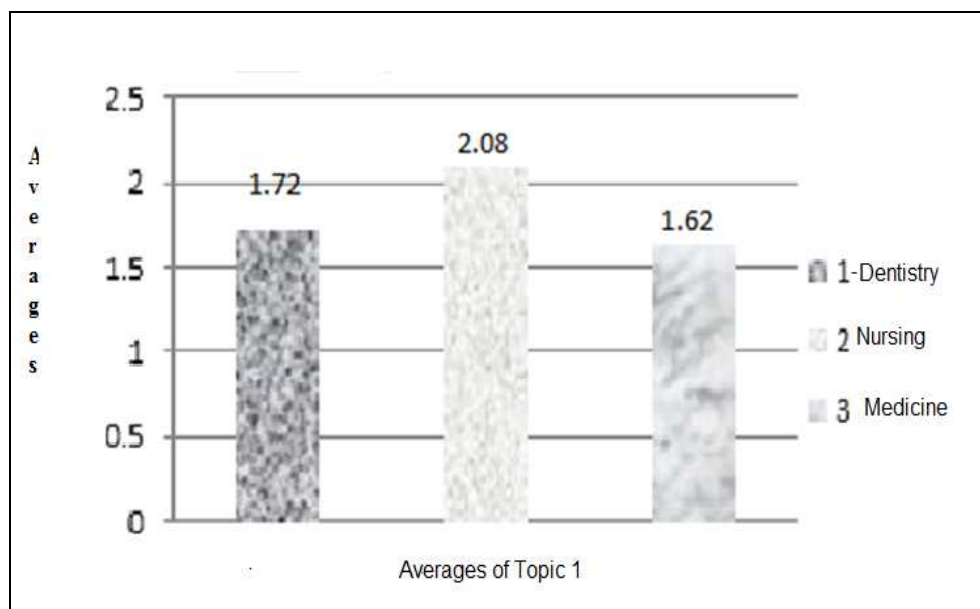


Figure 2. Averages of assertions assessed regarding "Satisfactory and adequate wages" according to the professional categories of the Family Health Strategy in Aracaju, SE, 2006-2007

The assertion "wages compatible with function" showed low averages in the three categories: 1.39 for Dentistry, 1.92 for Nursing and 1.22 for Medicine (Figure 3). This result points to a need for new challenges in health management.

Similar results were verified in a study carried out in Portugal by Matos⁽¹⁰⁾ with 139 health professionals. The goal was to assess professional satisfaction in a Grouping of Health Centers of the central region. The results related to wages pointed out that this was one of the indicators that had a lesser degree of satisfaction among the professionals who participated in the study.

The inclusion of an agenda for the management of health work must contain the strengthening of management practices, the incorporation of evaluation practices as an instrument, and the appreciation of human capital and knowledge as productive forces and

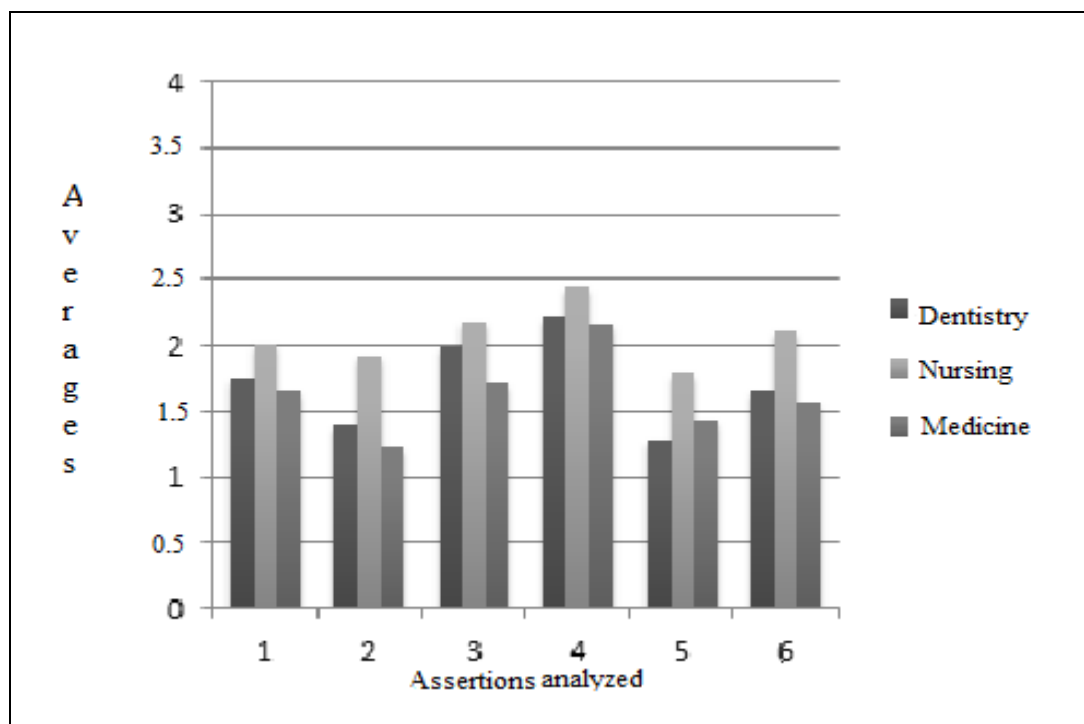
mediators, not only regarding the right to health, but also social development⁽¹¹⁾.

The precariousness of relationships at work, among other factors, is associated with the absence of a wage policy and sectoral career⁽⁵⁾. Studies show that working conditions are determinants of insecurities and wage differences can jeopardize working relationships and professionals^(9,12).

Dentistry had an extremely low average (1.29) in the assertion "Wages in accordance with the importance of the work done". The other averages were also low: 1.44 (Medicine) and 1.79 (Nursing). Although there is a change in the labor market for the dental surgeon, with the inclusion of this professional category in the FHS in 2000-2001, the working conditions imposed on these professionals are still not adequate, especially with regard to wages. The lack of wage equality is pointed to as a reason of dental surgeons' dissatisfaction and that all professionals with the same level of academic

training would be entitled to the same remuneration, since professional assignments are complementary and reinforce each other,

showing that in a professional teamwork no professional is more important than the others⁽⁵⁾.



Assertions analyzed: 1- Wages insufficient for sustenance
 2- Wages compatible with function
 3- Wages discrepancy in relation to the labor market
 4- Adequate wages when compared to colleagues of equal responsibility
 5- Wages in accordance with the importance of the work done
 6- Wages and standard of living

Figure 3. Averages of the assertions assessed regarding "Satisfactory and adequate wages" of Family Health Strategy professionals in Aracaju, SE, 2006-2007.

Despite the fact that the three professional categories are included in the same program, with the same workload and responsibilities, wage disparities are found in many Brazilian municipalities⁽⁹⁾. There is an urgent need to implement more equitable wage policies that could strengthen the productive capacity in the FHS, since more satisfied professionals could have more interest to remain in the job and create links with the community, as required in the Health Promotion model. At the same time, it is evident that other professionals' needs should be met, such as working conditions and opportunities for professional improvement.

Topic 2 (Health conditions and safety at work) assesses the condition of working hours, the physical environment and workload. General average was 1.74 and it was the lowest average among all the topics analyzed. Together with all

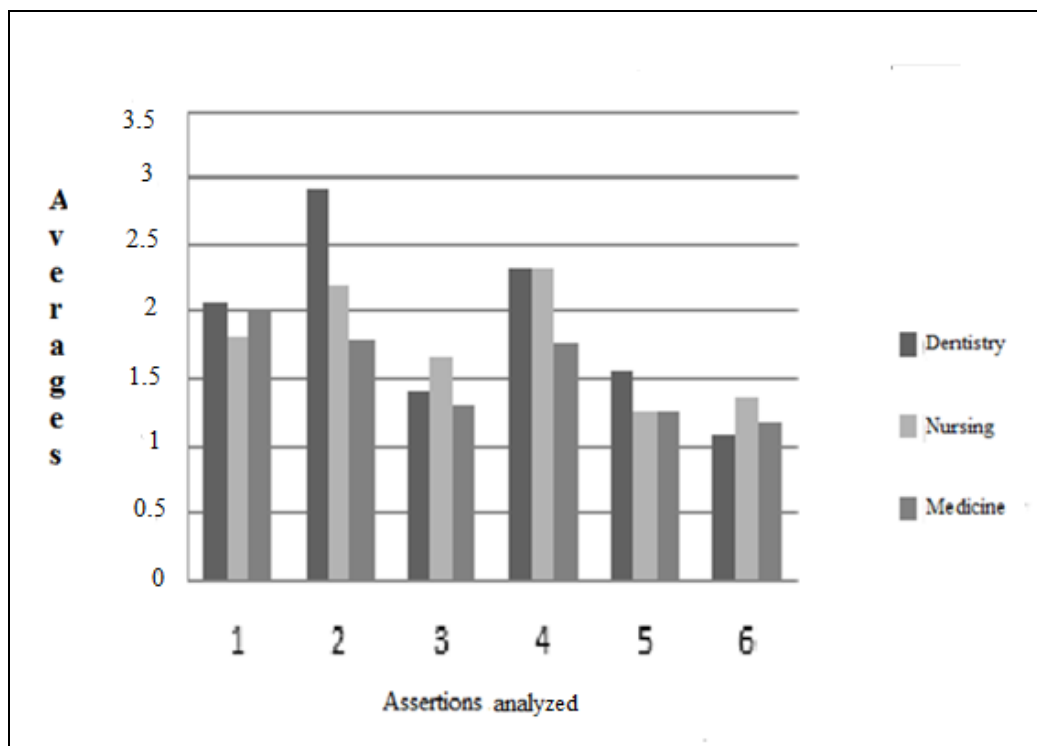
categories, it was in the danger zone: Dentistry (1.90); Nursing (1.77); and Medicine (1.55) (Figure 4). A widespread dissatisfaction can be observed with regard to the existing conditions in the work environment.

The assertions that showed smaller averages in the three professional categories were: "Adequate medical care" (1.25 in Nursing, 1.56 in Dentistry, and 1.27 in Medicine); and "Concern with professionals' health" (1.08 in Dentistry, 1.18 in Medicine, and 1.36 in Nursing) (Figure 4).

This fact demonstrates professionals' dissatisfaction about the lack of interest of the Department of Health with their physical and mental well-being. It is vital that healthcare provided to professionals be inserted into the organizational structure of health departments, bringing a greater satisfaction to these workers

who have the responsibility to provide care to people who often have their own needs neglected. In this organizational context, the presence of unhappy workers in the team can cause the inefficient development of activities,

poor communication, disorganization of work, stress, and decreased productivity, which will bring consequences in the care provided to families⁽³⁾.



Assertions analyzed: 1- Safety at work
2- Provision of Individual protection Equipment
3- Health in the sector
4- Satisfaction with the work space
5- Proper medical care
6- Concern with professionals' health.

Figura 4. Averages of the assertions assessed regarding "Health and safety at work" of Family Health Strategy professionals in Aracaju, SE, 2006-2007

In a study conducted with family health teams, 62% of professional suffered from stress and the predominance of symptoms were psychological (48%) followed by physical (39%)⁽⁴⁾. The presence of stress results in physical and mental diseases as well as dissatisfaction and demotivation at work⁽⁴⁾.

When individuals suffer from stress, it can cause a number of diseases. If nothing is done to relieve the tension, the person will increasingly feel exhausted, without energy and depressed. Regarding physical diseases, many of them can occur depending on the person's genetic inheritance. Some get ulcers, others develop hypertension, others have panic and herpes crisis and other diseases. Without specialized

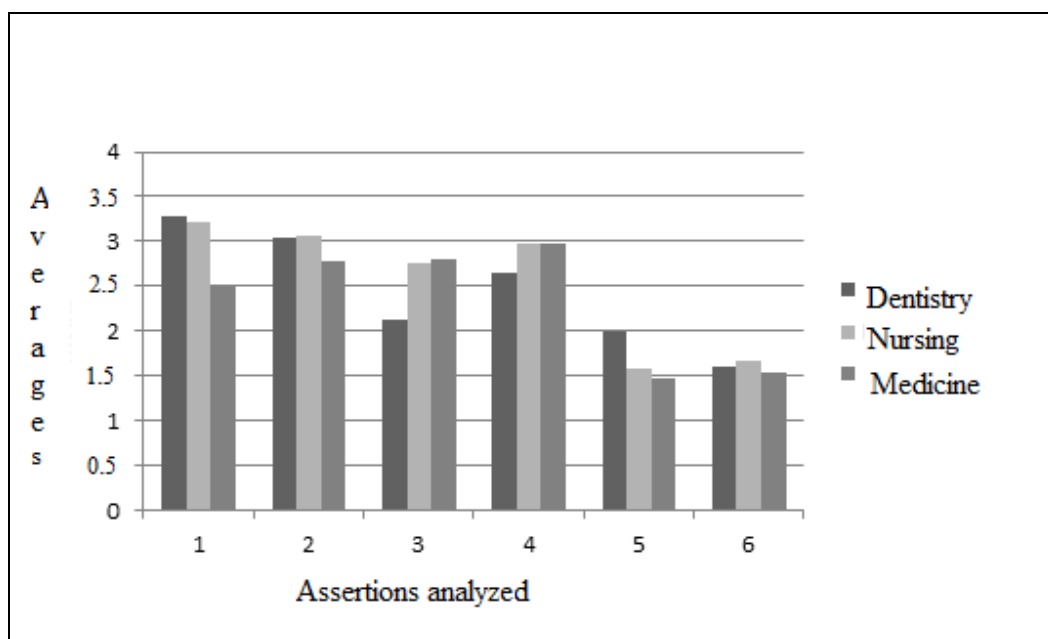
treatment and according to personal characteristics, there is a risk of serious problems, such as heart attack and stroke, among others. Stress does not cause these diseases, but it allows the triggering of diseases for which the person already has a predisposition or, by reducing the immune defense, it opens space for opportunistic diseases⁽¹³⁾. This way, it is advisable to create commissions aimed at the prevention, diagnosis and treatment of professionals leading with risks and unhealthy and stressful environment. Surgical professionals, dental surgeons, paramedics and emergency service professionals are described as professionals with high risk of exposure to biological material. A study⁽¹⁴⁾ conducted by

Oliveira and Gonçalves (2010) reported 30 accidents involving needle-stick injuries among the professionals working in the surgical center of the hospital in Belo Horizonte during 2006. An accident rate of 23.6% was found during this period, corresponding 83.3% to the medical staff, 13.4% to the nursing staff, and 3.3% to the general service category⁽¹⁴⁾.

Occupational hazards have origins in unhealthy and dangerous activities, i.e., those whose nature, conditions or working methods can cause adverse effects to the health of professionals. In addition, social, economic, technological and organizational constraints, responsible for living and working conditions and occupational risk factors are also determinants of workers' health. Therefore, the primordial objective of actions in the field of occupational health is to produce changes in work processes that include, in all their dimensions, health and work relationships, through multidisciplinary, interdisciplinary and

intersectoral actions. Another necessary measure is conducting training courses on biosafety for all professionals working in the health area, in order to increase the knowledge about standard precaution measures on the part of these professionals⁽¹⁵⁾.

A survey⁽¹⁶⁾ conducted with nursing workers taking sick leave pointed out that the main cause would be related to factors influencing health status and contact with health services (30.65%). In second place was the category related to disorders of the musculoskeletal system and connective tissue (28.27%) followed by mental and behavioral disorders (17.26%). It is important to pay attention to the need for an effort to improve the working environment in which the FHS team will perform their work activities, with planning based on current concepts of ergonomics and the creation of spaces of conviviality and relaxation for these professionals in the health units, in order to enable the reduction of stress.



Assertions analyzed: 1- Activity and training
2- Activity and professional growth
3- Wages associated with work
4- Full use of the professional skills
5- Stimulus to personal development
6- Promotion based on competence

Figure 5. Average of the assertions assessed regarding "Growth opportunities and work guarantee" of the Family Health Strategy professionals in Aracaju, SE, 2006-2007.

Topic 4 (Growth opportunities and work guarantee) aims at measuring job satisfaction

with regard to job stability and opportunities for growth and development. This topic had similar

averages for Medicine, Dentistry and Nursing (averages 2.45, 2.35 and, 2.54, respectively) in the warning zone. This demonstrates a professionals' concern with the opportunities for growth and personal development. These averages for Topic 4 can be observed in Figure 5.

The assertion that obtained smaller average for Dentistry (1.60) and the second lowest for Nursing (1.67) and medicine (1.54) was promotions based on competence, while the lowest average for Medicine (1.48) was related to the assertion "Stimulus to personal development". This result demonstrates the general dissatisfaction of professionals with regard to professional growth and the way in which this occurs, indicating a limit point relevant to the working process.

The existence of a plan for positions, careers and wages could reduce the dissatisfaction of professionals in a concrete way by providing conditions for growth, greater remuneration and encouragement for professional qualification. What predominates is the professional stagnation, in which FHS professionals are hired in a variety of ways: public tender; use of current personnel; internal selective testing; cooperatives; and as service providers⁽⁹⁾, receiving a determined remuneration regardless of the number of years of practice, professional qualification, dedication, and commitment to service. All the professionals of the same category receive the same remuneration.

Professionals who work in the FHS are exposed to various occupational stressors and when they do not use appropriate coping strategies, they are vulnerable to stress. This condition has mainly affected the younger individuals who have greater insecurity in relation to the work and realize that sometimes it does not ensure the achievement of their anxieties and desires, which can generate dissatisfaction⁽¹⁷⁾.

The importance of human resources in the operation of the Unified Health System has been discussed in the Health Conferences. The XII National Health Conference⁽¹⁸⁾ was held in 2003. It was equally important, since it presented some proposals, among which were the recommendation to managers for setting up joint committees (government and workers) in order

to emphasize the humanization of health services, quality of life at work, and multidisciplinary character of work on health. Some aspects were highlighted, such as definition of work as State career in the UHS; consideration of the curriculum; and time of service. It is important to note that the results of this study can contribute to assess the behavior of the degree of satisfaction with the working conditions of health professionals of Aracaju, so that other studies may use this methodology and track possible changes.

Despite the advance in public policies focused on workers' health, as the National Network of Integral Care to Workers' Health (RENAST), regulated by Ordinance No. 2.728/2009⁽¹⁹⁾, it is still vital that there is effective oversight on work conditions and processes offered by Brazilian municipalities to their healthcare professionals. Among the proposals approved in Guideline 1, which was titled "In Defense of the UHS, by Right to Health and Safety", the report of the 14th National Health Conference⁽²⁰⁾ states that public policies must be strengthened and Health, Social Security and Social Assistance services should be implemented in the network of specialized care provided to people with disabilities, work-related diseases and disabling diseases, in addition to formulate integrated policies between health, education and sports, with incentive for intersectoral projects.

CONCLUSION

The topics referred to wages, health and safety conditions at work were those that showed lower averages. This demonstrates an extremely negative perception against these issues in all professional categories assessed.

Medical professionals showed dissatisfaction in all topics analyzed. Dental surgeons showed dissatisfaction with wages, especially with regard to inadequacy for the own needs. With regard to health and safety conditions at work, they showed dissatisfaction with health at the work environment and management's concern with the health of professionals. The analysis of growth opportunities and work guarantee showed dissatisfaction regarding the appropriate wage for the work done and promotion based on

competence. The nurses showed satisfaction with payment issues and concern with health and safety conditions at work, and they were dissatisfied with growth opportunities and work guarantee.

It was concluded that the most relevant factors that health professionals pointed out as interfering in the satisfaction with work were: growth at work, opportunity to learn, work equipment, security at work and fair proportions of wages.

ANÁLISE DA SATISFAÇÃO DOS PROFISSIONAIS DE SAÚDE DA FAMÍLIA COM AS CONDIÇÕES DE TRABALHO

RESUMO

A obtenção de níveis adequados de satisfação no âmbito do trabalho garante envolvimento e comprometimento dos profissionais na execução de suas atividades. Por outro lado, baixo nível de satisfação pode acarretar prejuízo em todas as dimensões de suas existências, afetando a saúde, o trabalho, a família e as suas relações sociais. Desta forma, o objetivo deste trabalho foi avaliar o grau de satisfação com as condições de trabalho de profissionais como cirurgiões-dentistas, médicos e enfermeiros da Estratégia de Saúde da Família do Município de Aracaju, Estado de Sergipe, Brasil. Para tanto, foi efetuado um estudo seccional de cunho descritivo. Os dados foram coletados através de um questionário estruturado, previamente validado, considerando diferentes dimensões relevantes para aferição da satisfação com as condições do trabalho. Os resultados demonstraram baixos níveis de satisfação na maioria das dimensões avaliadas. Aquelas que se referiam ao salário, condições de saúde e segurança no trabalho apresentaram as menores médias. O fator de maior insatisfação para as categorias profissionais estudadas foi a remuneração salarial. Sugere-se a realização de uma análise criteriosa sobre as condições de trabalho desses profissionais e a efetivação de ações no intuito de contribuir para que haja satisfação no ambiente laboral.

Palavras-chave: Saúde da Família. Satisfação no Trabalho. Condições de Trabalho.

ANÁLISIS DE LA SATISFACCIÓN DE LOS PROFESIONALES DE LA SALUD FAMILIAR CON LAS CONDICIONES LABORALES

RESUMEN

Conseguir niveles adecuados de satisfacción en el trabajo garantiza la participación y el compromiso de los profesionales en la realización de sus actividades. Por otra parte, el bajo nivel de satisfacción puede ocasionar daños en todas las dimensiones de sus existencias, afectando a la salud, al trabajo, a la familia y a sus relaciones sociales. Así, el objetivo de este estudio fue evaluar el grado de satisfacción con las condiciones de trabajo de profesionales como cirujanos dentistas, médicos y enfermeros de la Estrategia de Salud de la Familia de la Ciudad de Aracaju, Estado de Sergipe, Brasil. Con este fin, se realizó un estudio seccional de carácter descriptivo. Los datos fueron recolectados a través de un cuestionario estructurado, previamente validado, teniendo en cuenta diferentes dimensiones relevantes para la medición de la satisfacción con las condiciones de trabajo. Los resultados mostraron bajos niveles de satisfacción en la mayoría de las dimensiones evaluadas. Aquellas que se referían al salario, a las condiciones de la salud y a la seguridad en el trabajo tuvieron los promedios más bajos. El factor de mayor insatisfacción para las categorías profesionales evaluadas fue la remuneración salarial. Se sugiere realizar cuidadosos análisis de las condiciones de trabajo de esos profesionales y la ejecución de acciones con el propósito de contribuir a que haya satisfacción en el trabajo.

Palabras clave: Salud de la Familia. Satisfacción en el Trabajo. Condiciones de Trabajo.

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Submitted: 26/06/2012

Accepted: 03/12/2012