

PROFESSIONAL SATISFACTION OF NURSES IN THE INTENSIVE CARE UNIT ENVIRONMENT

SATISFAÇÃO PROFISSIONAL DO ENFERMEIRO NO AMBIENTE DA UNIDADE DE TERAPIA INTENSIVA

SATISFACCIÓN PROFESIONAL DE LAS ENFERMERAS EN EL ENTORNO DE LA UNIDAD DE CUIDADOS INTENSIVOS

Emilenny Lessa dos Santos¹
Cícera Eugênia Pereira da Silva²
Janine Melo de Oliveira³
Viviane Farias Barros⁴
Cyndi Myrelle da Silva Barros Romão⁵
Josefa Jadiane dos Santos⁶
Mariana Barbosa da Silva⁷

How to cite this article: Santos EL, Silva CEP, Oliveira JM, Barros VF, Romão CMSB, Santos JJ, et al. Professional satisfaction of nurses in the intensive care unit environment. Rev baiana enferm. 2021;33:e42812.

Objective: to analyze the nurse's conception of professional satisfaction in the Intensive Care Unit environment. **Method:** descriptive study of qualitative approach, carried out in a university hospital in the state of Sergipe. Data collection was performed in October 2020, through semi-structured interviews with nurses from the general Intensive Care Unit sector, and the data were analyzed through Content Analysis. **Results:** the following categories emerged from the statements: the work process of nurses in Intensive Care Units; factors that interfere in the professional satisfaction of nurses in the Intensive Care Unit environment; and the relationship of nurses with professional satisfaction in the intensive care environment during the Covid-19 pandemic. **Final considerations:** in the conception of Intensive Care Unit nurses, professional satisfaction is an important aspect in their work environment and can influence the provision of care offered to patients.

Descriptors: Job Satisfaction. Intensive Care Units. Critical Care Nursing.

Objetivo: analisar a concepção do enfermeiro acerca da satisfação profissional no ambiente da Unidade de Terapia Intensiva. *Método:* estudo descritivo de abordagem qualitativa, realizado em um hospital universitário do estado de Sergipe. A coleta de dados foi realizada em outubro de 2020, por meio de entrevistas semiestruturadas com enfermeiros do setor de Unidade de Terapia Intensiva geral, e os dados foram analisados mediante Análise de Conteúdo. *Resultados:* dos depoimentos emergiram as seguintes categorias: processo de trabalho do enfermeiro nas Unidades de Terapia Intensiva; fatores que interferem na satisfação profissional do enfermeiro no ambiente da Unidade de Terapia Intensiva; e a relação do enfermeiro com a satisfação profissional no ambiente de terapia

¹ Nurse. Specialist in Adult and Elder Health. Aracaju, Sergipe, Brazil. lessa.emilenny@outlook.com. <http://orcid.org/0000-0002-2741-1702>.

² Nurse. MSc in Nursing. Nurse at the Hospital Universitário de Aracaju. Aracaju, Sergipe, Brazil. <http://orcid.org/0000-0002-6480-2104>.

³ Nurse. MSc in Nursing. Professor at the Universidade Federal de Alagoas and at the Universidade Estadual de Ciências da Saúde de Alagoas. Maceió, Alagoas, Brazil. <http://orcid.org/0000-0002-8816-2244>.

⁴ Nurse. Specialist in Aging and Elder Health. Nurse at the Hospital Universitário de Aracaju. Aracaju, Sergipe, Brazil. <http://orcid.org/0000-0002-5709-3354>.

⁵ Nurse. Specialist in Infectious Diseases. Nurse at the Technical Advice on Immunopreventable Diseases and Vaccination of the State Health Secretariat of Alagoas. Maceió, Alagoas, Brazil. <http://orcid.org/0000-0002-5134-0342>.

⁶ Nurse. Specialist in Adult and Elder Health. Aracaju, Sergipe, Brazil. <http://orcid.org/0000-0001-6254-0449>.

⁷ Nurse. Specialist in Adult and Elder Health. Nurse at the National Immunization Program of the State Health Secretariat of Alagoas. Maceió, Alagoas, Brazil. <http://orcid.org/0000-0002-5866-1552>.

intensiva durante a pandemia Covid-19. Considerações finais: na concepção dos enfermeiros da Unidade de Terapia Intensiva, a satisfação profissional é um aspecto importante no seu ambiente de trabalho e pode influenciar na prestação da assistência ofertada aos pacientes.

Descritores: Satisfação no Trabalho. Unidades de Terapia Intensiva. Enfermagem de Cuidados Críticos.

Objetivo: analizar la concepción de satisfacción profesional de la enfermera en el entorno de la Unidad de Cuidados Intensivos. Método: estudio descriptivo del enfoque cualitativo, realizado en un hospital universitario en el estado de Sergipe. La recogida de datos se realizó en octubre de 2020, a través de entrevistas semiestructuradas con enfermeras del sector general de la Unidad de Cuidados Intensivos, y los datos fueron analizados a través del Análisis de Contenido. Resultados: de las declaraciones, surgieron las siguientes categorías: el proceso de trabajo de las enfermeras en unidades de cuidados intensivos; factores que interfieren con la satisfacción profesional de las enfermeras en el entorno de la Unidad de Cuidados Intensivos; y la relación de enfermeras con satisfacción profesional en el entorno de Cuidados Intensivos durante la pandemia Covid-19. Consideraciones finales: en la concepción de las enfermeras de la Unidad de Cuidados Intensivos, la satisfacción profesional es un aspecto importante en su entorno de trabajo y puede influir en la prestación de atención ofrecida a los pacientes.

Descritores: Satisfacción del Trabajo. Unidades de Cuidados Intensivos. Enfermería de Cuidados Críticos.

Introduction

Since the beginning of society, work activity is a fundamental tool in the social context in which we live, because it enables the existence of social interactions and influences the physical and emotional aspects in the individual's life⁽¹⁾.

However, with the expansion of capitalism and globalization, the work process has changed. There was an increase in productivity and competitiveness in the labor market, thus increasing the level of demand in relation to qualification, pace and workload, factors that can compromise the physical, mental and professional health of the worker⁽²⁾.

Moreover, in relation to nurses' work, this is considered complex and its guiding basis is caring for the human being, making the patient the main subject of his/her care⁽³⁾. Thus, in the work process of nurses, the provision of care to critically ill patients is increasingly present. This includes obtaining the patient's clinical history, performing physical examination, planning care, monitoring during inter-hospital transportation to perform exams, performing procedures inherent to their profession, including technology management, monitoring and evaluation of patients, supervision of care, as well as responsibility for management tasks⁽⁴⁾.

In this sense, the Intensive Care Unit (ICU) nurse's professional practice is supported by

the Law of Professional Practice n. 7498/86, whose art. 11 provides that "Nurses perform all nursing activities, and they are responsible for: 1) privately: planning, organization, coordination, execution and evaluation of nursing care services"⁽⁵⁾. This law also emphasizes that only nurses can provide care of greater technical complexity, which requires specific scientific knowledge and decision-making⁽⁵⁾.

Thus, ICU nurses provide care to critically ill patients at risk of imminent death, which requires uninterrupted care, in addition to specialized equipment and human resources. Given the complexity of this hospital sector, nurses must associate technical skills with technology, mastering scientific principles in each procedure performed and, at the same time, contributing to teamwork, aiming to exercise quality and safe care⁽³⁾.

It is noteworthy that the ICU is considered by many as a dark, exhausting and overloaded environment of the hospital due to the numerous invasive procedures. In the ICU, nurses constantly deal with death, with rigid and inflexible routine and the need to keep their senses sharp, in constant alert, to act proactively in any emergency sign. Thus, the experience of caring for critically ill patients often ends up creating situations of stress, problems that generate ethical and moral conflicts, requiring

nurses to have high decision-making capacity and autonomy⁽⁶⁾.

The complexity of providing care to critically ill patients can become challenging even for the most experienced ICU nurses, as evidenced in the Covid-19 pandemic scenario. The Virus SARS-CoV-2, which causes Covid-19, challenged the World Health Organization (WHO) and the organizational structures of the health system to review the care provided to critically ill patients affected by this pathology, which is highly lethal to risk groups, has a high potential for dissemination and has some unknown characteristics by the scientific community. These aspects show, above all, the responsibility for other lives, an issue that is inherent to the work activity of nurses, characterizing them as one of the most important professionals on the front line to combat the pandemic⁽⁷⁻⁸⁾.

In this perspective, professional satisfaction can be defined when the worker performs his/her duties with enthusiasm, with favorable feelings, aiming to give the best of him/herself to provide quality and safe care to the patient, and, consequently, making the work environment more harmonious. Thus, professional satisfaction influences the quality of care provided and the way professionals feel in relation to their work environment⁽⁹⁾.

In this sense, approaching the theme becomes relevant, aiming at a better understanding nurses' professional satisfaction about their hospital environment and its particularities, in addition to the benefits that this can bring in the development of their activities in the care of patients in intensive care.

Thus, the present study sought to answer the following guiding question: What is the nurse's conception about professional satisfaction in the intensive care unit environment? The aim of this research was to analyze the nurse's conception of professional satisfaction in the intensive care unit environment.

Method

This is a qualitative descriptive study conducted in a university hospital in the state of Sergipe.

During the data collection period, 15 nurses worked in the general ICU sector, of whom 11 participated in the study and the others did not meet the inclusion criteria. The following inclusion criteria were established in the research: nurses of both sexes, without age restriction, with more than two years of work in the sector. These criteria were chosen because it is believed that, thus, the subjects have sufficient experience in their professional practice to foster the debate on the subject. Exclusion criteria were: nurses unable to participate due to health/disease, on vacation or who voluntarily expressed, at any time, the desire to interrupt their participation in the study.

Nurses who met all inclusion criteria were invited to participate in the study and, later, to sign the Informed Consent Form (ICF), consolidating voluntary participation. To ensure anonymity and confidentiality of the information, for the identification of the participants, the letter "I" was used, meaning Intensive Nurse, followed by the numbering from 1 to 11, according to the order of the interviews.

Data collection occurred in October 2020, with semi-structured interview application, whose guide had 11 open questions. To record the collected statements, a recorder was used. Later, the researcher transcribed the interviews. To analyze the interviewees' statements, the thematic content analysis technique proposed by Bardin was chosen, which contains the following steps: pre-analysis (floating reading); exploration of the material (the data is encoded in record units); treatment of results and interpretation (categorization and, later, regrouping, according to common characteristics)⁽¹⁰⁾.

The following steps were done, according to the content analysis technique: in the first, the examiner had initial contact with the interviewees' statements and a thorough reading of all the collected material was made; in the second, the statements that related to the record units that connected with a specific theme were selected. In this step, the record units were selected.

Giving rise to the first category, "work process of ICU nurses", the autonomy registration units, the Systematization of Nursing Care (SNC),

technology and the type of care provided to patients emerged; category 2, “factors that interfere in the professional satisfaction of ICU nurses”, the record units were: remuneration, workload and teamwork; and, finally, in category 3, “relationship between ICU nurses and professional satisfaction during the Covid-19 pandemic”, the record unit was professional satisfaction of nurses in the context of the Covid-19 pandemic.

After realizing that these discourses made connections with specific themes, they were selected for their later grouping into the category with which they were connected. At this stage, the nomenclature of each category was also chosen. Finally, in the third stage, the name of the categories was reassessed and the conformity or not of the groupings made in the previous stage was verified. Then, the treatment of the results began to perform the interpretation based on the results found and on the theoretical foundation, always seeking to give meaning to what was hidden under the apparent reality, that is, to truly interpret the discourses enunciated and add value to them.

This research sought to meet the steps recommended by the quality protocol of qualitative studies Consolidated Criteria for Reporting Qualitative Research (COREQ). This protocol is a research guide composed of 32 items considered necessary for qualitative research⁽¹¹⁾ and follows the ethical assumptions of Resolution n. 466/12 of the National Health Council⁽¹²⁾. In addition, it was approved by the Research Ethics Committee (REC) of the Universidade Federal de Sergipe, under Opinion n. 4.330.332 and CAEE 30710920.1.0000.5546.

Results

The study included 11 nurses, including 8 females and 3 males, mean age of 38 years, with an average experience in nursing area of 15 years and mean of 5 years in the ICU area.

The analysis of the interviews resulted in categories related to the theme of the study, namely: Work process of nurses in Intensive Care

Units; Factors that interfere in the professional satisfaction of nurses in the Intensive Care Unit environment; and Relationship of nurses with professional satisfaction in the intensive care environment during the Covid-19 pandemic.

Work process of nurses in Intensive Care Units

The discourses of this category demonstrate that nurses consider autonomy an important aspect in their work process and of paramount importance for the provision of quality care to the severe patient. Through the SNC and the operationalization of the nursing process, nurses reinforce their capacity to exercise their profession with autonomy and promote individualized and safe care, according to the specific needs of each patient.

Yes, but autonomy is conquered, not given to you, but conquered. From the moment you study, demonstrate safety in what you are doing, you can have autonomy with the nursing team and other professionals. (15).

I believe so, because we are closer to the patient and have an integrated team. The ICU routine itself allows you to work more closely with technicians, allows the work process and SNC to be more objective. Not least because providing care to critically ill patients requires a thorough look since they depend on us for everything. (18).

When asked about the technological contribution used in the ICU, they stated that this contributes to the nurse providing safe care to critically ill patients. However, this professional needs to be able to associate his scientific knowledge with the use of technology and the patient's care needs, as demonstrated in the following answers:

Technology is a tool to assist in care, but the nurse is the one who will translate the data it gives, so he needs to be trained, qualified for such a task. It is also necessary to associate the patient's clinic with physiology and pathology and not only take into account the data that the technological contribution tells me. (13).

In parts, because the technological contribution alone will not give you safety in the assistance if you do not know how to interpret and handle what you are seeing. (15).

Regarding the care provided to patients in this ICU, when asked if it was satisfactory, the participants stated positively, that they can feel satisfaction with the care they offer to their

patients, but believe that it could be better if some factors present in daily life were solved, as can be seen in the statements:

Of the ICUs I have worked to this day, whether a private or public hospital, I consider the current one the best. Of course, something can always be improved, but in this one, we have a good team of technicians, well-committed nurses, so I am very pleased with the assistance I provide to my patients. (15).

As an ICU nurse, I find the care here satisfactory for both the patient and me. The multiprofessional team as a whole has a good training, so this is satisfactory. However, technological resources could improve, such as having a satellite pharmacy and having the support from clinical engineering in the night periods, weekends and holidays, because when we do not have this support, we end up being responsible for the nurse to solve the problems that arise. (19).

Factors that interfere in the professional satisfaction of nurses in the ICU

In this category, the interviewees consider that, to perform their work activities, some factors interfere with their professional satisfaction. In this way, the following subcategories emerged:

Remuneration

The reports of this subcategory reveal that nurses consider remuneration a positive point in this hospital, since the salary is high when compared to other health institutions. However, they emphasize that it is important to take into account not only the remuneration, but also the working conditions offered to the professional.

Job satisfaction is not always about pay. Here the remuneration is good, but you can be satisfied earning less sometimes, it all depends on your work environment, the working conditions they provide you. (19).

The remuneration here would be a good point, but I do not think it is the most important thing. Because it also depends on how you feel in your workplace. (111).

Workload

The statements show a professional dissatisfaction with the 36-hour weekly workload established by the institution and highlight the importance of regulating 30 weekly hours for the nursing category:

Workload as a whole influences professional satisfaction. And then, we recall the old struggle for the 30 weekly

workload, because I think that in the ICU the nurse is very consumed, requested. (12).

Nursing is overloaded in this sector, somehow generating a little dissatisfaction in the professional. Therefore, I find excessive the 36h weekly here especially when it comes to the intensive nurse who performs a complex job. The ideal would be the regulation of 30h weekly for nursing. (16).

The more exhausted you are psychologically and physically, this will interfere in the care provided. The exhaustive workload interferes in your attention and consequently in the risk of committing iatrogenic. (19).

Teamwork

In relation to this subcategory, nurses considered teamwork a relevant factor for professional satisfaction and emphasized the existence of the multiprofessional visit, as a means of offering safe, effective and quality care.

In the ICU there is a discussion about patients in a multi way and allows the team to become more integrated in terms of communication and objectives established for each patient. (13).

The daily multiprofessional visit allows medical colleagues to realize how much nurses, physiotherapists, nutritionists and other professional categories are present in care and their importance in care and treatment. And, that without these categories, they cannot act completely in the treatment of the patient. (17).

Relationship of nurses with professional satisfaction in the intensive care environment during the Covid-19 pandemic

According to the nurses who worked in the Covid ICU (while this sector was operating), this experience was a reason for satisfaction in their professional life, despite the exhaustion and challenge of providing care to critically ill patients who had such an unknown pathology:

Acting as an intensive care nurse in the Covid ICU was a mix of emotions. I had moments I left very dissatisfied as I saw so many patients dying, but, on the other hand, I saw many getting severe and leaving the ICU well, bringing immense satisfaction. Because you see that all your effort, dedication and work resulted in the patient's recovery even before impasses like having a heterogeneous team where most of them had no experience working with critically ill patients. (14).

I had the opportunity to work in the Covid ICU since the first patient's admission and I usually say that it was a unique experience. I think we tried our best to offer quality care, I was pleased with how much we did, despite being exhausted because the shift was too heavy. But it was a phenomenal experience, it accomplished me as a person and professional. (17).

Nevertheless, this category identified different views on the part of nurses who remained in the general ICU of the hospital. They reported that they felt dissatisfied because they did not obtain due care on the part of management for their performance in this chaotic period and, consequently, they felt more vulnerable to the risks inherent to their professional practice during a pandemic, as evidenced in the following statements:

Perhaps if the hospital had offered homogeneous training for all care teams and not only for the Covid sectors, much could have been avoided. Here in the general ICU, training only began when the first cases of Covid appeared in the sector and after a formal request was made that the PPEs became more complete. This generated a dissatisfaction in the team. (19).

As it was such a delicate moment in the health area, I confess that, as a professional, I felt quite dissatisfied with the way the hospital management conducted things. I think they should have created more judicious flows for patient admission, since they set up a specific ICU to treat Covid patients. They should have had a greater concern with the general ICU staff by offering training even before the first cases were confirmed. (16).

Discussion

Over the years, nursing has evolved as a science and profession, no longer being developed by the stigmatized view of generalized care without theoretical basis and subsidized by medical knowledge, basing on scientific knowledge today through the SNC, operationalized by the Nursing Process and guided by its own legislation, as the Federal Nursing Council (COFEN) regulates. After applying systematized nursing care, nurses can achieve their professional autonomy, and should therefore be the essence of their practice⁽¹³⁾.

Thus, when nurses have autonomy in their work environment, they have control over their professional decisions and more independence in their actions. This aspect reinforces the importance of nurses making clinical decisions based on technical-scientific knowledge, critical thinking and legislation that support the exercise of their profession⁽¹⁴⁾.

The resolutions established by COFEN, n. 358/2009, contribute to strengthen the autonomy of the nursing professional. This resolution provides for the SNC and the

implementation of the Nursing Process in every public or private place where nursing care occurs⁽¹⁴⁾. Thus, as evidenced in the interviewees' discourses, SNC and the Nursing Process are considered fundamental tools in the ICU, because they allow nurse to act independently, using their technical-scientific knowledge in a systematized and individualized way, to be able to contribute to the clinical and functional restoration of the patient.

In addition, studies indicate that the Intensive Care Unit is also a complex environment of the hospital sector, characterized by high technology for the care of critically ill patients, requiring nurse's knowledge to identify and intervene in the physiological changes of patients, exercising a high capacity of organization and clinical competence to meet the various demands of the unit and the patient⁽⁵⁾.

In this sense, the study participants corroborate this idea by mentioning that having a good technological contribution in the intensive care environment is an important tool to provide care to critically ill patients. However, they emphasized the need for nurses to have a high level of technical and scientific knowledge to use technology appropriately, enabling the performance of invasive procedures inherent to their competence in a safe way and contributing to the continuous monitoring of their patients.

In the context of intensive care, the nurse's work includes dealing daily with the duel between life and death, the technological and human aspects of care, as well as using their knowledge, exercising critical and ethical sense in each procedure performed, aiming at providing effective care and patient safety⁽⁵⁾.

The intensive care nurse is responsible for assisting the individual in different critical situations within the ICU, in an integrated and continuous way with the members of the health team. It is worth remembering that the work process of ICU nurses has the care and managerial dimension, in which both should be complementary, because they are related to the type of care offered⁽¹⁵⁾.

Therefore, nurses reported that they are satisfied with the care they offer to their patients,

because they work with trained professionals, whether at the technical or college level. However, they believe that this assistance could be better if managerial aspects of the ICU routine were solved. They reported, for example, the lack of clinical engineering support at specific times. Thus, if a demand arises, the nurse is responsible for solving it in order not to compromise the care provided, which, consequently, results in another task in the midst of so many others that are inherent to this profession.

Thus, when we refer to the activities developed by ICU nurses, it is important to remember that, although these professionals are directly responsible for providing patient care, at many times, there is an overload of management activities to the detriment of care activities. An issue that deserves attention, so that this professional does not feel overloaded trying to solve problems of the sector or other professionals, aiming to meet emerging demands, being able to dedicate his/her work time to the planning and implementation of qualified and safe care to the patient⁽¹⁵⁾.

Moreover, to perform a work activity, the professional uses intrinsic and extrinsic aspects. The intrinsic factors are related to the positive perceived work through self-recognition, autonomy and professional achievement. Extrinsic factors refer to aspects of work, such as supervision, remuneration, interpersonal relationships, working conditions and quality of management⁽¹⁶⁾.

Thus, job satisfaction is directly linked to components that contribute to personal development, recognition and self-accomplishment, which are related to the results obtained in relation to the experiences lived and the responsibility inherent to the position occupied⁽¹⁾.

From this perspective, the study showed that remuneration, workload and teamwork influence factors in professional satisfaction, according to the nurses' statements. Regarding remuneration, they drew attention to the fact that remuneration alone is not a guarantee of professional satisfaction, stating the importance of considering the conditions offered by the workplace.

These statements corroborate the fact that the professional who likes what he/she does in his/her workplace develops his/her activities in a pleasurable and perfect way; but, for this, the health institution needs to provide the worker with the necessary human, physical and material resources in order to offer effective and efficient care. The absence of these resources hinders the development of health practices and may trigger a reduction in the care quality, and, consequently, put the patient's health at risk⁽¹⁾.

Concerning the workload, there was dissatisfaction with the 36-hour weekly scale established by the hospital. The nurses emphasized the importance of regulating 30 hours weekly for the nursing category, especially for the ICU nurse, who develops a complex practice of care dealing with hemodynamically instable patients who require total dependence on Nursing care.

A study conducted in 2016 stated that an excessive workload contributes to the physical and psychological illness of the worker. This fact contributes to absenteeism, occupational stress, work accidents, iatrogenic, exhaustion, work overload and lack of leisure⁽¹⁷⁾.

Thus, offering a non-exhaustive workload to the professional becomes important, because when he/she is satisfied with his/her work environment and the activities performed, he/she will perform comprehensive care to his/her patients, enabling safe and effective care. Therefore, paying attention to workers' health means investing in care quality⁽¹⁶⁾.

In relation to teamwork, the statements showed that the interviewees consider teamwork important in professional satisfaction, perceiving it as a way to integrate the multidisciplinary ICU team and offer more complete care to the patient. They also point out that the existence of the daily multiprofessional bedside visit that takes place in the ICU is an opportunity to discuss jointly about the clinical evolution of patients, prescriptions, future interventions and discharge schedule.

This finding is supported in the current literature, which states that the articulation of multidisciplinary teamwork is a fundamental

aspect for professional satisfaction and for care that should be based on the thought that the patient and his/her health needs eventually depend on all professionals, with equal intensity, within the area of competence of each one⁽⁴⁾.

Another point related to professional satisfaction is the valorization of the Nursing category. In view of this perception, in 2020, Florence Nightingale's bicentenary was commemorated, and the WHO and the International Council of Nurses created the worldwide Nursing Now campaign, which aimed to draw the attention of the member countries of the United Nations World Organization (UN) to the importance of valuing Nursing work⁽¹³⁾.

During the Nursing Now Campaign, the world was surprised by the emergence of an unknown disease, caused by the SARS-CoV-2 virus, declared Covid-19 pandemic by the WHO in March 2020, which consequently became a serious public health problem. In the same month, the Ministry of Health (MH) recognized the disease as community transmission throughout the country. Therefore, the MH and all spheres of government faced the need to create strategies to restructure health facilities and their teams to combat the virus and minimize the cases, seeking to avoid the collapse in Brazilian public health⁽¹⁸⁾.

Regarding the pandemic scenario, the interviewed professionals reported that, in the hospital where they work, a specific ICU was structured to assist patients with Covid-19, which had 14 beds. The nurses who worked in this ICU expressed that, although it is extremely challenging to provide care to a critical patient who had such a difficult pathology and still unknown in many respects by the scientific community, the experience was somewhat gratifying in the sense of being able to contribute to the patient's recovery.

These statements show how essential nursing is in health services, besides being the largest category of health professional with thousands of nurses worldwide. Nurses continue to assist the population in the context of the pandemic, from screening suspected cases to providing hospital care to hospitalized patients who develop severe

complications of the disease. Thus, the work of these professionals is fundamental to cope with the pandemic⁽¹⁹⁾.

Moreover, the nurse working on the front line of combating Covid-19 has the legal support that regulates his/her profession. Even before the difficulties imposed by a pandemic (such as the risk of becoming infected and contaminating their families, the long shift days, the level of extreme complexity of their patients, among others), they exercise their profession using their autonomy in the activities performed, with dedication and seek to overcome the challenges that arise throughout the care journey together with their multidisciplinary team, aiming to achieve a good provision of care and self-accomplishment as a nurse⁽²⁰⁾.

On the other hand, the nurses participating in this study who remained in the general ICU revealed a feeling of dissatisfaction because they were not seen with the same look of importance and concern by the hospital management. They reported that training was not a priority in that sector at the beginning of the pandemic, which only started after the first confirmed cases, and that the availability of personal protective equipment was a factor of extreme difficulty.

In this sense, the literature emphasizes the relevance of having organizational support and improving care practices, environmental factors that involve the organization of work and means for achieving better results in care provision. These characteristics become essential for professional satisfaction, as they allow developing management for good care practices and, consequently, trained professionals capable of offering safe care for themselves and their patients, either in the interfaces experienced in the daily routine of the health area, or in pandemic times⁽²¹⁾.

Finally, an important limitation is the fact that the study was developed at only one public hospital in the state of Sergipe. Thus, more studies are necessary in other hospitals and scenarios, whether public or private, to experience different realities, in order to expand the participants' conceptions about the theme

addressed, aiming to enrich the results obtained. Moreover, as a contribution, the study allowed a better reflection of ICU nurses on the importance of professional satisfaction about the chosen workplace and the benefits that this can bring in the development of their activities in the care of critically ill patients.

Final considerations

This study allowed understanding ICU nurses consider professional satisfaction an important aspect in their work environment and recognize its influence in the care offered to patients.

Thus, nurses perceived that professional satisfaction is not something isolated, on the contrary, it is directly associated with factors present in their daily work exercise, such as autonomy, decent remuneration, excessive workload and teamwork. This shows that the work environment where the professional is and the conditions that the environment offers directly influence their satisfaction and quality of care provided.

Therefore, it is essential that health institutions have an organizational support that aims at improving the care offered, in which the professional, in addition to being seen as a health care provider, is also seen as a subject who needs to be inserted in a work environment that values him/her as a nurse and offers physical, material and human resources that contribute to the realization of holistic and comprehensive care to the patient in intensive care.

Collaborations:

1 – conception, design, analysis and interpretation of data: Cícera Eugênia Pereira da Silva and Janine Melo de Oliveira;

2 – writing of the article and relevant critical review of the intellectual content: Emilenny Lessa dos Santos and Viviane Farias Barros;

3 – final approval of the version to be published: Emilenny Lessa dos Santos, Cyndi Myrelle da Silva Barros Romão, Josefa Jádiane dos Santos and Mariana Barbosa da Silva.

References

- Ozanam MAQ, Santos SVM, Silva LA, Dalri RCMB, Bardaquim VA, Robazzi MLCC. Satisfação e insatisfação no trabalho dos profissionais de enfermagem. *Braz J of Develop.* 2019;5(6):6156-8. DOI: <https://doi.org/10.34117/bjdv5n6-127>
- Morais BX, Pedro CMP, Dalmolin GL, Silva MA. Satisfação profissional de trabalhadores de enfermagem de um serviço de hemato-oncologia. *Rev Rene.* 2018;19:e3165. DOI: 10.15253/2175-6783.2018193165
- Ouchi JD, Lupo APR, Alves BO, Andrade RV, Fogaça MB. O papel do enfermeiro na unidade de terapia intensiva diante de novas tecnologias em saúde. *Saúde Foco [Internet].* 2018 [cited 2019 Jul 14];(10):412-28. Available from: https://portal.unisepe.com.br/unifia/wp-content/uploads/sites/10001/2018/07/054_O_PAPEL_DO_ENFERMEIRO_NA_UNIDADE_DE_TERAPIA_INTENSIVA.pdf
- Silva MFL, Alves ESRC, Santos EM. Desafio ao enfermeiro nas ações assistenciais e gerenciais na unidade de terapia intensiva. *Temas em Saúde [Internet].* 2019 [cited 2020 Nov 22]; 19(4):116-32. Available from: <http://temasemsaude.com/wp-content/uploads/2019/09/19408.pdf>
- Conselho Federal de Enfermagem. Lei do Exercício Profissional de Enfermagem nº 7.498, de 25 de junho de 1986 [Internet]. Brasília (DF); 1986 [cited 2021 Apr 3]. Available from: http://www.cofen.gov.br/lei-n-749886-de-25-de-junho-de-1986_4161.html
- Viana RAPP, Torre M, editoras. *Enfermagem em Terapia Intensiva: práticas integrativas.* Barueri (SP): Manole; 2017.
- Souza LPS, Souza AG. Enfermagem brasileira na linha de frente contra o novo Coronavírus: quem cuidará de quem cuida? *J Nurs Health.* 2020;10(4):e20104005. DOI: [HTTPS://DOI.ORG/10.15210/JONAH.V10I4.18444](https://doi.org/10.15210/JONAH.V10I4.18444)
- Oliveira AC. Challenges faced by nursing professionals in the Covid 19 pandemic. *REME rev min enferm.* 2020;24:e-1302. DOI: 10.5935/1415-2762.20200032
- Paulino GME, Matta ACB, Camilo NRS, Simões AC, Nishiyama JAP, Oliveira JLC, et al. Professional satisfaction and work environment of the nursing team in intensive

- care units. *REME rev min enferm.* 2019;23:e1271. DOI: 10.5935/1415-2762.20190119
10. Bardin L. *Análise de conteúdo.* Lisboa: Edições 70; 2016.
 11. Allison T, Peter S, Jonathan C. Critérios consolidados para relatar pesquisas qualitativas (COREQ): uma lista de verificação de 32 itens para entrevistas e grupos de foco. *Int J Qual Health Care.* 2007;19;349-57. DOI: <https://doi.org/10.1093/intqhc/mzm042>
 12. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução nº 466, de 12 de dezembro de 2012. Diretrizes e normas regulamentadoras da pesquisa envolvendo seres humanos [Internet]. Brasília (DF); 2012 [cited 2019 Jul 14]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html
 13. Raposo AC, Santos KCB, Gonçalves MMC, Coimbra LLM, Dias RS. A satisfação profissional do enfermeiro assistencial em um hospital de ensino. *Temas em Saúde* [Internet]. 2020 [cited 2020 Nov 8];20(1):360-89. Available from: <http://temasensaude.com/wp-content/uploads/2020/02/20121.pdf>
 14. Dutra S. Autonomia do enfermeiro em terapia intensiva no cuidado ao paciente queimado [trabalho de conclusão de curso]. Florianópolis (SC): Universidade Federal de Santa Catarina; 2019.
 15. Vargas D, Braga AL. O Enfermeiro de Unidade de Tratamento Intensivo: Refletindo sobre seu Papel. *Revista Online.* [cited 2021 Abril 4]. Available from: <https://www.unifafibe.com.br/revistasonline/arquivos/revistafafibeonline/sumario/10/19042010093459.pdf>
 16. Vieira GC, Ribeiro KV, Velasco AR, Pereira EAA, Cortez EA, Passos JP. Satisfação laboral e a repercussão na qualidade de vida do profissional de enfermagem. *ABCS Health Sci.* 2018;43(3):186-92. DOI: <http://dx.doi.org/10.7322/abcshs.v43i3.1123>
 17. Morais MP, Martins JT, Galdino MGQ, Robazzi MLCC, Trevisan GS. Satisfação no trabalho de enfermeiros em um hospital universitário. *Rev enferm UFSM.* 2016;6(1):1-9. DOI: 10.5902/2179769217766
 18. Bitencourt JVOV, Meschial WC, Frizon G, Biffi P, Souza GB, Maestri E. Nurse's protagonism in structuring and managing a specific unit for Covid-19. *Texto contexto - enferm.* 2020;29:e20200213. DOI: <https://doi.org/10.1590/1980-265X-TCE-2020-0213>
 19. Oliveira EM, Barbosa RL, Andolhe R, Eiras FRC, Padilha KG. Nursing practice environment and work satisfaction in critical units. *Rev Bras Enferm.* 2017;70(1):79-86. DOI: <http://dx.doi.org/10.1590/0034-7167-2016-0211>
 20. Brito LL, Simonvil S, Giotto AC. Autonomia do profissional de enfermagem diante da covid-19: revisão integrativa. *Rev Inic Cient Ext.* 2020 [cited 2021 Abril 4];3(2):420-37. Available from: <https://revistasfasesa.senaaires.com.br/index.php/iniciacao-cientifica/article/view/300/242>
 21. Oliveira KKD, Freitas RJM, Araújo JL, Gomes JGN. Nursing Now e o papel da enfermagem no contexto da pandemia e do trabalho atual. *Rev Gaúcha Enferm.* 2021;42(esp):e20200120. DOI: <https://doi.org/10.1590/1983-1447.2021.20200120>

Received: December 18, 2020

Approved: May 10, 2021

Published: May 31, 2021



The *Revista Baiana de Enfermagem* use the Creative Commons license – Attribution -NonComercial 4.0 International.

<https://creativecommons.org/licenses/by-nc/4.0/>

This article is an Open Access distributed under the terms of the Creative Commons (CC BY-NC). This license lets others remix, adapt and create upon your work to non-commercial use, and although new works must give its due credit and can not be for comercial purposes, the users do not have to license such derivative works under the same terms.