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Satisfaction at Work and Suffering in Professional Psychic Service Mobile Service Emergency (SAMU)

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Abstract

Background: This study aimed to evaluate the level of professional satisfaction, to identify the presence of psychic suffering and their correlations in Emergency Medical Services professionals. **Methods**: The study is of the exploratory, census, descriptive, transversal type, with quantitative approach. It used three instruments: A sociodemographic questionnaire; the Professional Satisfaction Index—PSI; and the Self Report Questionnaire—SRQ-20. 200 professionals took part in the research (doctors, nurses, nursing technicians and conductors). **Results**: The data show that the majority of professionals are aged between 40 and 49 years old and that the largest quantity of women belong to the group of nurses. As to the PSI, the majority of professionals pointed out remuneration as the most important for satisfaction. In the overall satisfaction result, the physicians were those who had the highest level of satisfaction. Regarding the SRQ-20 scores, the group of nursing technicians and nurses had the highest prevalence for psychic suffering, with 44.56% and 43.48%. In the statistical analyses between each of the components of the professional satisfaction with the SRQ-20 scores, we verified statistically significant correlations when adopting ($p < 0.05$). The percentage of dissatisfied professionals was higher among those who had psyche suffering (88.1% $\times$ 68.1%), finding a significant correlation with satisfaction and psychological distress with $p = 0.003$. **Conclusions**: It was concluded that the discontent of workers with remuneration and managerial issues are predominant for total dissatisfaction with work and dissatisfaction exerts a strong influence on the presence of suffering in these professionals.

1. Introduction

Work is a transforming action of people, to work is not only to produce, but it is also to transform people and this process can result in satisfaction or depending on the personal interpretation of job; it can cause suffering. In this context, health work has special attention due to its dynamics and its complexity, since the work of the health professional is the care of the human being which implies in the relation of people taking care of people [1] [2].

Job satisfaction is defined as a state of pleasure or a sense of well-being and motivation, which reflects a positive outcome of workers' assessment, on the perceive relationship between what an individual has idealized, with what people want to obtain with their work and what they perceive to achieve through job activity as the satisfaction of their values [3] [4].

Studies suggest that job satisfaction can lead to psychic suffering, seen by some authors as one of the greatest indicators in the definition of quality of life. The health team work is linked to pain, illness and death; elements which are indicative of high mental responsibility, emergency activities are a challenge for health workers, population and patients. The professionals of the health team run against time; they always must be in the chronological time to save lives; in other words, the patients' life time is involved in the care process or in them struggle for survival. So, these professionals are required to have a high level of balance for constant decisions regarding on patients' lives as a mark of these job situations [1] [5] [6].

In this perspective, professionals who work urgently, such as the Mobile Emergency Care Service (SAMU), are more exposed and likely to develop stress due to the circumstances that they often have to face, since time is essential for the success of a care. Now, professional need to deal with work overload, ambulance displacement, traffic, occurrences locations uncertainties and service dynamics, such as patients' severity, changes in the victim's general conditions, death, and the contact with the victim's family [2] [7] [8] [9].

SAMU is a mobile pre-hospital care service that aims to provide fast care with a high standard of quality and direct victims to the necessary resources, at the earliest possible time. The service starts when a call centre receives free calls made by the people phoning 192 where the immediate screening is done for the shooting of the right team according to the complexity of the occurrence. The professionals that make up the teams are nursing technicians and drivers forming the Basic Units (USB) and nurses, doctors and drivers composing the team of the advanced units (USA) [7] [9] [10].

The National Policy on Emergency Cares names and conceptualizes SAMU as

an important assistance component of emergency care: Trauma, clinic, obstetric, paediatric, psychiatric which was instituted by a standardized, regionalized, hierarchical and decentralized medical regulation centre [9] [11].

The circumstances under which the SAMU teams are submitted place these professionals in constant exposure to various risks, and may cause mental problems or aggravate these problems regarding their physical and mental health. Once health workers form SAMU team always work under health service protocols and involved in situations, these job situations are very stressing and can generate physical and mental suffering [12] [13] [14].

The purpose of this study was to investigate job satisfaction among the professionals that make up the SAMU team—Municipalities in the Northeast of Brazil, using the questionnaire PSI (Professional Satisfaction Index) with its components: Autonomy, interaction, professional status, organizational work requirements, rules and remuneration [13] [15]. We also investigated the prevalence of the psychic suffering of these professionals by applying the Self Report Questionnaire (SRQ-20) and accessed the relationship between the level of job satisfaction and SRQ-20 results with the Professional Satisfaction Index of these professionals.

2. Methods

The present study is exploratory, descriptive and prospective, with a quantitative approach. The guidelines of the National Health Council, Resolution CNS/MS 466/12, (approval opinion under no. 1.045.498 on 03/06th/2015.); the questionnaires were applied to the subjects of the research that compose the service team of the Basic Units—USB and of the Advanced Units—USA.

As inclusion criterion all those who were active for more than 4 years in the care service and agreed to participate in the study and signed for this the clear and free Informed Consent Term—TCLE.

The following reasons were used as exclusion criteria: the servers that during the data collection period were dismissed due to health problems, due to gestational leave, or were assigned to another institution and those who, due to on call exchanges or holidays could not be contacted.

The instruments applied were delivered together, in order to follow the fill-in sequence:

- First: A socio-demographic questionnaire, to characterize the subjects, consisting of eight questions: Gender, marital status, if they had children and if so, how many, profession, schooling, income, workload, time of service at SAMU.
- Second: Index of professional satisfaction - PSI, to evaluate the level of professional satisfaction.
- Third: The *Self-Reporting Questionnaire* 20, to identify the presence of psychic suffering.

The PSI and the SRQ-20 instruments are self-explanatory and self-enforcing; because it has the necessary explanations in its structure in order to guide its

completion.

The PSI is composed of two parts: the first part (Part) consists of a list of 15 pairs that combine the six components among themselves (autonomy, interaction, professional status, work organization requirements, rules and remuneration). This part identifies the order of importance attributed by the respondents to each component of the PSI regarding professional satisfaction.

Second (Part B) consists of the Attitudes Scale, with 44 statements used on a seven-point Likert scale, ranging from 1 to 7, where (1) was used for agreeing fully and (7) for disagreeing entirely, this part identifies the satisfaction attributed by the respondents to each component of the PSI regarding professional satisfaction. The following is a description of the guiding components of the instrument:

- **Autonomy:** Degree of independence, initiative and freedom, both permitted and necessary, in daily work activities;
- **Interaction:** Opportunity for social and professional contact, formal and informal during working hours;
- **Professional Status**: Perceived importance or significance about your work, both in your point of view and in that of others;
- **Work requirements**: The performance of tasks or activities as a regular part of the work;
- **Organization Rules:** Administrative rules and procedures proposed by the administration;
- **Remuneration:** Cash payment and additional benefits received for work performed.

At the end of the data collection, all the instruments were typed and tabulated in the Microsoft Office Excel® 2007 program and the program used to obtain the statistical calculations was the SPSS (Statistical Package for the Social Sciences) in version 2.

The author's recommendations were followed in order to achieve the Professional Satisfaction Index.

The PSI is the weighting of the two parts of the instrument; **Part A** consists of paired comparisons to determine the assigned importance of the components, and **Part B**, scoring the attitudes scale, which is the perceived satisfaction.

In order to obtain the weighting coefficient of the PSI components, the Frequency Matrix was constructed, which related how many times each component was chosen in relation to the other components; then the frequencies were converted into a Proportion Matrix, dividing the number of times the component was chosen by the "n" of the searched group. Each Group had its own calculations separately: physician, nurse, nursing technician and driver.

The Proportion Matrix was transformed into Z-Matrix to convert proportions into standard deviation, and a correction factor was used to avoid negative numbers. The value chosen for the factor was + 3.0, as this value was sufficient to balance the lowest negative value, Lino (1999) and Campos (2005) used 2.5 in their works though, while Tenani (2012) used 3.1 [16].

The result found after this sequence of calculations of Part A is the "Component Weighting Coefficient", which measures the level of importance assigned to each component (autonomy, interaction, professional status, work requirements, organizational norms and remuneration) for the professional satisfaction of the teams.

The items were grouped by components for scoring the attitudes scale (Part B) and since Part B has 44 statements, being 22 of positive character and 22 of negative character, the value inversion was performed. As the instrument possesses a positive character, the highest value attributed to the statement 7, should be related to the highest perceived satisfaction, then the positive items were inverted and the distribution matrixes of the response frequencies were created.

Regarding the Self-Reporting Questionnaire 20, this instrument is recommended by WHO to be used in clinical activity by any of the professionals who need it [12].

It consists of 20 dichotomous questions, with a YES or NO answer, where each affirmative answer has a value of "1" (one), while the negative ones have a value "0" (zero), and the final score is composed by means of the sum these values.

The obtained scores are related to the probability of non-psychotic disorder, the cut-off point was considered as greater than or equal to 7 points (≥ 7), both for the female and the male [7] [12].

The grouping technique was used in this study whose main objective is to group the very similar characteristics in relation to the variables studied in order to identify homogeneous groups within the sample and to explain the diversity in response to the studied variables [9] [13].

Therefore, the groups were classified from the scores obtained in the SRQ 20:

1) Group with the Presence of Psychic Suffering - P.S.P, score equal to or-greater than 7 points (≥ 7);

2) Group with No Psychic Suffering—A.S.P, score less than 7 points (< 7).

The result was divided into four groups regarding the Professional Satisfaction Index (PSI), considering the variation between the minimum and maximum possible score for satisfaction at work, which varies from 3.0 to 21.0 and the higher the achieved score the higher is the satisfaction of the individual.

Therefore, here are the four groups listed below:

1) Group with PSI less than 12.0 (dissatisfied);

2) Group with PSI greater than 12.1 (satisfied).

The "Cronbach's Alpha" reliability test was used to evaluate the internal consistency of the PSI. We arrive at a factor that expresses the degree of reliability of the instrument from the addition of the variances of the subjects' answers. The Cronbach's Alpha has a range between 0.00 to 1.00, considering the value above 0.70 as consistent and above 0.90 of high consistency [16].

Cronbach's Alpha calculations were made to the PSI by separating the groups, as the study was developed with four distinct categories of professionals (doctors, nurses, nursing technicians and drivers).

ALPHA OF CRONBACh
CATEGORY OF PROFESSIONALSCRONBACH ALPHA
DOCTORS0.88
NURSES0.82
NURSING TECHNICIAN0.73
CONDUCTORS0.79

The collected data were analysed descriptively through statistical measures: average, standard deviation and median for numerical variables and absolute and percentage distributions for the variables when in categories. They were inferentially analysed for the comparison between groups in relation to categorical variables or association between categorical variables using the Pearson's Chi-square test or Fisher's exact test when the condition for using the Chi-square test and the F-test (ANOVA) or the Kruskal-Wallis test for the numerical variables.

Turkey's multiple comparisons test was used in the case of significant difference by the F test (ANOVA), and multiple comparisons of the test were used in the case of the Kruskal-Wallis test. To verify the degree of association between the scores of the two instruments, the Pearson or Spearman correlation coefficient was calculated and the statistical test was used for the null correlation hypothesis.

It should be noted that the choice of the F (ANOVA) test and the Pearson correlation occurred when the data presented normal distribution and the Kruskal-Wallis test and Spearman correlation in the case of rejection of normality. The verification of the normality of the data was performed through the Shapiro-Wilk test and the verification of the averages equality hypothesis was performed through the Levene F test. Emphasizing that the margin of error used in the decisions of the statistical tests was 5%.

3. Results

The study consisted of n = 200 professionals, four groups of professionals: doctors; nurses; technicians and drivers.

The socioeconomic and demographic profile data are contained in Table 1 in the total group and by group. This table shows that: among doctors, nurses and drivers, the majority or the highest percentage corresponded to the group aged between 40 and 49 years old. Now, among nursing technicians, the two highest percentages occurred in the 28 - 39 age brackets (46.7%) and 40 - 49 years old (42.4%); the majority of physicians (64.3%) and the total number of drivers were male, while among the nurses and technicians the majority were female.

Regarding marital status, the highest percentage of each profession was composed of married people, with values varying from 47.8% to 71.8%; the percentage of those with children ranged from 60.9% to 95.8%, being lower among nurses and higher among drivers; among those who had children the highest frequency corresponded to two children.

Table 1. Evaluation of the demographic profile according to profession.

Variable	Professional								a	
	Doctor		Nurse		Nursing Technician		Conductor		Total Group	
	N	%	n	%	n	%	N	%	N	%[1]
TOTAL	14	100.0	23	100.0	92	100.0	71	100.0	200	100.0
Age Group										
28 to 39	4	28.6	7	30.4	43	46.7	22	31.0	76	38.0
40 to 49	6	42.9	15	65.2	39	42.4	35	49.3	95	47.5
50 or more	4	28.6	1	4.3	10	10.9	14	19.7	29	14.5
Sex										
Male	9	64.3	2	8.7	19	20.7	71	100.0	101	50.5
Female	5	35.7	21	91.3	73	79.3	-	-	99	49.5
Marital Status										
Maried	7	50.0	11	47.8	47	51.1	51	71.8	116	58.0
Single	2	14.3	10	43.5	29	31.5	8	11.3	49	24.5
Other	5	35.7	2	8.7	16	17.4	12	16.9	35	17.5
Number of children										
None	3	21.4	9	39.1	30	32.6	3	4.2	45	22.5
One	1	7.1	5	21.7	12	13.0	16	22.5	34	17.0
Two	7	50.0	6	26.1	38	41.3	35	49.3	86	43.0
Three or more	3	21.4	3	13.0	12	13.0	17	23.9	35	17.5
Scholling										
Post graduate	12	85.7	23	100.0	17	18.5	2	2.8	54	27.0
Graduate	2	14.3	-	-	14	15.2	13	18.3	29	14.5
High School	-	-	-	-	61	66.3	56	78.9	117	58.5
Income										
Until 3	-	-	-	-	92	100.0	71	100.0	163	81.5
More than 3 to 6	-	-	23	100.0	-	-	-	-	23	11.5
More than 6	14	100.0	-	-	-	-	-	-	14	7.0
Service Time										
5 to 10	8	57.1	6	26.1	4	4.3	-	-	18	9.0
More than 10	6	42.9	17	73.9	88	95.7	71	100.0	182	91.0
Worload(hours)										
Less than 30	2	14.3	2	8.7	-	-	-	-	4	2.0
30	4	28.6	21	91.3	92	100.0	71	100.0	188	94.0
More Than 30	8	57.1	-	-	-	-	-	-	8	4.0
Occupation Level 30 (hours)	14	100.0	23	100.0	92	100.0	71	100.0	200	100.0

Source: Search data.

Regarding schooling, all nurses were post-graduates and among doctors, this percentage was 85.7%, while among technicians and drivers most had a secondary level. As to income, all the doctors had income of more than 6 minimum wages, all nurses had income between 3 and 6 minimum wages and between technicians and drivers all had income up to 3 minimum wages.

With the exception of physicians, 28.6% had a workload equal to 30 hours, while more than half (57.1%) had more than 30 hours, most or all of the workload of the other three professions under study were 30 hours per week.

In the study of the SRQ20 scores and the professional satisfaction index and domains (Table 2), a significant difference between the professions was verified with the exception of the autonomy for the other variables.

The multiple comparison tests show significant differences for the variables with significant differences between doctors and drivers, and nurses and nursing technicians in SRQ20. The highest averages occurring among nurses and nursing technicians and the lowest among drivers in the professional status and interaction between the nurses and each of the other professions, and the averages were correspondingly lower among the nurses.

In the organizational norms between nursing technicians with lower average and drivers with higher average. In the work requirement between drivers with the highest average and nurses and technicians with lower values. In the interaction between nurses (with lower average) with technicians and drivers. In remuneration among physicians (with the highest average) and the other three categories; and in the total score among nurses (lower average) with doctors and drivers.

Table 3 presents the results of the study of the association between each of the professional domains with the SRQ20 scores. This table shows statistically different correlations from zero ($p < 0.05$) of SQR20 such as: among nurses with work requirements; among nursing professionals with professional status, organizational norms, work requirements, remuneration and total score. All negative correlations indicating an inverse relation and non-high values since the highest correlation was −0.419.

In the total group, with the exception of the "Remuneration" domain, the other correlations were statistically significant with values ranging from −0.153 to −0.373 and, therefore, not considered high.

When the two categorized instruments are considered, it is found in the total group that the association was significant and the percentage of dissatisfied professionals was higher among those who experienced than among those who did not experience psychic suffering (88.1% vs. 68.1%).

Table 4 shows that: the only physician classified as having psychic suffering did not consider himself dissatisfied and the percentage among those suffering from psychic suffering was considered dissatisfied; among the 10 nurses with psychic suffering, all considered themselves dissatisfied and in the other categories the unsatisfied percentage ranged from 71.4% to 90.2%.

Table 2. Statisticians of it according to prop up SRQ20 and components of the index of professional satisfaction profession.

Scores/Domain	Professional					Value of p
	Doctor	Nurse	Nursing Technician	Conductor	Total Group	
	Average ± DP (Median)	Average ± DP (Median)	Average ± DP (Mediann)	Average ± DP (Median)	Average ± DP (Median)	
SRQ20	3.29 ± 2.67 (3.50)(A)	6.78 ± 4.34 (5.00)(B)	6.35 ± 4.56 (6.00)(B)	2.37 ± 2.97 (1.00)(A)	4.77 ± 4.36 (4.00)	p(1) < 0.001*
Professional satisfaction índex						
Professional Status	13.41 ± 1.98 (13.87)(A)	11.87 ± 1.75 (11.87)(B)	14.30 ± 1.73 (14.70)(A)	13.89 ± 1.75 (14.12)(A)	13.81 ± 1.90 (14.01)	p(1) < 0.001*
Organizational Rules	7.40 ± 2.75 (7.15)(AB)	6.88 ± 2.12 (6.55)(AB)	6.22 ± 1.78 (5.97)(A)	7.44 ± 2.44 (7.39)(B)	6.81 ± 2.21 (6.51)	p(1) < 0.001*
Requirements for work	12.00 ± 3.92 (10.68)(AB)	11.15 ± 1.84 (11.21)(A)	11.50 ± 2.68 (10.79)(A)	12.89 ± 2.56 (13.31)(B)	11.99 ± 2.73 (11.73)	p(1) = 0.003*
Interaction	12.62 ± 2.61 (12.02)(B)	10.35 ± 2.35 (11.15)(A)	12.40 ± 2.82 (12.39)(B)	13.27 ± 2.60 (13.46)(B)	12.49 ± 2.80 (12.62)	p(2) < 0.001*
Autonomy	14.04 ± 3.32 (14.39)	13.15 ± 3.84 (13.45)	13.95 ± 2.84 (14.21)	13.23 ± 2.48 (13.18)	13.61 ± 2.89 (13.96)	p(2) = 0.336
Remuneration	11.71 ± 4.28 (10.49)(A)	7.46 ± 3.01 (7.64)(B)	6.51 ± 3.12 (5.50)(B)	6.78 ± 2.93 (6.29)(B)	7.08 ± 3.37 (6.27)	p(1) < 0.001*
Total Score	11.86 ± 2.17 (11.47)(A)	10.14 ± 1.56 (10.16)(B)	10.81 ± 1.45 (10.89)(AB)	11.25 ± 1.54 (11.29)(A)	10.97 ± 1.60 (11.01)	p(2) = 0.003*

Source: Search data. (*): Significant difference to the 5.0% level. 1): Through the Kruskal test Wallis with pareadas comparisons of the related test. 2): Through the F test (ANOVA) with pareadas comparisons of Tukey. Obs.: If all the letters between parentheses are distinct, prove significant difference between the corresponding professions.

Table 3. Correlation of Pearson and Spearman between it props up SRQ20 and the domínios of the index of professional satisfaction.

Domains of the satisfaction professional index	SRQ20			
	Doctor	Nurse	Nursing Technician	Conductor
Profissional Status	0.096 (0.745)(1)	−0.172 (0.433)(2)	−0.253 (0.015)*(2)	−0.141 (0.239)(2)
Organizational Rules	−0.073 (0.804)(1)	−0.267 (0.218)(2)	−0.281 (0.007)*(2)	0.067 (0.577)(2)
Requirementes for work	0.062 (0.833)(1)	−0.419 (0.046)*(2)	−0.345 (0.001)*(2)	−0.170 (0.157)(2)
Interaction	0.162 (0.580)(1)	−0.206 (0.346)(2)	−0.185 (0.078)(2)	−0.074 (0.538)(2)
Autonomy	−0.120 (0.683)(1)	−0.160 (0.466)(2)	−0.004 (0.969)(2)	−0.115 (0.338)(2)
Remuneration	−0.239 (0.412)(1)	−0.160 (0.467)(2)	−0.207 (0.047)*(2)	−0.073 (0.543)(2)
Total score	−0.059 (0.842)(1)	−0.360 (0.091)(2)	−0.361 (<0.001)*(2)	−0.111 (0.356)(2)

Source: Search data: (*): Statistical different of zero. (1): Correlation of Pearson. (2): Correlation of Spearman.

4. Discussion

The data from this study show that the group of nurses has the highest female predominance with 91.3% and the group of nursing technicians the second highest with 79.3% of their total.

Table 4. Evaluation of the index of professional satisfaction according to props up SRQ20 for profession.

Professional	Professional satisfaction index	Presente		Absente		Total Group		Value of p
		n	%	n	%	N	%	
Doctor	Dissatisfied	-	-	8	61.5	8	57.1	$p^{(1)}$ = 0.429
	Satisfied	1	100.0	5	38.5	6	42.9	
	TOTAL	1	100.0	13	100.0	14	100.0	
Nurse	Dissatisfied	10	100.0	10	76.9	20	87.0	$p^{(1)}$ = 0.229
	Satisfied/Very satisfied	-	-	3	23.1	3	13.0	
	TOTAL	10	100.0	13	100.0	23	100.0	
Nursing Technician	Dissatisfied	37	90.2	38	74.5	75	81.5	$p^{(2)}$ = 0.053
	Satisfied/Very satisfied	4	9.8	13	25.5	17	18.5	
	TOTAL	41	100.0	51	100.0	92	100.0	
Conductor	Satisfied	5	71.4	40	62.5	45	63.4	$p^{(1)}$ = 1.000
	Satisfied/Very satisfied	2	28.6	24	37.5	26	36.6	
	TOTAL	7	100.0	64	100.0	71	100.0	
All professional	Dissatisfied	52	88.1	96	68.1	148	74.0	$p^{(2)}$ = 0.003*
	Satisfied/Very satisfied	7	11.9	45	31.9	52	26.0	
	TOTAL	59	100.0	141	100.0	200	100.0	

Source: Search data. (*): Significantassociation 5%. (1): Through the Accurate test of Fisher. (2): Through the test Qui-square of Pearson.

As for the age group, the groups of physicians, nurses and drivers are mostly between 40 and 49 years old, while the group of nursing technicians is composed of younger professionals, with prevalence of the age group between 28 and 39 years. This corroborates with the findings in the studies, where they argue that the APH—mobile service requires skill and physical effort, factors that influence the quality of the care, understanding that it is more appropriate for a young professional [4] [5] [13] [17] [18].

Regarding the level of schooling, nurses in their entirety have postgraduate courses, leading to the conclusion that nurses are training and improving within the profession 3, 7 and 10. However, it is understood that as the professional gets qualified and does not have the return on the part of the institution, as valorisation and recognition of the merit, this brings therefore the demotivation and dissatisfaction with the work. Noting that the group of nurses had the lowest results in the professional satisfaction index and the highest scores for psychic suffering [1] [17].

Regarding working time, this did not have significant relevance for satisfaction or for psychological suffering, since 91.0% of the professionals were in the

service for more than 5 years. This situation was related to the period of greater admission of the servers in the last public contest of the health area in the state, other than that some employees have shorter institution time, once they have been swapped from other units [3] [19]

Some studies have shown that employees with shorter periods of service are more satisfied because they have not suffered attrition with work activities, however, other authors argue that people stay longer in the same unit because they are more satisfied and do not show interest in changing [9] [17].

With the exception of physicians, 28.6% had a workload equal to 30 hours, and more than half (57.1%) had more than 30 hours, most or all the other three professions workload under study were 30 hours per week [2] [12] [20].

The group of physicians also presented homogeneity on the hourly load, which presented in their majority hourly load other than 30 hours, most of them with a workload of more than 30 hours. Considering the group of nurses only 8.7% have a workload greater than 30 hours, studies show that freedom of choice in the distribution of hours is something that influences the individual's relationships with work and their quality of life [13] [16].

In developing the PSI calculations, it was possible to identify the importance assigned by each group to the six components of the instrument [7] [17] [18].

The group of physicians was the only group that chose autonomy, as the most important component for their professional satisfaction, unlike the other groups that chose remuneration [13] [16].

Autonomy is one of the elements that gives greater professionalism and prestige to an occupation, it represents the freedom to self-manage. Thus, the first component of greater importance for the group of physicians reflects the importance attributed to freedom in decision-making and in their professional conduct [4].

The other groups chose remuneration as the highest value component; many studies argue that people do not only work on the intuition of earning money. Yet, satisfaction with pay has been considered as one of the most important aspects of job satisfaction per se because it deals with one of the factors that have the greatest effect on the way of life of individuals, since their needs cannot be solved without the adequate wage value. With the great devaluation and lag in the income of these professionals they feel very unmotivated, since it is understandable that once the work is performed the professional must receive a fair value for it that represents the importance of his exercise [7] [11].

Data diverge from the great majority of professional satisfaction surveys involving nurses, notably that some of the studies were conducted at a time when a phenomenon of nursing valorisation was occurring with the advent of federal government programs such as the Family Health Program (PSF) and expansion of emergency policies. During this period, Nursing sought autonomy, since this is a profession understood by many as submissive to the medical professional. Currently, it is understood that nurses are seeking better wages as a way of valuing their profession [5] [14].

Also in Part A of the instrument, the component that had the lowest weight attributed by the groups of doctors, nurses and drivers was "professional status", and nursing technicians attributed less value to "organizational rules" [20].

Data demonstrate that professionals are not valuing the issue of the social representation of their work or the way others perceive and see its exercise. Even because SAMU is a socially established service, recognized for its importance and one of the few public services in the area of health that offers a high quality and efficient service in the country [17].

Thus, in agreement with the theory of needs and motivational, where the reward does not come only in the form of salary, but also in the external perception of the individual. It can be said through this study, that professionals are satisfied with their activities, work and representation of their work. However, the study presented the component "organizational rules" as one of the items with lowest satisfaction weight by the professionals [21].

The "organizational rules" component is directly linked to the administration and management of a unit, the routine, the workflow, the rules. When analysing the data, it is understood that the group of nursing technicians do not value issues related to discipline and rules, where these values do not affect their professional satisfaction [6] [8].

Still, with the results of perceived satisfaction, the component that presented the lowest score, representing lower satisfaction for the professionals, was the remuneration, followed by the organizational rules for nurses, nursing technicians and drivers; for doctors, they are less satisfied with organizational rules, followed by remuneration [4] [12].

From the level of satisfaction final result it is possible to group the similarities found, so the group that has the highest satisfaction, with an average score of 11,863, were the doctors, then the drivers, with an average of 11,249, the nursing technicians, 10,814, and the group of nurses with the lowest score 10,144 [11] [19].

It was important to note that in each profession, the majority were classified as unsatisfied, with the lowest percentage among doctors (57.1%), the highest percentage among nurses (87.0%) and it ranged from 63.4% to 74.0% in the other professions. Of these, the group of physicians are satisfied, being the group with more satisfaction with the remuneration component, component which was indicated by the other groups as the one with the lowest satisfaction.

Therefore, the results of the satisfaction of the groups of physicians and drivers are consistent with some national and international studies, where the satisfaction of these professionals is considered good [2] [21].

As for the results obtained with the group of nurses and nursing technicians, they diverge from some results of other studies and are similar to others [8] [19].

As the subject is very subjective and the differences in the context in which the groups under study are, are very dynamic, several factors can influence the differenceon [13].

Regarding the SRQ-20 results, the group that presented the lowest average in the scores for psychic suffering was that of drivers with only 2.35 points, other studies indicate that the fear of accident and stress with traffic are the most indicated factors for the suffering of this group of professionals.

The group of physicians had the lowest prevalence for suffering, with only 7.14% of professionals, diverging from some studies where about 40% to 50% of the professionals who work in emergency present psychic suffering.

The professionals that presented the highest prevalence in the SRQ-20 were the nursing technicians and the nurses. These results are compatible with other studies, this is due to the characteristics of the profession, as well as the intense days of work by the accumulation of jobs and the questions of personal order, to the fact that the majority are homemakers and they add the functions of mothers, homemakers and professionals [14] [22] [23].

Among the symptoms of the SRQ-20 instrument, those who were most indicated by the participants of the four groups were the "poor sleep" indicated by 101 of the respondents, then "feel nervous, tense or worried" pointed out by 85 of the respondents. Data corroborate with other studies where these symptoms had a higher prevalence among the participants.

These symptoms represent the stress situations experienced in the routine of the SAMU professionals, where the on-call system generates tension, the emergencies where time is fundamental for the success of an occurrence and the contact with scenes of strong impact; affect the behaviour of sleep and the emotional state of these professionals [6] [12].

When analysing the results of the associations between each of the components of professional satisfaction with SRQ-20 scores, there is a statistically significant association with some of the components of the results of some groups. Nurses with work requirements; the nursing technicians with professional status, organizational rules, work requirements, remuneration and total score, noting that in these groups the low professional satisfaction is an attribute to the presence of psychic suffering [10] [11].

The fact is that the lack of satisfaction with some components of professional satisfaction contributes to the presence of psychic suffering and that negative correlations prove that the higher the professional satisfaction the lower the presence of psychic suffering [14] [23].

5. Final Considerations

The present study allowed identifying professional satisfaction from the perspective of the PSI components (autonomy, interaction, professional status, work requirements, organizational rules, remuneration) in the different groups of professionals that make up the SAMU care teams (doctors, nurses, nursing technicians and drivers) and evaluating the presence of psychic suffering in these professionals and their relationships.

The general result showed that the professionals are mostly dissatisfied. They

presented a high score for the presence of psychological distress, a worrying fact and that proves that the lack of satisfaction with some components inherent to professional satisfaction contributes to the presence of psychic suffering and that the negative correlations show that the higher the professional satisfaction the lower the presence of psychic suffering.

The component that the professionals indicated as being more satisfied with in the result in the Professional Satisfaction Index was the professional status. This demonstrated that the professionals of SAMU are proud of their work and their social representations.

However, most professionals are dissatisfied with the remuneration component, since nurses, nursing technicians and drivers pointed out this component as the component that they have the least satisfaction, only the group of doctors pointed out to "organizational rules" as the component of lowest satisfaction. This fact confirms the need to establish a plan of positions and careers for an equitable fair salary increase that values the merit of the professionals and the importance of their work.

Based on the results of this study, it is possible to identify the need to develop a work focused on motivation and well-being in the work relations between the groups of professionals of the SAMU, because faced with the low satisfaction and the high presence of psychic suffering, these professionals have a high probability of physical and mental illness.

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