



COMPENSATION AND MEDICAL SATISFACTION IN SOUTHERN BRAZIL'S INTERIOR

A REMUNERAÇÃO E A SATISFAÇÃO MÉDICA NO INTERIOR DO SUL DO BRASIL

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ABSTRACT: Job satisfaction in the medical field is influenced by various factors, particularly compensation, which becomes increasingly relevant in the context of rising life expectancy and chronic diseases. This cross-sectional, mixed-methods study aims to evaluate physicians' satisfaction regarding their compensation in a central region of Rio Grande do Sul, Brazil. Data from 76 physicians were analyzed, with 46.1% working in private practices or clinics. The overall level of satisfaction was rated as moderate. The data revealed a need for improvements in the workplace, such as fairer compensation, reduced working hours, professional recognition, and flexible schedules. Therefore, political and managerial interventions, such as adjustments in compensation models, better working conditions, and more professional development opportunities, can enhance job satisfaction.

KEYWORDS: Job satisfaction. Medicine. Remuneration.

RESUMO: A satisfação no trabalho médico é influenciada por diversos fatores, especialmente, sua remuneração, cuja relevância se destaca em um contexto de aumento da expectativa de vida e de doenças crônicas. Trata-se de um estudo transversal qualitativo com o objetivo de avaliar a satisfação de médicos, em relação à sua remuneração, de uma região central do estado do Rio Grande do Sul, Brasil. Foram analisados dados de 76 médicos, 46,1% destes com atuação em consultório ou clínica privada. O nível de satisfação geral foi graduado em moderado. Os dados obtidos revelaram a necessidade de melhorias no trabalho, como remuneração mais justa, menor carga horária, reconhecimento profissional e flexibilidade nos horários. Assim, intervenções políticas e gerenciais, como ajustes nos modelos de remuneração, melhores condições de trabalho e mais oportunidades de desenvolvimento profissional, podem melhorar a satisfação para o trabalho.

PALAVRAS-CHAVE: Medicina. Remuneração. Satisfação Profissional.

INTRODUCTION

Health care has numerous aspects that influence both the quality of services offered and the satisfaction of professionals and users of health systems. Job satisfaction is a positive emotional state resulting from recognizing an individual's work. It is also considered an aggregate of feelings experienced by an individual about his or her work and the attitude that arises when these feelings are well-balanced.¹ Motivation refers to the process responsible for the intensity, direction, and persistence of a person's efforts to achieve a specific goal.²

Medical remuneration is one of the many factors that can influence the results of health services. On the other hand, health expenditures tend to increase due to increased population life expectancy and the high prevalence of chronic diseases. This fact contributes to the remuneration of medical professionals being an issue when discussing issues related to health care provision.³

There are several models of medical remuneration, each with its advantages and disadvantages. In general, adequate remuneration influences talent retention and the sector's efficiency.⁴ Among the most commonly seen remuneration models in clinical practice, we have the so-called Fee for Service or Production, in which payment is made for each service and/or procedure provided and supplied after the medical care has been performed. This payment method has the disadvantage of not encouraging care coordination and not holding health service providers accountable for the care results. In the fixed salary model, the professional receives a pre-established amount, considering the hours worked and including benefits such as vacation and thirteenth salary.⁵

Alternative remuneration models, such as performance, have stipulated goals, and the professional receives incentives when they achieve the proposed objectives in addition to a base payment. Value-based remuneration in healthcare is based on the results of the interaction between the healthcare system and the patient; that is, payment is linked to performance metrics based on healthcare results.⁶ There are also services where remuneration can be provided by combining one or more of the above models and configuring a mixed remuneration model.

Considering the most recent data from the Brazilian Institute of Geography and Statistics (IBGE) demographic census, 2023 Brazil had 2.69 doctors per 1,000 inhabitants. That is 545,767 doctors for a total population of 203,062,512 people. Based on IBGE's eight most recent censuses, the Brazilian population grew by 291%, from 51.9 million inhabitants in 1950 to 203 million in 2022. Doctors jumped from 22.7 thousand to 545.7 thousand in the same period – or 2,301% growth.⁷

Despite the increase in density, the inequality in the distribution of doctors in Brazil is more evident in the grouping of municipalities according to population strata. Among the 5,570 municipalities in the country, 3,861 (69.3%) have up to 20 thousand inhabitants. Together, these cities have 15.8% of the Brazilian population and only 2.8% of the total number of professionals in the country. Conversely, in the 41 cities with more than 500 thousand inhabitants, where 29% of the national population live, 61.5% of the doctors are concentrated. The 319 cities with more than 100,000 inhabitants account for 57% of the country's inhabitants and 85.5% of its physicians.⁷

Regarding the region studied, the Vale do Rio Pardo region is in the center-east of Rio Grande do Sul (RS), Brazil. Bordered by the Rio Pardo basin, which gives its name to the Valley, it encompasses 23 municipalities, some of the main ones being Santa Cruz do Sul, Venâncio Aires, and Rio Pardo. With a population of 441,292 inhabitants, the Valley is notably known for its tobacco cultivation and diversified agricultural production, such as soybeans, corn, and rice. According to data from the Rio Grande do Sul Economics and Statistics Foundation, the Rio Pardo Valley has an average Gross Domestic Product (GDP)

of R\$868,850.00, with the two cities with the highest GDP being Santa Cruz do Sul (R\$10,494,583.00) and Venâncio Aires (R\$3,671,051.00).⁸

According to the Regional Medical Council of Rio Grande do Sul, the Valley currently has 364 active doctors, concentrated in Santa Cruz do Sul, Venâncio Aires, Rio Pardo, and Sobradinho. The region's medical density is 0.87 doctors for every thousand inhabitants.⁹ According to the National Registry of Health Establishments, the region has 16 general hospitals, 39 Adult Intensive Care Unit (ICU) beds, 4 Intermediate Care Unit beds, 4 Pediatric ICU beds, and 8 Neonatal ICU beds.¹⁰

The Brazilian population is aging, which implies a growing demand for health services. Dissatisfied or poorly paid professionals can compromise the quality of these services, directly impacting the population's well-being.¹¹

Job satisfaction is correlated with the quality of care provided. Satisfied doctors are likelier to provide attentive care, update their knowledge constantly, and establish an effective therapeutic bond with their patients. An individual's level of satisfaction in their chosen career determines their commitment to providing services. The efficiency of the health sector depends, to a large extent, on the effectiveness with which human resources are used and motivated.¹²

Health promotion is a fundamental pillar in Primary Health Care (PHC), which acts as the gateway to the health system and is responsible for organizing care and meeting approximately 85% of the population's health needs. PHC offers preventive and curative actions and integrates them into patients' lives, holistically addressing their needs. Physician satisfaction is intrinsically linked to a harmonious and collaborative work environment, which is vital to the quality of care. Health professionals who work in a system that values health promotion and patient well-being experience greater satisfaction in their roles. Compensation, which reflects the value of the work performed in health promotion, motivates professionals and ensures they can continue providing high-quality care. Thus, health promotion, combined with fair compensation, contributes significantly to the well-being of physicians and the effectiveness of the health system as a whole.¹³

Adequate remuneration and professional satisfaction are key factors in retaining talent and preventing the flight of professionals to other countries or sectors outside of Medicine. In addition to remuneration, other extrinsic factors are considered when retaining healthcare professionals, such as company or workplace policies, relationships with managers, working conditions, and feelings associated with a lack of status or security. There are also intrinsic factors, such as recognition, achievement, advancement, the nature of the work performed, and responsibility. Motivators like recognition and achievement can result in more productive and committed employees.¹⁴ Workplace culture and interpersonal relationships are also critical to job satisfaction, suggesting that creating more inclusive and supportive work environments could be an area for improvement internationally.¹⁵

When remuneration is not attractive or does not reflect the responsibilities and specializations of doctors, there may be a lack of motivation to seek training and specialization, which could, in the long term, compromise the technical level of professionals working in the country. Brazil has 1.58 specialist doctors per 1,000 inhabitants, considering all professionals qualified in at least one of the 55 recognized medical specialties. However, in all the specialties studied, there is an unequal distribution of doctors among the states of the Federation.¹⁶

Brazil is a country of continental dimensions with several regional particularities. The state of Rio Grande do Sul, for example, has a healthcare structure that can vary between urban and rural areas and between the capital and smaller cities. Studying the remuneration and satisfaction of professionals in this region can help to understand and solve specific challenges, such as the unequal distribution of doctors. Understanding physician remuneration and professional satisfaction is crucial to developing

effective public policies. These studies provide data that can guide governments and institutions in creating strategies to value and incentivize healthcare professionals.

In addition, the healthcare sector is one of the largest employers in Brazil. Fair and adequate remuneration can positively influence the economy since doctors and other healthcare professionals are consumers and, when well remunerated, tend to invest more in the local economy. Medical remuneration is indisputable in that it encourages the quality of healthcare services provided to the detriment of quantity and better patient health outcomes.

Based on these concepts, a study was carried out to evaluate doctors' satisfaction with their remuneration in a central region of Rio Grande do Sul, Brazil, considering their expectations and perceptions about the quality of care in public and private environments.

METHODOLOGY

A cross-sectional qualitative and quantitative study investigated the satisfaction of physicians working in the Vale do Rio Pardo (RS, Brazil).

The sampling was conducted by convenience, with data collection in August 2023. The study included physicians who, on the data collection date, had been working for at least 12 months in the public and/or private health network in any of the municipalities in the region. Those who completed the form inadequately were excluded.

The data was obtained anonymously and voluntarily, using semi-structured electronic interviews via Google Forms, and then analyzed in the IBM® SPSS® Statistics 22.0 for Windows program. The research group prepared the interview form. It included 20 closed questions on the epidemiological and sociodemographic profile, 4 satisfaction questions with a scale from 0 (zero) to 10 (ten), and 2 open questions in which participants could write about the need for improvements in working conditions and remuneration ("In one sentence, tell us what could improve your work in general" and "In one sentence, tell us what could improve your main current remuneration model"). All participants signed the informed consent form.

The Shapiro-Wilk test was used to test the normality of the data. Categorical (qualitative) variables were presented as absolute (n) and relative (%) frequencies. Quantitative variables with normal distribution were presented as mean and standard deviation (SD). Fisher's exact test was used for variables with two categories, and Pearson's chi-square test was used for variables with more than two categories to assess differences in associations between categorical variables. Pearson's correlation coefficient (r) was also used to determine the degree of linear correlation between two quantitative variables. A 95% confidence interval (95% CI) was established, and p-values <0.05 were considered significant.

As Bardin proposed, the qualitative data collected were analyzed using the content analysis technique. This approach was chosen because it can identify thematic categories from narratives and textual documents, facilitating the organization and interpretation of data in an applied research context. NVivo® 11.4 software was used to perform analysis, a tool that enables systematic data coding and the visualization and organization of information into analytical categories.

The Research Project was submitted to the Research Ethics Committee of the University of Santa Cruz do Sul and approved under opinion No. 6,241,537. None of the authors had a conflict of interest.

RESULTS

Interview forms were sent to the 364 active physicians in the Vale do Rio Pardo region, and 86 responses were obtained, one of which was simply the refusal to sign the Informed Consent Form. Of the 85 interviews initially analyzed, 9 were excluded because they did not comply with the proposed criteria, resulting in 76 valid responses, 20.87% of the region's physicians.

The physicians interviewed ranged in age from 26 to 77, averaging 39.39 (SD \pm 10.535) years. Regarding gender, 40 (52.6%) physicians were male, and 36 (47.4%) were female. Table 1 shows the sample characteristics.

Table 1. Sample of doctors working in Vale do Rio Pardo – RS who responded to the questionnaire on evaluating doctors' satisfaction about their salary remuneration, 2023.

Characteristics	n	%
Gender		
Male	40	52.6
Female	36	47.4
Age		
From 26 to 35 years old	36	47.4
From 36 to 45 years old	17	22.4
From 46 to 55 years old	19	25.0
From 56 to 65 years old	1	1.3
From 66 to 75 years old	2	2.6
Above 75 years old	1	1.3
Race		
White	74	97.4
Brown	2	2.6
Marital Status		
Married/stable union	52	68.4
Single	19	25.0
Separated/divorced	5	6.6
Specialization	62	81.6
Master's	16	21.1
Doctorate	3	3.9
Post-Doctorate	3	3.9
Total	76	100.0

Source: Research data (2023).

When correlated with the age of the interviewees and the average monthly remuneration, we can infer that the older the individual, the higher their remuneration tends to be ($r = +0.427$). However, it is worth noting that the strength of this correlation is moderate, which means that other factors may also influence remuneration.

When comparing age and weekly workload, we can infer that the younger the individual, the higher their workload tends to be, but the strength of this correlation is relatively weak ($r = -0.204$). This correlation suggests that, although there is a trend, it is not strong, and other factors also influence workload.

The comparison of age with overall satisfaction with remuneration did not reach statistical significance ($p > 0.05$). This result is interesting because it challenges the intuitive notion that satisfaction with remuneration would increase with age (and presumably with increasing remuneration). Regarding motivation for work, Pearson's correlation ($+0.053$) showed a minimal positive correlation, inferring that the younger a person is, the more unmotivated they feel. The correlation is so weak that it is almost negligible, suggesting that age is not a good predictor of motivation for work in this context.

Regarding race or ethnicity, most respondents are white (97.4%), with the remainder being mixed (2.6%). Regarding marital status, 52 (68.4%) are married or in a stable relationship, 19 (25%) are single, and 5 (6.6%) are separated or divorced.

The time elapsed since medical graduation ranged from 2 to 53 years, with an average of 13.39 (SD \pm 10.305) years. The majority (60.5%) of participants graduated from private medical schools, with the remainder (39.5%) from public schools. Similarly to age, the correlation between time since medical graduation and overall satisfaction with remuneration did not reach statistical significance ($p > 0.05$).

Sixty-two (81.6%) respondents said "yes" to completing a specialization or medical residency, with clinical Medicine and family and community medicine being the most frequently cited fields. Regarding continuing education, only 16 (21.1%) respondents had completed a master's degree, 3 (3.9%) had completed a doctorate, and 3 (3.9%) had completed a postdoctoral degree.

Regarding the place where they work most of the time, 35 (46.1%) doctors work in private practices or clinics, 15 (19.7%) work in private or public hospitals, 14 (18.4%) work in health centers or family health strategies, and 12 (15.8%) work in emergency services.

The weekly workload ranged from 8 to 88 hours, averaging 50.07 (SD \pm 15.679) hours per week. The answers varied regarding the predominant type of remuneration, with the Fee-for-service payment model predominating (42.1%). The average monthly remuneration ranged from R\$15,001 to R\$30,000 (36.8%). This study's comparison between gender and average monthly remuneration did not reach statistical significance ($p > 0.05$). Table 2 provides information regarding the place of work and remuneration of the doctors interviewed.

Table 2. Sample of doctors working in Vale do Rio Pardo – RS, who responded to the questionnaire on evaluating doctors' satisfaction about the place of work and salary remuneration, 2023.

Characteristics	<i>n</i>	%
Predominant place of activity		
Private office and/or clinic	35	46.1
Public and/or private hospitals	15	19.7
Primary Health Care	14	18.4
Urgent and emergency service	12	15.8
Type of remuneration		
Fee for service	32	42.1
Fixed salary	14	18.4
Capitation	3	3.9
Pay for performance (P4P)	1	1.3
Mixed (more than one or two types above)	26	34.2
Average Monthly Salary		
Up to R\$ 15.000,00	18	23.7
From R\$ 15.001,00 to R\$ 30.000,00	28	36.8
From R\$ 30.001,00 to R\$ 45.000,00	19	25.0
R\$ 45.001,00 or more	11	14.5
Total	76	100.0

Source: Research data (2023).

When calculating the correlation between the place of work and the remuneration model applied, we can observe that in private practices, Fee for Service and unspecified mixed models predominate ($r = +0.351$). Still, regarding medical work in private practices, there was statistical significance when comparing monthly remuneration and satisfaction; that is, the doctor who works in private practice is better paid and consequently more satisfied.

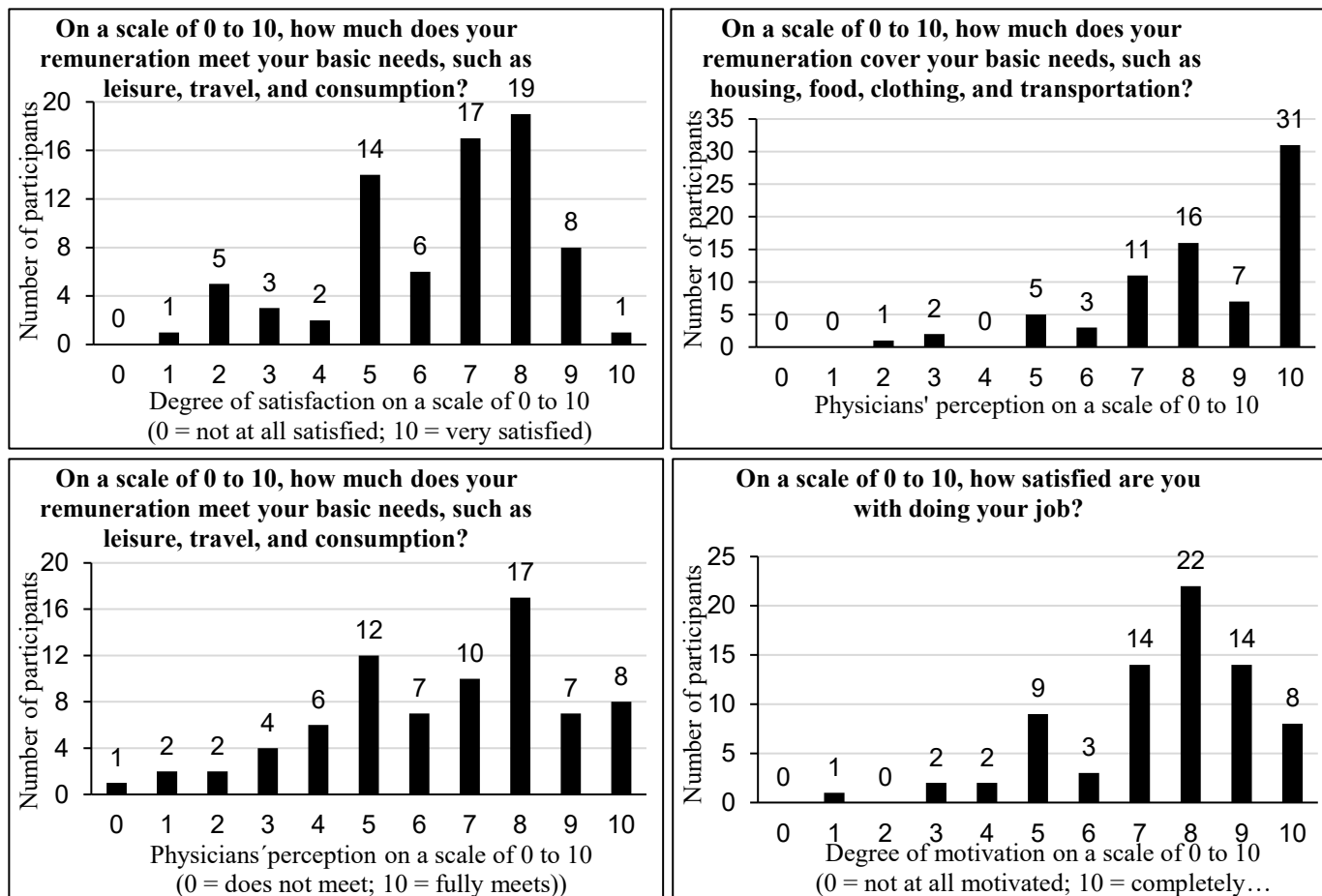
Regarding the questions specifically about satisfaction, four were asked, all scaled in scores from 0 to 10. The first question asks how satisfied the doctor is with his/her remuneration. In this question, a score of 0 equals completely dissatisfied, and a score of 10 is completely satisfied. This study's average score was 6.41 (SD \pm 2.073). This average score suggests a moderate level of satisfaction among doctors regarding their remuneration, indicating that, although the remuneration may be adequate for many, there is still room for improvement. Another significant correlation was about the level of satisfaction; that is, the higher the remuneration, the greater the satisfaction with the remuneration, regardless of its model ($r = +0.522$).

The second question concerns how much the remuneration meets basic needs, such as housing, food, clothing, and transportation. A score of 0 equals not meeting them, and a score of 10 equals fully meeting them. The average score obtained was 8.28 (SD \pm 1.929). Still, regarding meeting basic needs, the significant correlation was with the Fee-for-service remuneration model, interpreted as the remuneration model that best meets this population studied.

The third question deals with the extent to which the remuneration meets needs such as leisure, travel, and consumption, with a score of 0 equivalent to not meeting them and a score of 10 equivalent to fully meeting them. The average score obtained was 6.49 (SD \pm 2.425). The score is significantly lower than that assessing the fulfillment of basic needs, suggesting that, although the remuneration may be sufficient for basic needs, it may not be seen as adequate to allow for a lifestyle that includes leisure, travel, and other types of consumption.

The fourth and final quantitative question deals with how motivated the physician feels to do his/her work. A score of 0 equals a total lack of motivation, and a score of 10 is motivated. The average score obtained was 7.47 (SD \pm 1.887). The results of these questions are shown in Figure 1.

Figure 1. Satisfaction, Perception, and Motivation regarding the remuneration of doctors working in Vale do Rio Pardo – RS, 2023.



Source: Research data (2023)

By exploring physicians' working conditions experiences, narratives offer a rich and detailed insight into their priorities and challenges. These personal stories reveal the challenges, aspirations, and desires that shape their professional expectations. In the first open-ended question, "In one sentence, what could improve your work in general?" many physicians highlighted the need for adequate remuneration as a key element in improving their performance and job satisfaction. This perception is widely shared among the interviewees, who see remuneration not only as a means of subsistence but also as recognition of the value of their work.

In addition, many physicians expressed a desire for reduced working hours and greater flexibility in their schedules. These changes are essential to achieving a healthy work-life balance, allowing physicians to feel more fulfilled and less overwhelmed in their daily duties.

Another recurring theme was the need for greater professional recognition and appreciation. Likewise, incentives for new specializations and developments were also mentioned. Improvements in workplace resources and infrastructure were also common concerns. Some physicians expressed a sense of contentment with the current status quo, suggesting that the existing conditions already meet their professional expectations. This satisfaction may reflect positive individual experiences, where certain aspects of the work environment are seen as adequate and satisfactory. These narratives highlight the diversity of experiences and perceptions among professionals, underscoring that job satisfaction is a deeply personal and subjective experience. While some see room for improvement, others find reasons to feel fulfilled and valued in the current scenario.

In the second open-ended question, "In one sentence, say what could be improved in your current main compensation model," the responses could also be organized by theme. Many physicians wanted a salary increase, an hourly or consultation rate adjustment, and even an adjustment in line with inflation. Interestingly, other physicians expressed concerns about how these increases could impact costs for patients or health plans.

Many respondents focused on the amount paid per hour worked, with some mentioning that they would like to be paid for overtime and on-call work. There were also mentions of surgical fees. In addition to benefits such as a thirteenth salary and vacations, some doctors mentioned the desire to receive additional payments for working on weekends and holidays.

Reduced working hours and flexibility were also suggested to improve the remuneration model. Some doctors would like a model that pays for performance or productivity rather than a fixed salary.

Recognition of the work of resident doctors and appreciation of fees for each patient treated were mentioned. Health plans and insurance companies also needed greater appreciation, including better remuneration rates. Others expressed the desire to increase the number of private patients or to have a schedule with 100% private patients.

More minor tax deductions, including income tax (IRPF), and less bureaucracy also emerged as topics. Some doctors expressed a clear preference for hiring modalities that offer greater security and stability. In particular, many desired to be hired under the Consolidation of Labor Laws (CLT) or through updates that reflect contemporary working conditions. This preference reflects a search for guarantees that protect their rights and recognize their contributions fairly and equitably. The need for fairer remuneration that considers working conditions, such as the lack of structure and the high flow of patients, was also mentioned.

Finally, there were comparisons with remuneration in nearby municipalities, indicating the need for more competitive remuneration. Some responses were more specific, such as the desire for payment after the shift or a mention of a specific amount ("10 thousand").

DISCUSSION

The study revealed significant insights into physician satisfaction and remuneration in the Vale do Rio Pardo and Rio Grande do Sul. In a 2020 survey of physician satisfaction and remuneration conducted by Medscape with 1,342 professionals across Brazil, respondents were 42 years old, and 66% were male.¹⁷ On the other hand, some studies address the feminization of healthcare related to the greater inclusion of women in higher education and the general job market. In 2009, women became the majority in completing medical courses in Brazil, and since then, this trend has only grown. The scenario only differs among older physicians, among whom men still predominate.¹⁷ Despite the feminization of healthcare, the correlation between gender and remuneration is moderate, indicating that other factors, such as experience, specialization, and management skills, influence salaries.¹⁸

Here, we have a predominance of training in private schools, and almost all physicians have at least a specialization. In 2000, Brazil had 107 Higher Education Institutions (HEIs) offering undergraduate courses in Medicine, of which 54 (50.5%) were public and 53 (49.5%) were private. In 2019, this number totaled 337 active entities, and approximately two-thirds (65%) of the courses were offered by private HEIs.¹⁹ In the study by Torres et al., regarding continuing professional training after graduation, 92.0% of the graduated doctors had already completed or were completing a medical residency program at the time of the survey, and 75.6% had completed or were completing some specialization.²⁰ In 2021,

according to the Ministry of Education (MEC), 41,853 doctors completed a Medical Residency in Brazil, enrolled in programs maintained by 789 institutions accredited by the National Medical Residency Commission.²¹

Almost half of the doctors work in private practices or clinics, which indicates a predominance of the private sector. This may reflect better salaries, working conditions, or a preference for greater control over one's practice. Depending on the local population's health needs, the percentage of physicians in health clinics or family health strategies may indicate an adequate or inadequate concentration of physicians in this area. The balance between the public and private sectors and different types of health services is another valuable information for planning health policies.²²

The results of this study suggest that younger physicians may take on more hours to gain experience, challenging the intuitive idea that satisfaction with pay increases with age. This finding highlights the complexity of factors influencing job satisfaction, such as personal expectations, cost of living, and financial responsibilities.²³ These results also suggest some interesting trends in Medicine in the Rio Pardo Valley. This could be explained by the fact that younger physicians are in the early stages of their careers and may be more willing to take on more hours to gain experience or increase their income.

Other factors, such as personal preferences, family responsibilities, or job opportunities, may influence workload. The article by Joyce et al. highlights that family responsibilities, such as caring for children and senior citizens, are often disproportionately assigned to women. These responsibilities can impact their availability to work overtime or take on additional commitments, directly influencing the workload they are able or willing to work. The search for a work-life balance is a significant challenge, especially for professionals at the beginning of their careers. This search for balance can lead physicians to prefer work schedules that allow them to meet their personal and family needs. The article also discusses how gender stereotypes and implicit biases can shape job opportunities, affecting hiring, promotion, and performance evaluation. These stereotypes, in turn, influence workloads and career opportunities available, especially for women.²⁴

According to the Federal Revenue Service, in 2020, the average monthly income of physicians was R\$30.1 thousand, with the age group from 51 to 60 years having the highest income, with an average of R\$41.2 thousand. Female physicians reported income equivalent to 64% of that of men. Career satisfaction among health professionals has been studied in several other countries, revealing common trends and challenges. Internationally, the systematic review by Pearson et al. shows that female surgeons report lower overall career satisfaction and difficulties balancing work and personal life compared to their male colleagues. These disparities are often exacerbated by experiences of gender discrimination and sexual harassment in the workplace, highlighting the urgent need for structural interventions to address these issues. Although some initiatives have been implemented to improve career satisfaction and work-life balance, significant gaps remain unexplored. For example, the lack of equal representation of all surgical specialties limits the generalizability of the findings, and restrictive inclusion/exclusion criteria may have excluded relevant studies.²⁵

Concentration in private practice had a statistically significant relationship between compensation and satisfaction, indicating that physicians in this sector are better compensated and more satisfied. This relationship may be due to the simplicity of the compensation model that predominates in these settings, fee-for-service, where physicians are paid for each service. It may also reflect a preference for models that maximize compensation since private practices are often profit-driven.²⁶

The lack of statistical significance between age and overall satisfaction with compensation is interesting because it challenges the intuitive notion that satisfaction with compensation would increase with age (presumably with increasing compensation). It suggests that various other factors, including personal expectations, cost of living, financial responsibilities, and others, influence satisfaction with compensation. According to the study by Silva et al., dissatisfaction does not come exclusively from remuneration but also from the lack of stimuli for different needs. Although largely met, they indicate the relevance of resources such as salary to cover housing, food, and clothing. However, salary limitations can restrict the satisfaction of these basic needs. Recognition in the workplace and opportunities for interaction are essential for general satisfaction. The lack of moments of relaxation or professional feedback contributes to dissatisfaction that transcends the financial aspect.²⁷

Another study evaluating the satisfaction of professionals in Family Health Strategies in Ceará showed that several factors interfere with satisfaction and motivation for work, with remuneration being the variable with the highest rate of dissatisfaction.²⁸

The lack of motivation among younger people, minimally shown in this research, if confirmed by additional studies, could be a point of concern for health managers since the lack of motivation can affect the quality of care and the efficiency of the health system. Contrary to what was found in this study, a survey conducted with doctors who graduated from the University of Botucatu concluded that younger doctors were more motivated and satisfied with their profession than older doctors. This finding was associated with younger doctors being involved in activities related to studying, updating their knowledge, and producing knowledge.²⁰

The answers to the open-ended questions provide a multifaceted overview encompassing remuneration, quality of life, professional recognition, and working conditions. The study by Tambasco et al., conducted with health professionals in São Paulo, highlights the weekly workload and opportunities for growth as important factors for doctors. The remuneration and institutional recognition forms are addressed, reflecting the need for greater professional appreciation. Although it does not directly mention incentives for specialization, the study suggests a desire for opportunities for improvement. The lack of human and material resources is highlighted as a factor that reduces job satisfaction and impacts the health of professionals, with the absence of adequate materials being a significant obstacle to the whole exercise of activities.²⁹ These points reflect common concerns among doctors, emphasizing the search for better working conditions, recognition, and opportunities for professional development.

The study recognizes compensation issues and their importance but highlights that other variables influence job satisfaction, indicating the need for more control variables. Although the correlations are significant, some are moderate or weak, suggesting the influence of factors not captured in the study. The results offer relevant practical implications for human resource management in health: political and managerial interventions, such as compensation model adjustments and working conditions improvements, can substantially increase physician satisfaction. Fair compensation improves the well-being of professionals and positively impacts the local economy since well-paid physicians tend to invest in the community. In addition, job satisfaction is essential for talent retention, preventing physicians from migrating to other countries or sectors. Compensation models such as Fee for Service, which are associated with greater satisfaction, should be considered in health policies. At the same time, work-life balance, especially for early-career physicians, can be achieved with policies that encourage more flexible schedules. Professional recognition and appreciation, including incentives for specialization and development, are also essential to increase job satisfaction. Thus, adopting an integrated approach to promoting physician satisfaction benefits professionals and the health system.

CONCLUSION

Various factors, not just pay, influence physician satisfaction and well-being. Policy and management interventions can improve satisfaction, including adjustments to pay models, improved working conditions, and increased opportunities for professional development. In addition, health promotion plays a crucial role in physician satisfaction, as an environment that values preventive health and comprehensive patient care contributes to a greater sense of fulfillment and purpose among healthcare professionals.

The results of this study may help healthcare managers and policymakers understand work and pay dynamics in the region. These results may inform decisions about resource allocation or recruitment policies. For physicians, these trends may provide insight into what to expect regarding workload and pay at different stages of their careers.

In future research, it would be interesting to explore the relationship between pay satisfaction and other factors, such as burnout, and assess whether there are significant differences in pay satisfaction among different groups of physicians based on specialization.

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