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Quality of life of residents in the multidisciplinary residency program at a teaching hospital

Qualidade de vida dos residentes do programa de residência multiprofissional de um hospital de ensino

Calidad de vida de los residentes en el programa de residencia multiprofesional de un hospital universitario

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Objective: to evaluate the quality of life of multidisciplinary residents in a public teaching hospital. **Methods:** cross-sectional, quantitative, inferential study, Student's t-test (p≤0.05) for independent groups, with a non-probabilistic sample of those enrolled in 2023, in a hospital in the Triângulo Mineiro region, Brazil. Instruments on sociodemographic profile and WHOQOL-BREF were applied. **Results:** 34 residents participated, single, with previous professional experience, an average age of 28.1 for first-year residents and 28.4 for last-year residents. There were no statistical differences in the perception of quality of life. Lower scores were for psychological domains (average R1:14.5; R2:14.4); personal relationships among first-year residents (average: 14.3) and self-assessment of quality of life (average: 14.4) and environment (average: 14.5) among last-year residents. **Conclusion:** the research may contribute to reflection and alert managers on the topic, with a view to seeking strategies to preserve the quality of life of residents in physical and psychosocial aspects.
Descriptors: Quality of life; Internship and residency; Hospitals; Health.

Objetivo: avaliar a qualidade de vida dos residentes multiprofissionais em hospital público de ensino. **Método**: estudo transversal, quantitativo, inferencial, teste t-student (p≤0,05) para grupos independentes, com amostra não probabilística daqueles matriculados em 2023, em hospital do Triângulo Mineiro, Brasil. Aplicados instrumentos sobre perfil sociodemográfico e WHOQOL-BREF. **Resultados**: participaram 34 residentes, solteiros, com experiência profissional prévia, média de idade de 28,1 para residentes do primeiro ano, e de 28,4 para os do último ano. Não houve diferenças estatísticas na percepção da qualidade de vida. Menores escores foram para domínios psicológico (média R1:14,5; R2:14,4); das relações pessoais entre os residentes do primeiro ano (média: 14,3) e, autoavaliação da qualidade de vida (média:14,4) e meio ambiente (média:14,5) entre os residentes do último ano. **Conclusão**: a pesquisa poderá contribuir para a reflexão e alerta aos gestores sobre a temática, na perspectiva de se buscar estratégias visando preservar a qualidade de vida dos residentes no aspecto físico e psicossocial.
Descritores: Qualidade de vida; Internato e residência; Hospitais; Saúde.

Objetivo: evaluar la calidad de vida de residentes multiprofesionales en un hospital universitario público. **Método:** estudio transversal, cuantitativo, inferencial, prueba t de Student (p≤0,05) para grupos independientes, con una muestra no probabilística de los matriculados en 2023, en un hospital del Triângulo Mineiro, Brasil. Fueron aplicados instrumentos sobre perfil sociodemográfico y WHOQOL-BREF. **Resultados:** participaron 34 residentes, solteros, con experiencia profesional previa, edad media de 28,1 años para los residentes de primer año y de 28,4 años para los residentes de último año. No hubo diferencias estadísticas en la calidad de vida percibida. Las puntuaciones más bajas correspondieron a los dominios psicológico (media R1:14,5; R2:14,4); relaciones personales entre los residentes de primer año (media: 14,3) y autoevaluación de la calidad de vida (media: 14,4) y entorno (media: 14,5) entre los residentes de último año. **Conclusión:** la investigación podría contribuir a la reflexión y alertar a los gestores sobre la cuestión, con vistas a buscar estrategias dirigidas a preservar la calidad de vida de los residentes en los aspectos físico y psicosocial.
Descriptores: Calidad de vida; Internado y residencia; Hospitales; Salud.

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INTRODUCTION

In Brazil, the multidisciplinary residency in the health professional area was created after the decree of Law 11,129 of June 30, 2005[1]. It covers several areas such as: Biomedicine, Biological Sciences, Physical Education, Nursing, Pharmacy, Physical Therapy, Speech Therapy, Veterinary Medicine, Nutrition , Dentistry, Psychology, Social Work and Occupational Therapy, with a workload of 60 hours per week[2].

Due to the exhaustive workload and exposure to stressful situations during training, which can cause work overload, interference in daily life and reflect on their biopsychosocial aspects, residents may present some impairment in their quality of life (QoL)[3].

The hospital characteristic of being a stressful and dangerous place can interfere with residents' QoL, and the intensity that it will affect each professional will depend on the function and position in which they occupy[4]. Due to this arduous routine, the resident is often sleep deprived, and may experience an underwhelming performance in the work environment, memory difficulties, irritability and anxiety, causing physical and emotional exhaustion, which can be triggered by pressure and high workloads of the resident of the health area[5].

Some studies indicate that the high workload, daily tensions and the lack of ability of professionals to carry out daily activities, without organizational structure and the unpreparedness of preceptors, can lead to physical, mental and emotional exhaustion, insomnia, fatigue and thus interfere with QoL[1,6].

The search for the meaning of QoL is recent in the health area, due to the standards that have influenced health policies and practices in the last ten years. However, it is observed that several factors directly interfere with the resident's QoL. This study adopts the concept formulated by the World Health Organization (WHO) (REF), which is: “Quality of Life is an individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns”[7].

There are gaps in the production of knowledge about the reality of QOL of multidisciplinary residents within the scope of SUS training, despite the extreme thematic relevance to strengthening the health system in Brazil[8].

Therefore, this study aims to evaluate the quality of life of multidisciplinary residents in a public teaching hospital.

METHODS

This is an exploratory and cross-sectional study, with a quantitative approach, carried out within a *lato sensu* Postgraduate Program, Multiprofessional Integrated Residency in Health

(*Residência Integrada Multiprofissional em Saúde* - RIMS) modality, at a teaching hospital in the state of Minas Gerais, Brazil.

RIMS aims to train specialists, such as social workers, nurses, occupational therapists, physical therapists, nutritionists, psychologists, biomedical professionals and physical education professionals, aiming to provide excellent service to the community and strengthen the Unified Health System (*Sistema Único de Saúde* - SUS). In its political pedagogical project, attributes for excellence in comprehensive and humanized health care, social mobilization, management, work organization and health education are considered to improve the quality of life (Work Training). In the first year of training, residents (R1) carry out their practices at the teaching hospital, and, in the subsequent year, residents (R2) carry out their activities at the Basic Health Unit (*Unidade Básica de Saúde* - UBS)[9].

For this study, a non-probabilistic sample was considered, in order to reach the maximum number of participants, given the research interest in recognizing the phenomenon. The inclusion criteria were: residents enrolled in the multidisciplinary residency program in 2023; and exclusion criteria: residents absent for health reasons or on vacation during the data collection.

The program, in its specific multidisciplinary areas of child and adolescent health, adult health and elderly health, had a total of 48 residents enrolled and active during the data collection period.

Data collection occurred through the application of printed tools, in the health services environment where the residents worked, ensuring adequate space for interviews. They occurred in January 2023, with an average duration of thirty minutes each.

Regarding the tools used, firstly, a form was used, which aimed to identify the sociodemographic profile, containing 11 questions such as: date of birth, age, gender, year of graduation, profession, residency area of concentration, additional training, whether worked before residency, reason to enter residency as well as covering the following areas of training: biomedicine, physical education, nursing, physical therapy, nutrition, psychology and occupational therapy.

Then, to assess QoL, the WHOQOL-BREF was applied, validated in Brazil, consisting of 26 quantitative questions, divided into four domains: social relationships, psychological, physical and environment and a general facet: “quality of life” and health". The answers are based on the last two weeks, and the score varies from 1 to 5 according to the Likert scale, which are later converted using a specific syntax in Excel[10,11].

The data collected were transferred to an Excel spreadsheet and validated by double typing. Data analysis was performed using descriptive statistics, in which categorical variables were analyzed using measures of central tendency and dispersion, and for numerical variables and absolute and relative frequencies for categorical variables.

Furthermore, inferential analysis was used to determine the difference between independent groups regarding quality of life scores and their domains between the R1 and R2 groups. Normality assumptions were analyzed using the Shapiro-Wilk test ($p \geq 0.05$) and likelihood of variance using Levene's test ($p \geq 0.05$). To maintain the assumptions, the parametric t-student test was used for independent groups ($p \leq 0.05$). The Statiscal Package for the Social Sciences (SPSS) software, version 21, was used.

The study complied with resolution CNS 466/2012, of the National Health Council and was approved by the Research Ethics Committee of the Universidade Federal do Triângulo Mineiro, under opinion No. 5.804.271 and CAAE: 63919222.6.0000.5154. Participants were asked to sign the Free and Informed Consent Form (FICF).

RESULTS

At the time of the study, there were 48 residents enrolled and 15 (R1) and 19 (R2) participated in the study, making a total of 34 participants. Table 1 covers sociodemographic data. The average age of R1 was 28.1 years, with 80% declaring themselves single. The year of graduation varied from 1 year (6.7%) to 9 (60%) years. The predominant profession was nursing (40%). The predominant area was adult health (73.3%). As for additional training, 40% reported having a postgraduate degree, and 53.3% worked in the training area before entering residency, with a maximum working time of 10 years (6.7%).

The average age of R2 was 28.4 years, most of which were single (89.5%), the year of graduation varied from 1 year (6.7%) to 9 (60%) years, profession of nursing was predominant (26.3%), adult health residency was evident with 57.9%, 73.7% had additional degrees, 63.2 postgraduates and 63.1% worked in the training area before to enter the residence.

Table 1. Sociodemographic data of first and second year residents of the multidisciplinary residency program at a teaching hospital. Uberaba/MG, Brazil, 2023.

Variables		**R1** **No. (%)**	**R2** **No. (%)**
Marital status	Single	12 (80.0)	17 (89.5)
	Married	1 (6.7)	1 (5.3)
	Divorced	2(13.3)	1 (5.3)
Profession	Nursing	6 (40.0)	5(26.3)
	Biomedicine	3 (20.0)	2(10.5)
	Psychology	1 (6.7)	1 (5.3)
	Nutrition	1 (6.7)	3(15.8)
	Occupational Therapy	0 (0.0)	3(15.8)
	Physical Education	2 (13.3)	1 (5.3)
	Physical Therapy	2 (13.3)	4 (21.1)
Enrolled in specific area	Adult Health	11 (73.3)	11 (57.9)
	Elderly Health	2 (13.3)	4 (21.1)
	Child and Adolescent Health	2 (13.3)	4 (21.1)
Additional training	Yes	7 (46.7)	14 (73.7)
	No	8 (53.3)	5 (26.3)
If yes, which training?	Postgraduate	6 (40.0)	12 (63.1)
	Masters	1 (6.7)	2 (10.5)
Before entering residency, did you work in the training area?	Yes	8 (53.3)	12 (63.2)
	No	7 (46.7)	7 (36.8)

Table 2 shows the means and standard deviation of each QoL domain according to the WHOQOL-bref questionnaire, for the two groups of residents. No significant statistical differences were noted in the findings between quality of life and its domains between groups of residents. The physical domain received the highest score among residents (R1, average of 15.5; Standard Deviation (SD), ±2.3; R2 average of 15.4; SD ±1.9). The psychological and personal relationships domains and the environment and self-assessment of quality of life domains presented lower scores.

Table 2. Assessment of quality of life - WHOQOL-BREF of residents in the first and second year of the multidisciplinary residency program at a teaching hospital. Uberaba/MG, Brazil, 2023.

Variables	**R1**		**R2**		**t***	**p****
	Mean	**SD**	**Mean**	**SD**		
Physical Domain	15.5	± 2.0	15.4	± 2.4	0.09	0.93
Psychological Domain	14.5	± 3.0	14.5	± 2.2	-0.04	0.97
Personal Relationships Domain	14.3	± 4.2	15.3	± 1.9	-0.79	0.44
Environment Domain	14.9	± 2.5	14.5	± 2.3	0.49	0.62
QoL Self-Evaluation	14.8	± 2.8	14.4	± 3.0	0.38	0.71
Total Score	14.9	± 2.3	14.8	± 1.9	0.07	0.94

*Student's t test; **p<0.05.

DISCUSSION

Multiprofessional residency programs are important and should be recognized as a way of preparing for work. This in-service training allows people to face real situations, guided by academic studies, case discussions and the exchange of experiences with preceptors and other service professionals[12].

Entering a multidisciplinary residence combines several factors that can impact the perception of quality of life, such as: changes in lifestyle, intense demands, reduced time for social life, distance from friends and family and few leisure opportunities[13].

Compromised QoL can encompass one or all of its aspects, and can generate high levels of stress, anxiety, irritability, fatigue, feelings of anger, hopelessness and decreased ability to deal with adverse situations. Such factors have a direct relationship with the individual's productivity and can make them apathetic, reducing attention and concentration, decreasing professional and academic performance[14].

At first, the 60-hour work week does not seem to interfere with the search for multi-professional residency programs. However, this workload needs to be analyzed more carefully. The workload can be an exhausting factor for the work[15]. It is also necessary to recognize, in addition to the intense workload, the pressure, stress and the support system and coping with conflicts to which they are subjected[12].

There is also a perception that training activities in the health sector that involve practical internships contribute to tiredness, fatigue or sleep disorders, which can interfere with the perception of QoL among residents[15].

Therefore, combined with the exhaustive workload of working hours and other pressures that are subjected to during the journey, support measures are necessary during the residency. It is possible to seek therapeutic and educational strategies that can contribute to a better QoL, minimizing and preventing problems arising from work stress[14].

Knowing the professionals and their triggering factors are mechanisms that support better training and conduct of the work of the multidisciplinary resident. It is also important that they can discuss the issues that bother them, the situations they experience, including those involving interpersonal relationships, so that they can better deal with the realities[14].

In this study, the mean quality of life scores were higher in the physical domain and personal relationships, and lower in the psychological and environment domains.

The lower scores may correspond to the bonds that are built in coexistence between residents. That is why it is important to invest in a good interpersonal relationship between

colleagues, preceptors and supervisors, and other members of the healthcare teams, as they are going through similar phases and share the same workspace.

Furthermore, studies indicate that the physical domain has been the most affected in the quality of life of residents, which can be correlated to the care overload and the excessive workload required by the residency program[12,16,17].

Multiprofessional residents of a federal university in the state of São Paulo, around 2/3 of the 128 participants considered that they enjoyed "nothing", "very little" or "more or less" from life, as well as their ability to concentrate. These responses from a population of young residents may indicate that daily life has been arduous[15].

Along with 55 multidisciplinary residents from a federal public hospital in the state of Minas Gerais, the perception of negativity towards QoL is more strongly present in the facets related to satisfaction with work capacity, feelings of enjoying life and having enough energy for the day[12].

Among 94 multidisciplinary residents at the clinical hospital of the Universidade Federal do Rio Grande do Sul, relationships were identified between the emotional exhaustion of burnout, minor psychological disorders and quality of life. When residents in the process of psychological distress showed an inverse correlation with QoL[15]. A similar reality occurred when analyzing the QOL of 90 residents who graduated from the Universidade Federal de Grande Dourados, in the state of Mato Grosso do Sul, Brazil[17].

This reality can compromise the health and performance of residents throughout their workday. Consequently, they can affect the quality of care. Realities that subject residents to different types of stress can negatively affect their performance and physical and mental health, including impacting the training process and the quality of care provided[18]. The need for systematic monitoring of residents' quality of life is highlighted.

It should be noted that the perception of quality of life is attributed to an individual conception; that the same work condition may or may not influence a resident's quality of life[12,18].

However, work overload, difficulties in relationships with colleagues, preceptors and supervisors and the healthcare team, errors during care practice and dealing with losses and deaths - this group tends to cause negative perceptions and suffering, which can greatly impact the perception of QoL by residents. It can lead to illness and even withdrawal from the multidisciplinary residency program[12,18].

Above all, being part of a multi-professional residency program is a differentiating initiative in the lives of residents. It encourages a broader view of health care. The relationships

established between peers and supervisors improve know-how. In this way, the satisfaction generated by this sharing of information and professional growth is reflected in quality assistance, closer to the real needs of daily work in the SUS[12].

Due to the factors presented, it is necessary to invest in research that seeks to understand the interactions between quality of life, work and training of multidisciplinary health residents.

CONCLUSION

For this study, among the participating multidisciplinary residents, the mean quality of life scores were higher in the physical domain and personal relationships, and lower in the psychological and environmental domains.

The research may contribute to reflection and alert managers on the subject, with a view to seeking strategies aimed at preserving the quality of life of residents in the physical and psychosocial aspect, thus, consequently, providing comprehensive and qualified assistance.

Among the limitations of the study, there was the difficulty of finding a time and space reserved to carry out the research with the participants. The findings of the present research, even with the cross-sectional approach - a specific portrait of QoL among the specific group of residents, aims to contribute to the unveiling of this scenario and the need to expand the understanding of the living and working conditions of these residents. The limitations of the study concern the sample size - an intentional, non-probabilistic sample that allows the generalization of findings to groups in similar contexts.

Thus, future research, including qualitative methodological approaches, can be done to better understand the weaknesses identified in the domains and, therefore, better direct training in the humanistic aspects of the health service.

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Lourraine Tavares Lorena and **Adriana Cristina Nicolussi** contributed to the design, collection and analysis of data, writing and revision. **Fernanda Carolina Camargo**, **Rejane Cussi Assunção Lemos**, **Larissa Silva Souza** and **Marina Pereira Resende** collaborated in the conception, writing and revision.

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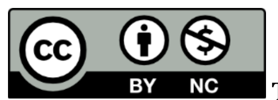

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