

Weaknesses and challenges faced by multiprofessional residents of a school hospital

RESUMO | OBJETIVO: Buscou-se evidenciar e discutir as maiores fragilidades e desafios enfrentados por residentes de um programa de residência multiprofissional. **MÉTODO:** Estudo descritivo exploratório, com pesquisa de campo de abordagem qualitativa. Os participantes foram residentes de enfermagem, fisioterapia e farmácia de um hospital público do Oeste do Paraná, totalizando 14 participantes. Foi enviado um questionário online com perguntas descritivas sobre características socioeconômicas, motivos pelo qual escolheram cursar residência e quais as maiores fragilidades e desafios enfrentados. A coleta de dados ocorreu entre junho a agosto de 2021. **RESULTADOS:** 50% eram jovens entre 23 e 25 anos. Buscaram o programa com o objetivo de adquirir experiência prática e melhorar o currículo profissional para ingressar no mercado de trabalho. As dificuldades relatadas permearam a carga horária, relações interpessoais e desvalorização profissional. **CONCLUSÃO:** Os residentes adquiriram conhecimento específico e continuarão seus estudos para melhorar o currículo e ingressar no mercado de trabalho.

Descritores: Residência Hospitalar; Saúde dos Estudantes; Especialização.

ABSTRACT | OBJECTIVE: We sought to highlight and discuss the greatest weaknesses and challenges faced by residents of a multiprofessional residency program. **METHOD:** Descriptive exploratory study, with field research with a qualitative approach. The participants were nursing, physiotherapy and pharmacy residents at a public hospital in the west of Paraná, totaling 14 participants. An online questionnaire was sent with descriptive questions about socioeconomic characteristics, reasons why they chose to attend residency and what were the biggest weaknesses and challenges faced. Data collection took place between June and August 2021. **RESULTS:** 50% were young people between 23 and 25 years old. They sought the program with the aim of acquiring practical experience and improving their professional curriculum to enter the job market. The reported difficulties permeated the workload, interpersonal relationships and professional devaluation. **CONCLUSION:** Residents have acquired specific knowledge and will continue their studies to improve their curriculum and enter the job market.

Keywords: Hospital Residency; Student Health; Specialization

RESUMEN | OBJETIVO: Buscamos resaltar y discutir las mayores debilidades y desafíos que enfrentan los residentes de un programa de residencia multiprofesional. **MÉTODO:** Estudio exploratorio descriptivo, con investigación de campo con enfoque cualitativo. Los participantes eran residentes de enfermería, fisioterapia y farmacia de un hospital público del oeste de Paraná, con un total de 14 participantes. Se envió un cuestionario en línea con preguntas descriptivas sobre características socioeconómicas, razones por las que eligieron cursar la residencia y cuáles fueron las mayores debilidades y desafíos enfrentados. La recolección de datos ocurrió entre junio y agosto de 2021. **RESULTADOS:** El 50% eran jóvenes entre 23 y 25 años. Buscaron el programa con el objetivo de adquirir experiencia práctica y mejorar su currículum profesional para ingresar al mercado laboral. Las dificultades relatadas permearon la carga de trabajo, las relaciones interpersonales y la desvalorización profesional. **CONCLUSIÓN:** Los residentes han adquirido conocimientos específicos y continuarán sus estudios para mejorar su plan de estudios e insertarse en el mercado laboral.

Palabras claves: Residencia Hospitalaria; Salud Estudiantil; Especialización.

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INTRODUCTION

Multiprofessional residencies in health areas were created in 2005, guided by the principles and guidelines of the Unified Health System (SUS), emerged as a result of local and regional health needs. ⁽¹⁾

The National Council of Multiprofessional Residencies in Health (CNRMS) through Resolution nº 2 of April 13, 2012, states that such multiprofessional residency programs constitute postgraduate education in the *lato sensu* modality, characterized by offering teaching together with in-service practice, guided by a preceptor, who works in the direct supervision of the practical activities carried out by the residents, and must be a specialist and be from the same professional area as the resident, tutors, responsible for the academic guidance activity of preceptors and residents, in addition to professors, professionals linked to training and executing institutions who participate in the development of theoretical and theoretical-practical activities. ⁽²⁾

The aforementioned Resolution also clarifies that the specialization modality has a minimum workload of 60 hours per week with a minimum duration of 2 years in an exclusive dedication regime, with the objective of inserting health professionals, preferably newly trained, duly qualified in the job market, aiming to cover areas of knowledge with greater deficit within the SUS. ⁽²⁾

The residency provides professionals through daily care practice with the progressive acquisition of technical and relational development, as they are exposed to real problem situations, representing everyday moments of work. Even being a professional in conditions of subordination and alienation, which can make it difficult to exercise professionally as a creator of personal satisfaction, this is a condition that broadly brings the dimensions of work, bringing to the fore the new contemporary issues, arising through changes generated by the scientific-technological advances of society. ⁽³⁾

The multi-professional residency programs are modalities of professional specialization conferred through in-service



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practice, which does not cease to be the professional occupation or work of the individual called resident. To this end, we

consider that work has an extremely important role in the lives of subjects. Work offers income, self-esteem, the power of personal growth and professional identity, however, in some cases, professional occupation is capable of negatively interfering with health, being a source of occupational stress, resulting in physical and mental signs and symptoms, jeopardizing the full development of their functions. All situations generated before this cause the worker to be disrupted, especially health professionals, who have a working day in which they are subjected to a high level of stress, which can cause physical and psychological damage. ⁽⁴⁾

The objectives of this study are to highlight and discuss what are the biggest weaknesses and challenges faced by residents of the multiprofessional residency program in Nursing, Physiotherapy and Pharmacy. Knowing the possible causes for the emergence of problems and knowing the resident's vision and perspective before and after joining the program. Therefore, the study is justified, since one of the objectives of residency programs is to train critical and reflective professionals, prepared to work in the job market, and it is expected that this research will raise questions that can be analyzed later and will contribute to improvements for the specialization programs.

METHOD

This is an exploratory descriptive study, with field research with a qualitative approach. The research setting was the Hospital Universitário do Oeste do Paraná (HUOP), which offers several types of residency.

Data collection comprised the period from June to August 2021.

The sample population consisted of second-year residents of residencies in Nursing, Physiotherapy and Pharmacy. A total of 34 professionals who were studying Nursing Management in Medical and Surgical Clinics, Nursing Surveillance and Infection Control, Hospital Phy-



siotherapy, Intensive Physiotherapy, Pharmacy in Clinical Analysis and Hospital Pharmacy were invited to participate in the research. Of the total number of professionals invited, 14 residents agreed to participate in the research.

Inclusion criteria were regular enrolled students who were in the second year of the programs, and who agreed to participate in the study. As an exclusion criterion, professionals who were attending the first year were used, since they have not yet obtained concrete experience and considerable time working in this form of specialization.

A previously prepared assessment instrument was used, we used the google docs® resource in the form of an electronic form sent by email to each resident who accepted to participate in the research together with a free and informed consent form (ICF).

The questions were based on tracing the socioeconomic profile of the participants, knowing what were the reasons that led them to make the choice to attend residency, exploring from the perspective of the participants, what were their greatest facilities, weaknesses and challenges faced during the period, in addition, knowing what each one expected from their residency program before starting it and what is expected after finishing it.

Based on the answers obtained, we traced an in-depth analysis of the perspective on the programs from the perspective of the residents themselves. Therefore, the answers were evaluated, compared and discussed according to the literature.

For data analysis, we used Bardin's content analysis methodology. To maintain the anonymity of the research participants, we named resident 1, 2 and so on.

The present study is part of a larger project, entitled "Construction of Care and Management Indicators of the Nursing Service at Hospital Universitário do Oeste do Paraná - HUOP" approved by the ethics and research committee under opinion nº 3,323,244 of 05/13/2019, CAEE 58636916.5.0000.0107.

RESULTS

The ages of the residents ranged between 23 and 46 years old, but most were concentrated in the age group between 24 and 25 years old, representing 43% of the sample, only 2 responded being between 32 and 35 years old, representing 14% of the sample, and only 1, over 40 years old.

When asked "What year did you graduate?" 43% responded that they graduated in 2019. Thus, we can see that the vast majority of these constituted a group of recent graduates, around 2 years prior to joining the residency programs. The most distant training was in 2017, 3 years before the start of the specialization.

Most (64%) graduated from public schools. Many of these professionals needed to go far from their hometowns to succeed in their professional careers, because when asked "What is your hometown?". The answers were varied, composed of several regions of the country such as Natal (RN), Sinop (MT), Marília (SP), Joinville (SC), and also closer cities, within the state of Paraná, such as Perobal, Capanema, Foz do Iguaçu, Ampére and Marechal Cândido Rondon.

When asked about "Why did you choose to do residency?" the speeches revealed the sense of gaining professional experience and greater learning in the practical part of the profession, as some consider that graduation alone does not provide enough practical knowledge, they looked for a specialization in a specific area to which they had affinity and the contribution to the improvement of the professional curriculum.

Residents were asked "According to your view, what facilities do you experience in the residency program?" Some believe that the facilities were related to interpersonal interaction, helping to develop relationship skills with co-workers. Also that the facility was related to practical learning and the help of preceptors and tutors. Others said that there was a

relation to workload flexibility. However, there were reports that they did not find any ease, but rather a certain exhaustion.

They were also asked "In your view, which factors may have contributed to the emergence of these facilities?" We found answers related to the learning and assistance of tutors, and this depends on the individual, based on their ability to receive knowledge and the individual's commitment to the tasks is the foundation of the good development of the resident. They also reported that the host has an important role in this aspect, helping the adaptation and insertion of the resident in the work environment. Another aspect raised was the fact that the residence has already been linked to the health institution for some time, which makes it possible for the workers to be already adequate with the presence of the resident. For those who said that the workload was the facility they found, they thought that it depended on the preceptor they had.

On the other hand, they were asked "According to your view, what weaknesses did you face (or still face) during this period of specialization?" The answers revealed different situations experienced by each resident, but that can be related to each other, due to the possibility of one fact being a consequence of another, and basically the pillar of support of the weaknesses described are linked to the lack of professional recognition by co-workers and adequate support. Residents also reported certain difficulties with preceptors, in which they did not know the resident's real role, nor how to deal with them, or even what their role as preceptor would be. They reported that the long workload contributes to the aggravation of weaknesses as it is exhausting, becoming harmful, as it causes fatigue and difficulties in carrying out daily activities. Still, they exposed that there was a lack of more time dedicated exclusively to theoretical study, since in-service practice is much superior.

Regarding factors that would have contributed to the emergence of we-

aknesses, they responded that in the absence of professional recognition, the problem was cultural and that it always occurred, they said that they spend little time in each sector, becoming an aggravating factor, because as soon as they gain the trust of the employees, they need to change units. In addition, some believe that there is a lack of knowledge/organization on the part of the staff about the role of residents. They reported that there is a failure in communication between them, that they do not have adequate visibility of their work, they are only seen as the workforce that performs the work of other professionals who would not have adequate time to do so, meanwhile, the team does not understand that they are professionals in specialization.

Based on the speeches of the resident professionals, they commented that there was a lack of meetings/meetings to discuss important points of the program, such as the fact of carrying out evaluations on the sectors and thus their opinions about the places and preceptors were taken into account.

They mentioned that the coronavirus pandemic contributed to the emergence of weaknesses and difficulties, as it aroused issues related to physical, psychological and spiritual factors, contributing to the progress of the residency program being hampered, changing class schedules.

When asked "Before joining the residency, what was your understanding of the program and what were your expectations?" The answers exposed frustrations about what was expected of residency programs. They thought that they would be better received, that they would develop and qualify their knowledge, and that they would have a greater theoretical basis with the specific classes.

At the end of the questionnaire, they were asked about their "plans for the future after the end of the residency program". The desire to continue improving the curriculum emerged, starting other programs, such as master's and doctoral

degrees, or also working in the hospital area. Others said that they intend to continue studying and always seeking greater knowledge, concomitantly with the practice of working in the area in which they specialize. There were still some who had doubts about the future and had concrete plans.

DISCUSSION

The age of the residents is usually concentrated between 20 and 30 years old, being less frequent after 40. The vast majority enter the programs in the year in which they complete their graduation or, at most, up to 3 years after. (5,6) They look for the possibility of professional development and maturation, gain of experience, knowledge, security/self-confidence and ease of insertion in the job market. (7)

More than 50% of higher education institutions in Brazil are public and about 90% of them develop scientific research. (8) A fact that is encouraged to residents during specialization programs.

Residents are one of the categories of professionals who need to travel the most, because in many cases, their cities do not offer adequate structure and education network to accommodate such professional aspirations.

When we consider academics, there is a relationship between the internal attributes and the resilience of each individual in the ability to overcome imposed pressures and face adversity. Inciting to think that each person reacts in a way with the changes and challenges imposed by the conditions of the moment, and each one adapts in the best way to the changes required before the beginning of specialization in the form of residence. (9)

Residents have great expectations about completing the specialization, they believe that improving the curriculum is necessary so that they can better develop their professional practice. (7)

The multiprofessional residency in health is an opportunity to develop gre-

ater security during professional practice, as they feel immature, making their practical activities difficult, reflecting on the insertion of the labor market. (7)

The residency plays a fundamental role in the training of professionals, making them committed and able to intervene critically and reflectively in the work processes of health services, guaranteeing comprehensiveness, resolution and the humanization of care. (10)

Many residents expect that they will find within the residency setting, qualified professionals who are willing to share knowledge and everyday practices. Thus, in view of the relationships built at work, it is possible to experience different experiences, creating social and affective bonds that help in the construction of the professional trajectory. (11,7) Aspect that becomes real when preceptors and tutors have adequate qualifications to perform the function.

Residents can feel disadvantaged if there is a lack of subsidies at work, when they have no rights, are treated only as students and not professionals, when there is intense rigidity or problems reported without resolution, consequently, it can cause lack of interest in the practice of the program, causing professional identity crises, as they may be faced with unprepared teams and the absence of specialized preceptors. (12)

As for professional recognition, the term can be considered a bridge between suffering and professional pleasure, it has great importance in the mental health of the worker. If there is recognition for the activities carried out, great benefits are generated, both for the individual and for the institution. They start to strengthen their professional identity and carry out their activities with greater pleasure, dedication and quality. (13)

However, the workload of residents, even if it is partly practical and partly theoretical, the amount of hours spent on attendance, makes the journey highly tiring, leading to the belief that it is inclined to exploit work, attenuated because it is



work within the health area, becoming incoherent. In some cases, prolonged work is a predisposing factor for harm to the physical and mental health of individuals. ⁽¹⁴⁾ Physical and mental fatigue is often trivialized and considered as fleeting and necessary, but it is the result of excessive workload, causing the resident to escape the program's objective, in addition to being seen as something isolated and individualized, as if it were a "personal problem". ⁽¹⁵⁾

Added to the fact of physical exhaustion, there is a deficit in theoretical learning, as practical learning is always superior to theoretical learning. ⁽⁷⁾

The research took place during the Covid-19 pandemic, which promoted numerous changes in society, in the face of fear of contamination, social isolation, suspension of face-to-face academic activities, forcing the adoption of new teaching methodologies. Students permeated with all the emotional charge still had to deal with changes at an accelerated speed. As a result, many mental disorders were triggered and triggered, showing that managing stress and psychosocial well-being is as important as taking care of physical health. ⁽¹⁶⁾

The resident is seen as a "student" in the training process and at the same time as cheap labor, generating several conflicts in the practice scenario, in the professional and personal scope. Some may develop symptoms at levels considered harmful, such as anxiety and self-doubt, signaling psychological distress. Linked to this, the overload and lack of sufficient articulation between theory and practice cause negative experiences during in-service practice. ⁽¹⁷⁾

However, residency programs contribute to the insertion of graduates in the job market by enabling professional marketing in the face of the teaching-learning scenario to which they passed, they end up building a positive image before the groups, facilitating the knowledge about themselves in the institutions. ⁽¹⁸⁾

During the study construction pro-

cess, we found limitations to collect data, and many residents did not respond to the questionnaire, a fact that can be explained by the lack of free time to do so.



The Coronavirus pandemic has generated consequences from all aspects, physical, psychological and student. Due to the world scenario, the problems reflected in the normal course of study activities and theoretical classes.



CONCLUSION

Multiprofessional residency programs in health are still more sought after by the newly graduated public and many of

these professionals came from public institutions, as these are the ones that have the greatest offer of scientific research that contributes to the curriculum. The residency adds the knowledge that it was not possible to acquire during graduation, these professionals seek specialization in specific areas, aiming at professional qualification and a greater ease of insertion in the demanding and competitive job market, and in several times they need to distance themselves from their cities of origin to achieve their professional goals.

Residency programs, in addition to qualifying professionals, help in the development of social skills, such as interpersonal relationships and communication, on the other hand, they make daily work difficult because they have an extensive and exhausting mandatory workload.

The preceptors and workers of the institutions have an important role in helping the development of activities when they have adequate knowledge and understand that the resident is also a trained professional. However, if the resident is seen only as a workforce, most of the program's objectives are harmed, reception and assistance in activities are not provided properly. A fact that generates great, reflected in the work, is a factor that generates aspirations of a psychic nature.

The Coronavirus pandemic has generated consequences from all aspects, physical, psychological and student. Due to the world scenario, the problems reflected in the normal course of study activities and theoretical classes. Reflecting on the lack of time for dedication to the study proposed by the specialization program.

In view of the above, many of the expectations prior to entering residency programs were frustrated, due to the lack of professional appreciation and more specific theory for each specialization program, with knowledge being compensated during practical work.

Even with the reported weaknesses, residents intend to work in the areas in which they specialize and still seek to improve their professional curriculum,

including master's and doctoral degrees, concomitantly with the development of their activities in hospitals and related areas, that is, even with the difficulties, there was great professional development.

It is expected that the results of this study will contribute to future changes in methodology in residency programs and that it will have an impact on the perception of other professionals about their perspective in relation to direct work with

residents in the process of specialization, contributing to such training in a more sensitive, productive and orienting way, resulting in less professional authoritarianism.

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