Cogitare Enfermagem

ORIGINAL ARTICLE

FACTORS RELATED TO THE SATISFACTION OF RESIDENTS IN THE HEALTH CARE AREA

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ABSTRACT

Objective: To identify the factors related to satisfaction with the residency program among residents in professional health care.

Method: Cross-sectional study with 134 residents of southern Brazil that used a questionnaire for characterization and aspects related to satisfaction with the residency program. Data analysis used descriptive and inferential statistics.

Results: The residents were more satisfied with their coworkers and less satisfied with leisure, sleep and rest opportunities. The following aspects were related to satisfaction with the residency program: relationship with coworkers ($p = 0.037$), with the professor/nurse preceptor responsible for the residency program ($p = 0.005$), ability to express their views ($p <0.001$), autonomy to perform their activities ($p = 0.008$) and motivation and enthusiasm in the workplace ($p <0.001$)

Conclusion: Strategies should be implemented to improve the quality of life and well-being of residents and hence patient care.

DESCRIPTORS: Internship and Residency; Personal satisfaction; Health Personnel; Physicians; Female and male nurses.

HOW TO REFERENCE THIS ARTICLE:

Ribas JJ, Martins JT, Scholze AR, Costa VML, Galdino MJQG, Renata Perfeito Ribeiro RP, *et al*. Factors related to the satisfaction of residents in the health care area. Cogitare enferm. [Internet]. 2019 [access "insert day, monh and year"]; 24. Available at: http://dx.doi.org/10.5380/ce.v24i0.61706.

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ARTIGO ORIGINAL / ARTÍCULO ORIGINAL

FATORES RELACIONADOS À SATISFAÇÃO DE RESIDENTES DA ÁREA DA SAÚDE

RESUMO
Objetivo: identificar os fatores relacionados à satisfação com a residência entre residentes da área da saúde.
Método: estudo transversal desenvolvido com 134 residentes do sul do Brasil, utilizando um questionário para caracterização e aspectos relacionados à satisfação com a residência. Os dados foram analisados por estatística descritiva e inferencial.
Resultados: os residentes demonstraram-se mais satisfeitos no relacionamento com seus colegas e menos satisfeitos quanto às oportunidades de lazer, sono e repouso. Estiveram relacionados à satisfação com a residência o relacionamento com colegas no trabalho (p=0,037), com o docente/preceptor responsável pela residência (p=0,005), poder expressar suas opiniões (p<0,001), a autonomia para realizar as atividades da residência (p=0,008) e a motivação e ânimo no trabalho (p<0,001).
Conclusão: estratégias precisam ser implementadas para melhorar a qualidade de vida e o bem-estar dos residentes e, por consequência, melhorar a assistência aos pacientes.

DESCRITORES: Internato e Residência; Satisfação Pessoal; Pessoal de Saúde; Médicos; Enfermeiras e Enfermeiros.

FACTORES ASOCIADOS A LA SATISFACIÓN DE RESIDENTES DEL ÁREA DE LA SALUD

RESUMEN:
Objetivo: identificar los factores relacionados a la satisfacción con la residencia entre residentes del área de la salud.
Método: estudio trasversal que se desarrolló con 134 residentes del sur de Brasil, por medio de un cuestionario para caracterización y aspectos asociados a la satisfacción con la residencia. El análisis de los datos se hizo por estadística descriptiva y por inferencia.
Resultados: los residentes se mostraron más satisfechos en la relación con sus compañeros y menos satisfechos acerca de las oportunidades de ocio, sueño y descanso. Se asocian a la satisfacción con la residencia la relación con compañeros en el trabajo (p=0,037), con el docente/preceptor responsable por la residencia (p=0,005), poder expresar sus opiniones (p<0,001), la autonomía para realizar las actividades de la residencia (p=0,008) y la motivación y ánimo en el trabajo (p<0,001).
Conclusión: se necesita implementar estrategias para mejorar la calidad de vida y el bienestar de los residentes y, por consecuencia, mejorar la asistencia a los pacientes.

DESCRIPTORES: Internado y Residencia; Satisfacción Personal; Personal de Salud; Médicos; Enfermeras y Enfermeros.

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INTRODUCTION

As a result of globalization, there were significant changes in the population profile, with the aggravation of health problems. Thus, the labor market has been seeking health professionals with sufficient technical and scientific expertise to perform the duties required by health institutions [1-2].

In this regard, recent graduates have increasingly sought academic improvement and, therefore, it is necessary to increase the offer of residency programs in the health care area. These courses consist of lato sensu or specialization, courses, which are based on education in the workplace, i.e. the teaching-learning process is developed within the health care services, so as to coordinate practice with theoretical learning [3-4].

The purpose of the residency program is to provide professionals, especially the newly graduated, with the development of specific competencies for professional action in the area of choice, since all this learning process must be guided by the principles and guidelines of the Unified Health System (SUS), consistent with regional needs and scenarios [1].

However, during the "student-professional" transition process, individuals undergo profound transformations that must be managed positively, as they are supposed to perform their duties in the health care setting where they will be responsible for the activities carried out within the scope of their practice before patients, families and the health care team [5].

Thus, this process can also have a negative impact on the mental health of the residents, since when they begin to perform their duties in healthcare institutions, these professionals are not familiar with the environment and are highly demanded, often facing heavy workloads. Moreover, they have their academic activities and have to manage conflicting interpersonal relationships. Residents' experiences can be pervaded by feelings of dissatisfaction, suffering and distress regarding their residency programs, which favors the development of work stress, depressed states with suicidal ideation, abuse of licit/illicit drugs, sleep deprivation and fatigue, as well as problems related to the quality of education and the educational environment[4,6-7].

In view of the aforementioned, identifying the factors related to the feelings of satisfaction of residents with their professional healthcare residency programs is crucial for the implementation of strategies targeted to the maximization of residents' satisfaction during academic training. This improves the quality of life, well-being and care delivered to patients and their families. Therefore, the present study aimed to identify the factors related to satisfaction among residents of professional healthcare residency programs.

METHOD

Cross-sectional study with residents in a healthcare professional residency program of a teaching hospital, the third largest hospital in the Southern Region of Brazil, with provides high-complexity treatments and care, with 306 hospital beds, all destined to the SUS and for all medical specialties. In the referred hospital, the university offers professional residency programs in six areas, with a typical duration of two years, and medical courses that can last up to five school years. Residents assist patients that require different levels of care and work in managerial activities in order to obtain excellent training.

The study population consisted of 376 residents. The eligibility criteria were as follows: be regularly enrolled in one professional healthcare residency program as of 2016 and not away from work due to any type of leave of absence.

Data was collected from August to December 2016 in the classrooms and in the work

sectors of the residents. All the 376 residents were invited to participate in the study, and of these, 134 agreed to participate.

Data was collected with the use of an instrument developed by the authors containing 19 questions. Of these, ten concerned socio-demographic and academic characterization: age, gender, marital status, children, monthly individual income, residency specialty, weekly workload for mandatory activities of the residency program, weekly workload of extracurricular activities, hours of sleep per night, balance between professional/personal/family life and knowledge and ability to carry out their activities.

Other nine questions concerned satisfaction with aspects of the residency program: satisfaction with coworkers in the workplace, with the professor/preceptor responsible for the residency program, with being able to express their views, financial resources, autonomy to carry out the activities of the residency program, motivation and enthusiasm with work, leisure, sleep and rest, and with the residency program itself. The answers were presented in 0-10 scales, and the higher the score, the higher the level of satisfaction of the respondent.

Data analysis was performed with the use of the Statistical Package for Social Sciences, version 20.0. Synthesis measures were presented in descriptive statistics, and in inferential analysis, satisfaction with the residency program was considered the dependent variable and the other variables collected were the independent ones. The relationship was tested by Spearman's correlation coefficient and $p<0.05$ was considered statistically significant.

The present study observed the ethical principles and was approved by the Research Ethics Committee under protocol no 1,612,142.

RESULTS

One hundred thirty-four (134) residents participated in the research, representing 35.6% of the population of the study. As for the residency areas of the participants, they were as follows: nursing for 42 (31.1%); medical residency for 39 (29.1%); 24 (17.8%) physiotherapy for nine (6.7%) pharmacy for nine (6.7 %) family health for six (4.4%); dentistry for four (3%); women's health for four (3%), and one resident did not inform his/her residency area.

As for the sociodemographic characteristics of the residents, an average age of 26 ± 3.8 years was identified, with a predominance of females (n = 100, 71.4%), single individuals (n = 115, 85.2%; without children (n = 128, 95.5%) and with a median personal monthly income of BRL 3,300.00 ± BRL 1,600.00. As for the weekly workload, the average was 58.5 ± 10.1 hours for the mandatory activities of the residency program, and the residents devoted an average of 8.6 ± 7.1 hours per week to extracurricular activities.

As shown in Table 1, the highest mean was obtained for satisfaction with coworkers in the residency program and the lowest averages were related to leisure, sleep and rest. The medians of knowledge and ability to perform their activities and balance between professional/personal/family life indicated that the residents perceived these aspects as "good", considering that the median was 2, and this variable was rated 0-3, where 0-bad, 1-regular, 2-good, 3-excellent.

Table 1 – Descriptive measures of students' perception of academic and professional aspects of the residency (n=134). Londrina, PR, Brazil, 2018 (continues)

Variables	Mean (SD)*	Median (IIQ)
Satisfaction with the coworkers in the workplace	7.9 (1.6)	8 (2)

Satisfaction with the professor/preceptor responsible for the residency program	7.6 (1.8)	8 (2)
Satisfaction to be able to express his/her views	6.4 (2.3)	7 (3)
Satisfaction with the financial resources	6.3 (1.8)	6 (2)
Autonomy to conduct residency program-related activities	7.1 (2)	8 (2.5)
Motivation and enthusiasm in the workplace	6.9 (2.2)	7 (2.5)
Balance between professional/personal/family life	1.7 (0.6)	2 (-)
Knowledge and ability to perform his/her duties	2.1 (0.5)	2 (-)
Satisfaction with leisure	5.8 (1.7)	6 (2)
Satisfaction with sleep and rest	5.8 (2.2)	6 (4)

*SD= Standard Deviation; **IIQ= Interquartile range (P25-P75)

Satisfaction with the residency program was positively and significantly correlated with satisfaction with interpersonal relationships with coworkers in the residency program, satisfaction with the professor/preceptor responsible for the residency program, satisfaction for expressing their opinions, autonomy to conduct the activities related to the residency program and motivation and enthusiasm in the workplace. Other variables close to statistical significance were observed when correlated with satisfaction with the residency program, such as lower weekly workload for the mandatory activities of the residency program and greater knowledge and ability to perform their duties (Table 2).

Table 2 – Variables related to satisfaction with the professional residency program, according to the students (n= 134). Londrina, PR, Brazil, 2018 (continues)

Variables	**Satisfaction with the residency program**	
	Spearman Coefficient (rho)	**p-value**
Gender	0.063	0.473
Age	0	0.100
Marital status	0	0.445
Child/children	0.033	0.704
Weekly workload for mandatory activities of the residency program	0	0.075
Weekly workload for extracurricular activities	0.093	0.297
Satisfaction with coworkers in the residency program	0.181	0.037
Satisfaction with the professor/preceptor responsible for the residency program	0.244	0.005
Satisfaction for expressing their views	0.468	<0.001
Satisfaction with the financial resources	0.080	0.356
Autonomy for performing residency-related activities	0.228	0.008
Motivation and enthusiasm in the workplace	0.523	<0.001
Balance between professional/personal and family life	0.120	0.167

Knowledge and ability to perform their duties	0.148	0.088
Satisfaction with leisure	0	0.559
Satisfaction with sleep and rest	0.045	0.606

DISCUSSION

Residency is an important tool for the training of newly graduated students in different countries and in different world scenarios. The managers emphasize that the training of newly graduated professionals is crucial for the delivery of health to the population, especially the care provided in public health services through the SUS.

In this regard, in 2014, the Chinese government implemented 8,500 residency courses in 559 hospitals, in which 55,000 doctors were enrolled, reinforcing the importance of investing in residency courses in the country[8]. In Brazil, in 2011, 7,931 vacancies were distributed in the five regions of the country, all of them in the medical area, mainly in the southeast region, to the detriment of the northern region of the country [9]. Therefore, new residency vacancies should be urgently created in residency programs in the most disadvantaged regions of Brazil, in order to reduce the disparity and, consequently, to provide high quality care to the population of these regions.

It was also found that there are more vacancies in residency programs in hospitals than in primary care services. In this regard, the Ministry of Health (MS) has encouraged municipalities to support the creation and expansion of residency programs on family and community medicine, emphasizing Primary Care, Family Health and Collective Health[10]. Therefore, it is worth stressing the importance of the expansion of multidisciplinary residency programs, as they are targeted to primary care professionals and also to those who deliver care to vulnerable populations, especially in health prevention and promotion.

Analysis of sociodemographic data showed a predominance of female individuals among residents in general [1,4,11], except in residency programs in surgery and neurosurgery where there was a predominance of men [12-13]. In studies conducted in Brazil, the age range of these professionals was 25-31 years and they were mostly single [1,4], corroborating the data of the present study. On the other hand, in the United States [11-12] most residents were married or in stable relationships. However, in both scenarios, most did not have children [1,4,12].

In Brazil, residents receive scholarships and the program involves exclusive dedication and a high weekly workload. Also, the remuneration received is determined by the Ministry of Health. However, some institutions offer higher salaries, mainly in medical residency programs, and so these professionals do not need to seek other employment contracts to complement their income [14]. According to the current legislation, residents must be exclusively employed in the educational institution where they are being trained. Therefore, any other employment contracts are considered illegal.

Regarding sleep, it is known that ideally adults need to sleep an average of seven to eight hours in a 24-hour period. Sleep has a fundamental role in memory consolidation, normalization of endocrine functions, thermoregulation, conservation and restoration of energy and brain energy metabolism [15]. Therefore, it is inferred that the lack of satisfaction with sleep and rest mentioned by the respondents can be a consequence of the lack of time for rest and recovery due to the numerous activities performed in the daily routine of residency programs.

Sleep deprivation leads to a reversible behavioral state of perceptual disengagement from and unresponsiveness to the environment. Thus, residents who do not get enough

sleep are more likely to commit errors and contribute to adverse events in direct or indirect care to patients and/or their families [16].

Leisure activities are essential for the mental health of the residents, since individuals that perform pleasurable activities have increased academic performance and are more productive.

It is known that students dissatisfied with their teaching environment have poor performance and are more exposed to the risks arising from this environment. Therefore, educational institutions must develop strategies to reduce residents' dissatisfaction [17]. One possible strategy is the creation of centers of psychological support for students to assist them in the management of the problems associated with the referred process.

Satisfaction related to interpersonal relationships, including coworkers and preceptors, reveals an important factor for the mental health of these residents, since a study in the US with residents of neurosurgery identified a strong association between occupational stressors, including hostile relationships with coworkers, health professionals and patients, and little control over the schedule as predictors for the burnout syndrome. On the other hand, adequate guidance from preceptors was identified as a protective factor against the syndrome [12].

Good interpersonal relationships in the organizations increase the motivation of the residents, facilitating the achievement of the institution's results, as well as enhancing personal and professional growth, i.e., a good relationship between the teams is key for the achievement of the objectives of the institution and to improve the mental health of those involved[18]. Thus, establishing measures to integrate residents with work teams, patients and the preceptors themselves can contribute positively to residents' satisfaction and benefit all those involved in this process of teaching and providing services.

According to some authors [6] individuals with low autonomy and few opportunities to express their views tend to be frustrated with their professional activity, which leads to the development of mental problems such as stress and burnout syndrome. These people are also induced to find escapes from problems, which favors the abuse of alcohol, tobacco and other drugs.

Analysis of the workload and knowledge/expertise for the development of the activities showed that the residents devote a considerable amount of their time to work, given the extensive schedules divided into practice and theoretical learning in residency programs. In Brazil, the weekly workload in residency programs is 60 hours and in the United States, up to 80 hours, not to mention extracurricular dedication. Thus, the heavy workload was considered a source of dissatisfaction in a Brazilian study with multidisciplinary residents, since due to the amount of time spent in academic activities, the students found it difficult to balance their career and personal life, to the detriment of the latter[19].

In the United States, a study comparing residency programs with flexible and conventional workloads obtained lower rates of resident satisfaction related to the educational experience of flexible courses [20]. It should be noted that when individuals are exposed to more working hours, they become more susceptible to adverse events in their work practice. However, a systematic review on the limitation of residents' workload obtained no consistent results related to patient care, education or residents' well-being[21].

Interventions to improve the work conditions of residents involve more than satisfaction, since prevention measures must be multifaceted. One study developed a model based on Maslow's human needs, proposing holistic strategies based on the residents' personal and professional needs, such as flexible schedules to allow adequate sleep, spaces for physical activity and meditation, mental health care, self-defense for the prevention of violence and bullying in the workplace, promotion of social events with family participation, inclusion of residents in the construction of the academic calendar and measures to recognize efforts and initiatives [22]. Such measures can assist managers in the development of models to improve the satisfaction of these residents with their residency programs.

Although the objective of this study was achieved, one limitation was its cross-sectional design, which makes the generalization of its findings difficult, particularly because only residents from one institution were investigated. Thus, we recommend that future research examines this issue in other Brazilian regions, to contribute to increase knowledge about this population of great relevance for the national and international health systems.

CONCLUSION

The residents were more satisfied with their relationships with coworkers and less satisfied with opportunities of leisure, sleep, and rest. Satisfaction with the residency program was significantly correlated with relationship with coworkers and with the professor/preceptor responsible for the residency program, ability to express their views, autonomy to perform their duties in the residency program and motivation and enthusiasm in the workplace.

The results of this study suggest the need to develop strategies to promote the satisfaction of residents, promoting mental health, a teaching environment that facilitates learning and the improvement of the quality of care delivered to the patients.

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Received: 25/09/2018
Finalized: 09/07/2019

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