REVIEW ARTICLE

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QUALITY OF LIFE OF MULTIDISCIPLINARY HEALTH RESIDENTS: AN INTEGRATIVE REVIEW

CALIDAD DE VIDA DE RESIDENTES MULTIPROFESIONALES EN SALUD: UNA REVISIÓN INTEGRATIVA

QUALIDADE DE VIDA DE RESIDENTES MULTIPROFISSIONAIS: UMA REVISÃO INTEGRATIVA

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ABSTRACT
INTRODUCTION: Multidisciplinary residents rely on intrinsic and extrinsic factors to determine their individual perception of quality of life. These healthcare professionals work under pressure, and stressful situations can lead to psychological and psychosomatic changes. **OBJECTIVE**: To analyze work, health, and quality of life among Brazilian multidisciplinary residents. **METHODS**: An integrative literature review was conducted using the standardized MeSH descriptors ("Quality of Life," "Internship and Residency," and "Patient Care Team") and their equivalents in Portuguese (DeCS) and Spanish in the Medline, Lilacs, and Cinahl databases. The article selection process followed PRISMA recommendations, and the articles were classified according to their level of evidence based on the American AHRQ framework. RESULTS: A total of 2,001 articles were identified, of which six addressed the proposed theme and were selected for the sample. **CONCLUSION**: Knowledge exchange, social and family recognition, peer acknowledgment of this new phase, and patients' recognition of the benefits generated by their practice contribute to positive perceptions. Conversely, work overload, relational difficulties among peers, patient loss, and clinical practice errors generate negative perceptions, leading to distress, illness, and even withdrawal from the residency program.
Keywords: Quality of Life; Internship and Residency; Patient Care Team.

RESUMEN
INTRODUCCIÓN: Los residentes multidisciplinarios dependen de factores intrínsecos y extrínsecos para determinar su percepción individual sobre la calidad de vida. Estos profesionales de la salud trabajan bajo presión, y las situaciones estresantes pueden generar alteraciones psicológicas y psicosomáticas. **OBJETIVO**: Analizar el trabajo, la salud y la calidad de vida de los residentes multidisciplinarios brasileños. **MÉTODOS**: Se realizó una revisión integrativa de la literatura mediante el cruce de los descriptores estandarizados por MeSH ("Quality of Life", "Internship and Residency" y "Patient Care Team") y sus equivalentes en portugués (DeCS) y español en las bases de datos Medline, Lilacs y Cinahl. El proceso de selección de artículos siguió las recomendaciones PRISMA y los artículos fueron clasificados según el nivel de evidencia basado en el marco de referencia estadounidense AHRQ. **RESULTADOS**: Se identificaron 2.001 artículos, de los cuales seis abordaron el tema propuesto y fueron seleccionados para la muestra. **CONCLUSIÓN**: El intercambio de conocimientos, el reconocimiento social y familiar, el reconocimiento por parte de sus pares en esta nueva etapa, así como el reconocimiento de los pacientes sobre los beneficios generados por su práctica, contribuyen a percepciones positivas. Por otro lado, la sobrecarga de trabajo, las dificultades en las relaciones entre pares, la pérdida de pacientes y los errores en la práctica clínica generan percepciones negativas que pueden provocar sufrimiento, enfermedad e incluso el abandono del programa de residencia.
Palabras clave: Calidad de Vida; Internado y Residencia; Equipo de Atención al Paciente.

RESUMO
INTRODUÇÃO: Os residentes multiprofissionais dependem de fatores intrínsecos e extrínsecos para determinar a percepção individual sobre qualidade de vida. Esses profissionais de saúde trabalham sob tensão e as situações estressoras podem conduzir a alterações psicológicas e psicossomáticas. **OBJETIVO:** Analisar sobre trabalho, saúde e qualidade de vida de residentes multiprofissionais brasileiros. **MÉTODOS:** Revisão integrativa da literatura realizada através do cruzamento dos descritores padronizados pelo MESH ("Qualit of life", "Internship and residence" e "Patient care team") e seus análogos em português (DeCS) e em espanhol nas Bases de dados da Medline, Lilacs e Cinahl. O processo de seleção dos artigos considerou as recomendações PRISMA e os artigos foram classificados quanto ao nível de evidências através do referencial americano AHRQ. **RESULTADOS:** Foram encontrados 2.001 artigos, dentre os quais seis abordaram o tema proposto e foram selecionados para amostra. **CONCLUSÃO:** A troca de conhecimentos, o reconhecimento social, familiar e por seus pares da conquista dessa nova fase, assim como o reconhecimento por parte dos pacientes dos benefícios gerados pela sua prática corroboram com as percepções positivas. Em contrapartida a sobrecarga de trabalho, dificuldades relacionais entre pares, perdas de pacientes e erros na prática clínica provocam percepções negativas geradoras de sofrimento, que levam ao adoecimento e até mesmo a desistência do programa de residência.
Palavras-chave: Qualidade de Vida; Internato e Residência; Equipe de assistência ao Paciente.

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INTRODUCTION

Conceptualizing quality of life (QOL) is a complex task, as its perception is inherent to each individual[1]. The topic has been widely discussed in the literature and establishes a relationship between working conditions and life context[2-3]. The World Health Organization (WHO) defines quality of life as "the perception that an individual has of his or her own living conditions, within his or her own cultural context and value system, considering his or her life goals, expectations and concerns[4].

Intrinsic and extrinsic factors determine the individual perception of quality of life. Studies corroborate this idea by showing that the same work condition can generate factors that compromise or not the quality of life of those who experience it, depending on each individual[2-3,5]. Furthermore, QoL should not be measured solely by the length of life, as several factors influence it, such as health, housing, work, leisure and satisfaction, among others[5].

Health professionals work under a lot of stress that can eventually harm their QoL. Health professionals who undergo additional training in their career generally undergo lato sensu training at the residency level, commonly found in higher education institutions linked to hospitals throughout the country. Residency programs have a high workload of over 5,000 hours and an average duration of 24 months, distributed across all areas of practice[1]. Multidisciplinary residency programs in the health profession were established after the enactment of Law No. 11,129 of 2005, and are defined as a lato sensu postgraduate education modality aimed at health professionals working in in-service education[6]. According to Interministerial Ordinance No. 1,077 of November 12, 2009, the workload is sixty hours per week and lasts a minimum of two years[7].

The residency is mediated by the principles and guidelines of the SUS, enabling changes in the technical-care model, considering local and regional needs and realities. They constitute a comprehensive care model that foresees the development of the integrated work process among health professionals, constituting a process of continuing education in health[6-7].

The demands at this professional stage are intense. Initially, feelings of achievement, family appreciation, self-esteem, and the power to achieve are combined with the possibility of better pay to continue improving their professional knowledge and skills[8]. In practice, during hospital life, interaction with other professionals, work overload, demands from superiors, fear and insecurity in the face of errors, and possible deaths of patients under their care are stressful situations that can lead to psychological and psychosomatic changes that directly influence the concept of quality of life for residents[9-10].

The WHO recommends that there be an increase in research in the area of mental health and a focus on health professionals[11]. Therefore, it is essential that greater attention be given to the quality of life of these professionals, who are exposed to various stressful situations. Thus, factors associated with probable

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reductions in the quality of life of resident professionals can be better clarified through review studies and longitudinal studies. The objective of this case series was to analyze, through an integrative review of the literature, the conditions of work, health and quality of life of multidisciplinary residents in Brazil.

METHODS

This is an integrative, descriptive and exploratory review. Based on Evidence-Based Practice (EBP), this type of review seeks to solve problems through the results found in the most relevant scientific publications. It involves the following steps: definition of the research problem, research in electronic databases and scientific databases, critical evaluation of the evidence found and discussion of the results obtained. This practice encourages health care based on scientific knowledge[12].

The guiding question of the research was developed based on the implementation of the PICo method, whose representation refers to: P - Population (multiprofessional residents). I - Phenomenon of Interest (quality of life) and Co - Context (work environment)[13]. As a result, the following question was obtained: What does scientific evidence indicate about the quality of life of multiprofessional residents in the work environment?

The bibliographic survey was conducted in 2020 through the Medical Literature Analysis and Retrieval System Online (MEDLINE), Cumulative Index to Nursing and Allied Health Literature (CINAHL), SciVerse (SCOPUS) and Latin American and Caribbean Health Sciences Literature (LILACS) platforms. These databases were chosen because they include national and international technical and scientific references in renowned health journals. The descriptors standardized by the Medical Subject Heading (MESH) “Quality of life”, “Internship and residence” and “Patient care team” and their analogues in Portuguese (DeCS) and Spanish (Table 1) were cross-referenced.

Table 1 - Search engine and number of studies found in electronic databases.

Base	Association of Boolean descriptors and operators	Total
MEDLINE	(Qualidade de vida OR Qualit of Life OR Calidad de Vida) AND (Internato e Residência OR Internship and residence OR Internado y Residencia) AND (Equipe de assistência ao paciente OR Patient care team OR Grupo de Atención al Paciente)	1755
CINAHL		94
SCOPUS		09
LILACS		152
Total: 2010		

Source: Authors, 2020

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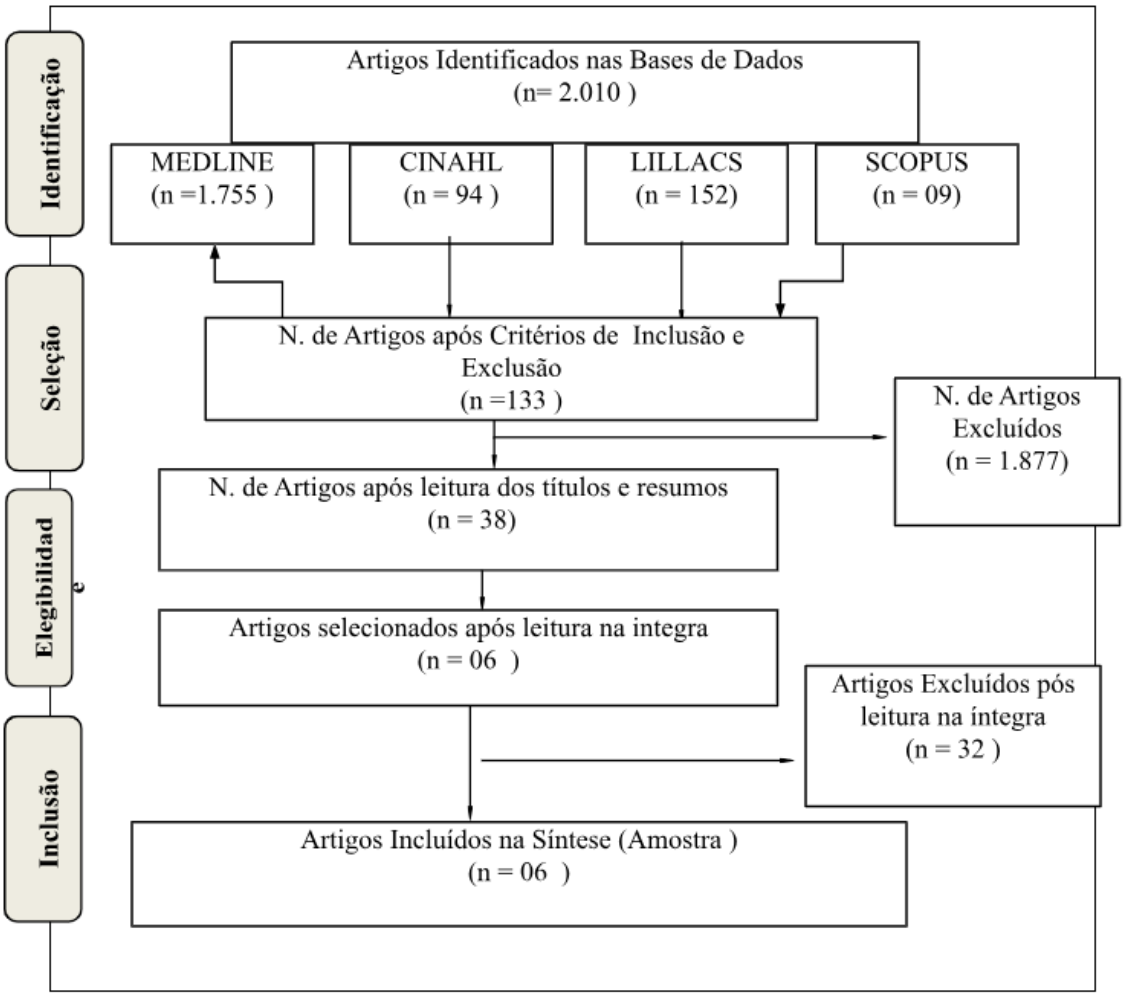
In the article selection process, an adaptation of the PRISMA (Preferred Reporting Items for Systematic Reviews and MetaAnalyses) recommendations was performed[13]. Of the 2,010 publications identified, 1,877 were excluded because they did not meet the inclusion/exclusion criteria. A careful reading of the full text of the remaining 38 articles was performed to identify whether they answered the research question. Six articles met the study objectives and answered the guiding question, as detailed in Figure 1.

Figure 1 - Flowchart of the study selection process – PRISMA adaptation



Source: Authors, 2020

The sample included: original articles published in the last five years in Portuguese, English and Spanish. Theses, dissertations and monographs, integrative or systematic reviews, editorials and case studies were disregarded, as well as repeated publication in more than one database and articles that did not answer the guiding question.

The studies that comprised this review were classified according to evidence-based practice, being characterized hierarchically, using the American reference of the Agency for

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Healthcare Research Quality (AHRQ) that considers the research design[14].

It is noteworthy that the AHRQ classifies the quality of evidence into six levels: level 1: meta-analysis of multiple controlled studies; level 2, individual study with experimental design; level 3, study with experimental design such as a study without randomization with a single pre- and post-test group, time series or case control; Level 4: a study with a non-experimental design, such as descriptive correlational and qualitative research or case study; Level 5: case reports or data obtained systematically, of verifiable quality, or program evaluation data; Level 6: opinion of reputable authorities based on clinical competence or opinion of expert committees, including interpretations of information not based on research[15].

After reading and re-reading the articles, it was possible to demonstrate the knowledge produced on the proposed topic, carrying out analysis and synthesis of the contents, followed by a sustained discussion based on the pertinent literature.

RESULTS

A total of 2,010 articles were found, of which six addressed the proposed theme and were selected to compose the final sample of this study.

In Table 2, the publications were organized into: authors and year of publication, title, objective, method and level of evidence (LE). Five studies presented a quantitative approach (83.33%), one with a qualitative and quantitative approach (16.66%). In this sense, according to the AHRQ reference, two articles (33.33%) presented level of evidence 3 and four (66.66%) level of evidence 4.

Table 2 - Summary of the studies selected for the sample.

N	Author/Year	Title	Objective	Method	NE
1	Menegatti et al., 2020[8]	Stress and coping strategies used by nursing residents	To investigate the stress level of nursing residents in hospital units and the coping strategies adopted.	Cross-sectional study with a quantitative approach.	NE:4
2	Gerlach et al., 2022[15]	Symptoms of anxiety, depression and stress in multidisciplinary residents of a public hospital.	Identify symptoms of anxiety, depression and stress in multidisciplinary residents.	Cross-sectional study with a quantitative approach.	NE:4
3	Ribas et al., 2019[16]	Factors related to the satisfaction of health	Identify factors related to satisfaction	Cross-sectional	NE:4

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		care residents	with the residence.	study with quantitative approach	
4	Silva, Moreira, 2019[17]	Stress and multidisciplinary residency in health: understanding meanings in the training process	To assess the stress of postgraduate students of the Integrated Multiprofessional Residency Program in Health (RIMS) in a teaching maternity hospital, as well as to understand the meanings attributed by residents to this process.	Descriptive study with quantitative and qualitative approach	NE:4
5	Rocha, Casarotto, Schimit, 2018[18]	Health and work of multidisciplinary residents	Analyze and correlate the quality of life, stress and job satisfaction of such residents.	Cross-sectional, correlational study with a quantitative approach	NE: 3
6	Bordin, Feltrin, Cabral, Fadel, 2019[19]	Impact of stress on the quality of life and health behaviors of multidisciplinary residents	To analyze the impact of stress on the quality of life and health behaviors of multidisciplinary residents at a university hospital.	Cross-sectional study with a quantitative approach.	NE: 3

Source: Authors, 2020

In table 3, we describe the positive and negative impressions regarding the work and quality of life of multidisciplinary residents present in the articles analyzed.

Nº	**Positive Impressions about Work and Quality of Life in the Residence**	**Negative Impressions about Work and Quality of Life at Home**
1	Resident's concern with the knowledge acquired and its impact on their practical performance; problem solving.	Difficulties in communicating with other health service professionals, resident's concern about the knowledge acquired and the impact on their practical performance.
2	Chance to contribute to improving the service provided to the community that uses the Unified Health System.	Difficulties in coping with stressful situations; half of the dissatisfied professionals who thought about giving up the program experienced anxiety and depression attacks.
3	Knowledge sharing; User gratification; opportunity for multidisciplinary work; autonomy, learning, growth and quality of actions; personal and professional satisfaction comes from the effort invested in developing the work.	Work overload; extensive workload; difficulty in articulating theory with practice and imposed demands.

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4	Program provides interdisciplinary work; recognition by the user.	Overload; lack of articulation between theory and practice; difficulty of recognition by the team; preceptorship; cheap labor.
5	Satisfaction with social life and with the people in their social circle; the highest proportion of residents were satisfied with how much the programs absorb their potential, their organizational structures and implementation of proposed changes and innovations.	Dissatisfaction in the aspect of relationships with peers is associated with professional exhaustion; the degree of flexibility and freedom that they believe they have in their work is secondary to their diminished autonomy.
6	The routine sustained in a shared space of help and mutual exchange of knowledge, experiences, feelings and experiences and social support is a protective factor for maintaining quality of life during residency, as it facilitates coping with crises and helps with adaptation.	Experiencing unsatisfactory routines and effective changes in the way of living and working lead to a stressful situation and interfere with quality of life.

Source: Authors, 2020

DISCUSSION

The idea that the perception of QoL is attributed to an individual conception was brought back to the discussion, and the same work condition may or may not influence a resident's quality of life[8]. Therefore, the results were organized in order to identify in the selected studies which positive and negative perceptions about work, health and quality of life were expressed by residents (Table 3).

Pleasure at work is awakened when the professional is able to develop his/her potential and is recognized for the service provided. This professional recognition corroborates the idea previously explained, as it appears in some studies as positive perceptions and in others as negative[8,17-19]. When his/her work is recognized, the resident develops it with greater confidence in the execution of his/her actions, better assimilates the negative impacts of the heavy routine of the residency, converting them into stimuli to overcome this phase and recognizes that this is part of his/her professional maturation. On the other hand, when their efforts and dedication are not recognized by their peers or superiors, it leads to a feeling of rejection and incapacity that causes suffering, especially mental suffering, directly affecting their quality of life[6,19].

However, the recognition by the patient of their actions and the benefits achieved secondary to their conduct has been listed in studies as the maximum factor of satisfaction with the multidisciplinary residency(8,14-20). Thus, understanding that their activity contributes to improving the quality of care provided by the Unified Health Service (SUS), at the same time, provides benefits and improves the quality of life of patients, motivating residents to overcome the challenges of daily life[17].

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At the same time, the loss/death of patients who were under their care is one of the factors cited as the greatest generators of suffering and stress at work during the professional development program. Feelings of incapacity, fear, anxiety and anguish are sometimes the most prevalent during these moments and can even lead to dropping out of the course. Such situations can have negative repercussions on the family context, interpersonal and professional relationships[8,20].

The multidisciplinary residency is a differential in the professional's life, considering its specialization title and the amount of experience gained during this period. The exchange of knowledge with other professionals allows for a broader view of the patient, clinical case and work processes, no longer being a care focused solely on the disease, but rather on the person. The satisfaction generated by this sharing of information and professional growth is reflected in more holistic and comprehensive quality care to meet the real needs of patients[8,16-20].

The nursing team, in turn, is part of the professional category that makes up the front line of direct patient care, along with this, the overload, stress and likely reduction of hours of sleep. A study shows that the adult population needs between 7-9 hours of sleep to get enough rest and “recharge” their energy for the challenges of the next day. Therefore, sleep, stress, fatigue, demands and exhaustion from excessive workload become a reflection of the decrease in the quality of life of residency professionals[21].

CONCLUSIONS

Discussing the relationship between work, health and quality of life of residents allows us to see reality from another perspective. It is possible to observe the positive and negative perceptions that residents attribute to multidisciplinary residency programs and measure the impact each perception has on their quality of life.

The exchange of knowledge, social, family and peer recognition of the achievement of this new phase, as well as the recognition by patients of the benefits generated by their practice corroborate the positive perceptions.

On the other hand, work overload, relational difficulties between peers, loss of patients and errors in clinical practice cause negative perceptions that generate suffering, which lead to illness and even withdrawal from the residency program.

In this sense, it is necessary to develop epidemiological studies involving professionals in multidisciplinary residency programs and an analysis of quality of life with the various measurement instruments already validated in national or international literature.

Among the positive aspects of this study, we can highlight the need to analyze the quality of life of resident professionals, given the scarcity of studies found.

However, the study has limitations that should be taken into account when interpreting

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the results. This is an integrative and non-systematic literature review study that defines better conditions for scientific evidence; there was no peer review by experts in quality of life, which may compromise the investigation regarding error trends in the chosen keywords. It was only decided to include the three main languages, which may eventually "hide" articles that are relevant to the study.

The results of this case study may help in planning new actions to analyze the quality of life of health professionals in training in Brazil. Strategies that result in an improvement in the quality of life of residents may determine more appropriate care for patients and their families. Future research may explore strategies that promote direct interventions in the training of health professionals, seeking a more objective intervention in their quality of life, which are highly recommended to improve multidisciplinary care for patients in Brazil.

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