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Original Article

SATISFACTION AND DISSATISFACTION OF MULTIPROFESSIONAL RESIDENTS IN HEALTH IN THE PERSPECTIVE OF PROFESSIONAL TRAINING

SATISFAÇÃO E INSATISFAÇÃO DE RESIDENTES MULTIPROFISSIONAIS EM SAÚDE NA PERSPECTIVA DA FORMAÇÃO

SATISFACCIÓN E INSATISFACCIÓN DE RESIDENTES MULTIPROFESIONALES EN SALUD EN LA PERSPECTIVA DE SU FORMACIÓN

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Objective: to describe the experiences of satisfaction and dissatisfaction of multiprofessional residents in health in the perspective of their professional training. Method: a qualitative study was performed with nine residents of a Multiprofessional Residency Program in Health from a public university in the south of Brazil. The data obtained through a focus group in April 2013 were submitted to thematic content analysis. Results: the residents had experiences of satisfaction associated with knowledge sharing and user gratification. Experiences of dissatisfaction resulted from the team's lack of communication, work overload, excessive working hours, difficulty linking theory to practice, and imposed demands. Conclusion: although the professional qualification process provided by the residency course, the participants experienced opposing feelings; which indicates the need for qualifying institutions to promote dialogue and raise awareness.

Descriptors: Staff development. Job satisfaction. Internship, non-medical. Nursing. Qualitative research.

Objetivo: descrever as vivências de satisfação e insatisfação de residentes multiprofissionais em saúde na perspectiva da formação. Método: pesquisa qualitativa, realizada com nove residentes de um Programa de Residência

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Multiprofissional em Saúde de uma universidade pública do Sul do Brasil. Os dados, produzidos por meio de grupo focal realizado em abril de 2013, foram submetidos à análise de conteúdo na modalidade temática. Resultados: os residentes possuíam vivências de satisfação relacionadas ao compartilhamento de conhecimentos e gratificação do usuário. As vivências de insatisfação davam-se pela falta de comunicação na equipe, sobrecarga de trabalho, extensa carga horária, dificuldade na articulação da teoria com a prática e demandas impostas. Conclusão: os participantes vivenciavam sentimentos opostos, apesar de o processo de formação dos residentes conferir-lhes satisfação, o que indica a necessidade de diálogo e sensibilização das instituições formadoras.

Descritores: Desenvolvimento de pessoal. Satisfação no emprego. Internato não médico. Enfermagem. Pesquisa qualitativa.

Objetivo: describir las vivencias de satisfacción e insatisfacción de los residentes multiprofesionales en salud en la perspectiva de su formación. Método: investigación de enfoque cualitativo, realizada con nueve residentes de un Programa de Residencia Multiprofesional en Salud de una universidad pública del Sur de Brasil. Los datos, obtenidos a través de un grupo focal, realizado en abril de 2013, fueron sometidos al análisis de contenido en la modalidad temática. Resultados: los residentes poseían vivencias de satisfacción relacionadas a los conocimientos compartidos y a la gratificación del usuario. Las vivencias de insatisfacción se debían a la falta de comunicación en el equipo, la sobrecarga de trabajo, una extensa carga horaria, la dificultad en la articulación entre la teoría y la práctica y, a demandas impuestas. Conclusión: los participantes vivenciaban sentimientos opuestos, a pesar de que el proceso de formación de los residentes les confería satisfacción, lo que indica la necesidad de diálogo y sensibilización de las instituciones formadoras.

Descriptores: Desarrollo de personal. Satisfacción en el trabajo. Internado no médico. Enfermería. Investigación cualitativa.

Introduction

The *Política Nacional de Educação Permanente em Saúde* (PNEPS – National Policy on Continuing Health Education) was created in 2004 as a strategy for the development of health professionals, particularly for the *Sistema Único de Saúde* (SUS – Unified Health System)[1]. In this perspective, the *Residências Multiprofissionais em Saúde* (RMS – Multiprofessional Residencies in Health) began to be covered by the Ministry of Health through Inter-Ministerial Decree number 2117/2005[2]. In 2007, the Inter-Ministerial Decree number 45 acknowledged this category of health qualification as a specialization characterized as service teaching on a graduate level[3].

The RMS Programs are one of the strategies to rethink the qualification process through the interaction of practices and knowledge of the professions involved. Moreover, they seek qualification of care and the work process of teams, in addition to the teaching-service interaction. Thus, these programs represent a tool that improves the qualification and training of workers for the SUS[4]. Furthermore, the interdisciplinary essence gives an innovative approach to programs, through a process of group qualification included in the same field of work, in terms of specific cores of knowledge for each profession.

Given the key role of residents in this process, it is important to consider their perceptions as individuals involved in the qualification process. The experiences of satisfaction and dissatisfaction are intertwined with the relationships that workers establish with their work centers. Despite undergoing the qualification period, residents experience health work by applying their professional competences. Thus, experiences of satisfaction and dissatisfaction are feelings that permeate their work routine, which may affect their mental health.

The concept of work satisfaction is explored in different areas of knowledge, such as psychology, sociology, and administration, among others. This concept is complex, as there is a wide range of definitions. However, most of the literature indicates that workers have individual needs and work satisfaction is associated with the level at which such needs are met[5].

Satisfaction in the context of health professionals has been discussed internationally[5-6]. Motivation for work is intrinsic to the individuals who work, resulting from the need to meet challenges and objectives. Additionally, being involved with challenging tasks, work flexibility, autonomy, and participation in decision making significantly improves work satisfaction. In the context of health professionals, the connection between work motivation and satisfaction depends on subjective perceptions and experiences[6].

In Brazil, work dissatisfaction is considered to be associated with workers' suffering and mental distress. Thus, there is the need to invest in studies that investigate the strategies used by health professionals seeking satisfaction, apart from the resources and actions capable of optimizing them[7]. Further, there is the need to perform studies with health professionals of distinct realities to help to achieve the quality of life and work satisfaction[8].

A study showed that, despite having pleasurable experiences in their qualification process, multi-professional residents in health reported having experiences of routine suffering, distress and frustration, which interfered with both their work process and learning[9]. Although some research projects approach subjective experiences of multi-professional residents in health[9-10], no studies dealing with such aspects in the perspective of work satisfaction and dissatisfaction have been found until now.

Aiming to fill this gap, the objective of the present study was to describe the experiences of satisfaction and dissatisfaction of multiprofessional residents in health in the perspective of professional qualification.

Method

A descriptive and exploratory study with a qualitative approach was conducted. This was the study design selected because it seeks to understand the universe of meanings, reasons, aspirations, attitudes, beliefs, and values, enabling the description of the experience of reality and phenomena that cannot be reduced to the operationalization of variables[11].

This study was developed with residents of a Multiprofessional Residency Program in Health of a public university in the south of Brazil. This program was subdivided as follows: *Programa de Residência Multiprofissional Integrada em Gestão e Atenção Hospitalar no Sistema Público de Saúde* (PRMIGAH – Integrated Multiprofessional Residency Program in Hospital Care and Management in the Public Health System), covering the chronic-degenerative, mother-baby, and onco-hematology specialties; *Programa de Residência Multiprofissional Integrada em Sistema Público de Saúde* (PRMISPS –Integrated Multiprofessional Residency Program in the Public Health System), covering primary/family care and health surveillance; and *Programa de Residência Multiprofissional Integrada em Saúde Mental no Sistema Público de Saúde* (PRMISM – Integrated Multiprofessional Residency Program in Mental Health in the Public Health System)[12].

These courses are characterized as graduate courses with duration of two years and 60 hours of weekly activities, of which 80% are practical activities (48 hours per week) and 20% are theoretical and theoretical-practical activities (12 hours per week), totaling 5,760 credit hours. They included professionals from the following areas: exercise science, nursing, pharmacy, physiotherapy, speech therapy, nutrition, psychology, dentistry, social work, and occupational therapy[12].

The inclusion criterion for the present study was as follows: to be a multi-professional resident in health enrolled in the second year of one of the Residency Programs. Such choice was due to the fact that these residents had taken all theoretical disciplines and experienced different situations in practical activities. Residents who were on a leave for any reasons during data production were excluded from this study.

The PRMIGAH included 59 enrolled residents; the PRMISPS, 16 residents; and the PRMISM, 19 residents. For the selection of participants, five residents from each of the three Residency Programs were randomly selected, totaling 15

individuals, who were invited to participate in this study. This selection was performed manually and randomly, based on a list provided by the Program Coordination Office, which included the following information: resident's name, specific area of professional qualification, email address, telephone, and respective specialty in which they were enrolled. Of all 15 selected residents, nine were interested in participating in the study. They were released from their activities by the respective programs to participate in data production.

To achieve this, the focus group (FG) technique was applied. This technique is used in qualitative research, so that participants can reflect on a specific topic, being adequately encouraged to develop a discussion[13]. A total of three meetings were held in April 2013, with a mean duration of two hours. The setting was a room located in the university with which the residency programs are associated, due to the closeness and easy access for them. The physical structure provided the privacy required for the study.

Apart from the residents, the researcher responsible for the groups and two observers participated in the meetings. These observers helped to record speech and to identify the respective residents who spoke, to observe non-verbal language, and to develop a summary of discussions, which was read at the end, so that participants could add, correct or contribute with other data. Meetings would begin with the following question: What experiences stood out in your qualification process and relationship with the teaching staff (instructors, tutors and professors), health service workers, users and managers? Meetings were audio recorded with participants' consent and data were transcribed in a text editor. Subsequently, they were read thoroughly, as researchers sought evidence to further understand the content. Data were submitted to content analysis technique in the thematic category, which was developed in three stages: pre-analysis, exploration of material and treatment of the results obtained, and interpretation[11]. Each resident was identified by the letters MR, Multiprofessional Resident, followed by a cardinal number (MR1, MR2, MR3, MR4, MR5...), aiming to preserve data confidentiality.

The present study followed the guidelines of Resolution 466/12 issued by the National Health Council, which regulates human research. All participants signed an Informed Consent Form. This study was approved by the institution's Research Ethics Committee under the *Certificado de Apresentação para Apreciação Ética* (CAAE – Certificate of Submission for Ethical Appreciation) number 3934413.8.0000.5346 from March 25th 2013.

Results and Discussion

In this section, research participants were characterized, followed by the thematic categories: Experiences of satisfaction of multiprofessional residents in health; and Experiences of dissatisfaction of multi-professional residents in health.

Of all nine multiprofessional residents in health who participated in this study, two of them belonged to the PRMIGAH; three to the PRMISPS; and four to the PRMISM. The following professional categories were represented: nursing, pharmacy, nutrition, psychology, social service, and occupational therapy.

Regarding the socio-demographic profile, females predominated (n=7). The majority of residents were single (n=6) and had no children (n=7), and their mean age was 27.9 years.

Experiences of satisfaction of multiprofessional residents in health

Among the experiences of satisfaction of residents, the opportunity of multiprofessional work stood out, which was associated with learning, growth, and quality of actions, as shown in the following extracts:

> *What makes me happy is to be able to share it with other areas of knowledge and this is essential. When we have multi-professional actions that work out, we realize things happen in a good way* [...] (MR 2).

> *The great potential is to be able to coexist with other areas. We completely leave our [professional] environment and I think this brings a very important and very valuable lesson.* (MR 5).

The qualification process of residents occurs through work in an inter-disciplinary team, based on the interaction of professionals and sharing of knowledge. This process is positively felt by participants, representing the experiences of satisfaction. Thus, interdisciplinary work refers to an intense exchange among specialists who seek to integrate courses in the same project, promoting the ideas of reciprocity and mutuality that emphasize the shared production of meanings[14].

Interdisciplinary work is not restricted to grouping professions together. There is team interaction through recognition of the other and another field of knowledge, dialogue, cooperation, horizontality of relationships, and coherence of actions towards converging objectives[15]. Team actions, when based on these assumptions, enable experiences of satisfaction in the work routine, as residents do not consider themselves to be isolated individuals but rather professionals participating in a multi-professional body.

Professional competence has stood out as one of the priorities for health service management and the qualifying institutions in professional training[16]. In light of this, the multi-professional residency in health is aimed at a health qualification that converges with the SUS principles and directives by bringing work and qualification closer together. The purpose is to bring changes to technical-service model through multi-disciplinarity, which enables practices that are closer the concepts of comprehensiveness and humanization of health care[17]. Thus, inter-disciplinarity represents one of the key proposals of residency programs, which explains the value given by residents.

Professional gratification occurs through residents' work and their commitment to users and the quality of their qualification process. This can be perceived in their speech:

> *This growth is very gratifying indeed, especially for and through users. What we do, what we're doing now, is all for their benefit in the future.* (MR 3).

A study showed that the inclusion of multi-professional residents in health teams enables an increase in one's capacity to resolve users' health problems. Residents provide support to health care and act positively through the plurality of knowledge, willingness to discuss cases and decision-making integrated among different professional categories[18]. Personal and professional satisfaction originates from the effort invested in work development. The process of symbolic reward foresees recognition by another person, who, in this case, is the user. This is evidenced as follows:

> *Recognition from users is something that brings satisfaction. When they say "You're the one I want to talk to… That worked!", this is so cool!* (MR 6).

Work recognition is essential for workers' health improvement and mental balance[19]. It represents a key element in the subject-worker relationship, as it illustrates the importance of human relationships in the construction of personal identity. Workers and the value of what they do in the workplace can be constantly judged by others[20] and such judgment frequently determines many of their experiences of satisfaction and dissatisfaction.

Certain tasks are supported in immaterial actions, i.e. there is no production of tangible assets. As an example, the results of the work performed by service-oriented professions are known to be "invisible". In such cases, workers need the recognition of the value of their work[19]. This applies to health work, whose focus is the care or care management for human beings in their different life cycles and in distinct health and disease situations. Thus, residents emerge in the complexity of this work and have, in the recognition of the other and among the plurality of actions routinely developed, an important element of satisfaction. For this reason, workers prepare and engage themselves in their activities. Their actions need to promote the dynamics of exchange, aiming to enable individual and group goals to be achieved. This converges with

the speech of residents, as they reported feeling satisfaction when:

> *We are acknowledged for the difference we're making and for our work being worth it. This is very gratifying for me.* (MR 3).

> *Someone calls us, asks for something, and knows that we're a point of reference for that action.* […] *This is so cool, it makes us feel important.* (MR 9).

A study conducted with health professionals showed that they consider the work of multi-professional residents in health to be positive, as they emphasize the potential of such residents to strengthen health actions in the routine of units, especially as a result of health care interdisciplinarity, and comprehensiveness. Additionally, this study showed that residents seek relationships of partnership with team members to implement projects[18]. This converges with data from the present study and shows that multiprofessional residents in health seek to establish bridges of cooperation with the team, searching for their recognition.

The work environment is emphasized as a place to seek recognition. Thus, group work is not exclusively implemented according to norms, but it also requires feelings of commitment, responsibility, and experience[15]. Reports from residents show not only their effort to be relevant in a health team, but also the satisfaction experienced when the expected recognition is received. Thus, professional achievement is understood as the experience of professional gratification and identification with the work performed, representing experiences of satisfaction in the routine of residents.

Experiences of dissatisfaction of multiprofessional residents in health

Although routine experiences of satisfaction were identified, residents showed a set of situations responsible for opposing feelings. Among these situations, the difficulties associated with lack of communication in the health team stood out, as shown in the following report by MR1:

> *Depending on where we are, there's a professional who wants us to do one thing, then another comes and wants us to do something else. This is humanly impossible!*

The dissatisfaction of multi-professional residents in health was found to be connected to contradictory demands to which they were exposed. This was associated with the distinct ways in which each team performs health work management. In this sense, studies conducted with multi-professional residents and nursing residents state that they feel overloaded. Moreover, there are frequent complaints about the lack of autonomy, work overload, and feelings of low efficiency and productivity[21-22].

A study performed with health professionals showed that they perceive fragmentations in health actions caused by the lack of interaction and coherence in the work routine. This characteristic points to the difficulties that health teams find to turn their attention to the other (whether they are a user or colleague), seeking to connect actions[15]. In this context, the lack of interaction is associated with experiences of dissatisfaction and it requires flexibility and creativity in the health work process, which is permeated by the subjectivity of human actions.

Regarding the theoretical concepts supporting the proposal of the Residency Programs, the following managerial tools stood out: *Projeto Terapêutico Singular* (PTS – Singular Therapeutic Project), Expanded Clinic, Health Care Lines or Networks, and Matrix-based Support. The implementation of these tools is a challenge for residents, as it has not been adopted in routine work practices of health service teams:

> *We never reach a consensus on what a matrix-based support is. How far have the residents got to meet this support? What strategy is this? Each person does it in a different way and only residents do it. How does this work?* (MR 6).

Matrix-based support is understood as the system in which two or more health teams share health intervention processes through the transformation of the traditional logic of the hierarchical health systems (referrals, counter-referrals, protocols, and regulation centers). Matrix-based support aims to establish horizontal

interactions among services, with an integration of components and knowledge on different health care levels[23]. Multi-professional residents in health perceive the difficulties to operate such tools in their qualification and find obstacles to implement them with the health service team in which they are included.

Due to its own nature, health work is not performed independently, because professional groups cannot meet users' health requirements by themselves. In this sense, work presupposes the interaction between residents, management, and health service workers that perform in the context of residency, given the complexity and multiplicity of health requirements.

Another experience of dissatisfaction for multi-professional residents in health refers to the lack of time to perform professional and personal activities, due to the excessive program hours, as described below:

> *When can we study? When can we produce something? When can we can submit an article to a journal?* (MR 2).

> *Nobody can work for 60 hours for so long and manage to do the work we have to do, plus our studies, and the work process. It's hard!* (MR 5).

The Residency Programs surpasses the minimum number of hours required in traditional specializations that, in accordance with Resolution 1 issued on June 8th 2007 by the *Conselho Nacional de Educação* (CNE – National Education Council) and the *Conselho Nacional de Saúde* (CNS – National Health Council), must include at least 360 hours integrating teaching, service, and research and also requires the presentation of a Thesis Project[24]. Thus, the practical hours are the main characteristic that distinguishes the residency from the remaining professional qualification courses, as it is characterized as in-service qualification.

Feelings of distress and overload are aspects that cause suffering in the qualification process of residents, as they rarely meet all the demands attributed to them[9]. Data show that the limitations imposed by excessive working hours cause dissatisfaction among residents, as they cannot implement all plans and projects designed.

Multiprofessional residents in health also report that theoretical activities are fruitful, although restricted, due to the lack of interaction between theory and practice experienced by them, which is evidenced as follows:

> *I think we could've had courses that met the needs we found during practice, because, honestly, there were some that were pretty much useless, while others were missing, in my opinion.* (MR 3).

This finding is in agreement with a recent study, performed with multiprofessional residents in health, which identified an increasing distance between the theory discussed in the courses and the reality experienced in the routine practice[10]. Thus, the experience of dissatisfaction can be considered as common to other realities in the context of multiprofessional residencies in health.

Regarding qualification, multi-professional residents in health are expected to become capable of critically reflecting on their professional practice and working in an interactive way to resolve problems in different contexts of SUS health care, creating innovative alternatives aimed at the implementation of networks[10]. To achieve this, residency qualification must be founded on the routine demands of practice. The reality of health services has to raise questions and concerns that can lead to reflection and, as a result, it must be permanently present in the theoretical qualification process.

Another aspect that causes multiprofessional residents in health to feel dissatisfied is the discontentment with the anticipation of activities and booking of activities that had not been previously agreed on:

> *There's no commitment to what's been agreed on. Because we agreed that there'd be a meeting in 15 days and suddenly we receive an email in the middle of the afternoon or on Saturday morning… And we have other plans in our life* [...] (MR 2).

In Nursing Residency programs, some of the complaints of residents about work conditions were associated with lack of leisure time, which can increase physical, mental, and emotional exhaustion[21]. This context can be brought closer to the context of studies, as both show

work requirements that often overlap residents' willingness and personal plans.

Data on both categories reveal important elements of satisfaction and dissatisfaction in the workplace and qualification of residents, as they point to experiences of frustration and impotence. Professionals are known to intend to achieve personal and professional satisfaction and not to be seen as someone who passively executes tasks[25]. Thus, subjective tasks are essential in the formation of one's identity while professionals and in the construction of experiences of health in the qualification and work process.

Consequently, describing experiences of satisfaction and dissatisfaction is important to perceive the gaps and vulnerabilities existing in residency programs and to think about strategies to overcome them. Thus, models of multi-professional residencies in health that enable residents to have full, humane, enriching, and transformative experiences can be structured. The impacts of these models can be found on the quality of health care provided by such professionals, the structuring of integrated and resolutive health services and, especially, their mental health.

In view of this situation, the participation of nursing in this challenge stands out, given its representativeness and action in multiprofessional residency programs in health. Nurses are professionals engaged in different actions that converge with the proposals of multiprofessional residency programs in health, such as continuing and permanent educational actions, qualification in health, and university extension. These tools can help to develop residency programs through the formation of bridges, partnerships, and joint actions.

In the present study, data originated from the focus group, who was found to be an adequate instrument for the objective of this study. However, the lack of interaction with other instruments is a limitation, given the restricted sources of evidence. Studies that associate different instruments of data production and theoretical and methodological frameworks can be performed, aiming to deepen some of the questions discussed here. Thus, the need for new studies that can contribute with distinct instruments and perspectives to strengthen this theme is evidenced.

Conclusions

The present study showed that the main experiences of satisfaction in the qualification and work process of residents were associated with sharing knowledge about the professional specialty and core, apart from the users' and services' professional gratification for the work performed. In contrast, experiences of dissatisfaction were associated with lack of communication and discontinuity of certain actions, work overload, excessive working hours, difficulty to integrate theory with practice in the courses, and anticipation of activities that had not been previously agreed on.

The results found in this study show that, although the process of qualification of residents brings satisfaction, participants experienced opposing feelings. To identify the experiences of satisfaction and dissatisfaction in the routine of residents can help programs to consider changes to their models, converging towards the acknowledgement of the residents' experience. In this context, nursing can contribute through the work of its professionals in residency programs. The results of the present study aim to raise the awareness of qualifying institutions, strengthening the planning of actions in health qualification, especially in the context of multi-professional residencies.

Collaborations:

1. study conception, research project, and data analysis and interpretation: Marcelo Nunes da Silva Fernandes, Carmem Lúcia Colomé Beck and Teresinha Heck Weiller;

2. article writing and relevant critical review of intelectual content: Alexa Pupiara Flores Coelho and Francine Cassol Prestes;

3. approval of the final version to be published: Daiany Saldanha da Silveira Donaduzzi.

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