



QUALITY LIFE OF RESIDENTS NON-DOCTORS
QUALIDADE DE VIDA DE RESIDENTES NÃO MÉDICOS
CALIDAD DE VIDA DE LOS RESIDENTES NO MÉDICOS

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ABSTRACT

Objective: to evaluate the medical residents quality of life and newbies of the Faculdade de Medicina de São José do Rio Preto/SP. **Method:** descriptive, cross-sectional study of population base with 55 medical residents and newbies training programs 34 of the Faculdade de Medicina de São José do Rio Preto, SP, Brazil. The data collection was using the WHOQOL-100 instrument after the approval of a research project by the Committee of ethics in research, Opinion No. 064/2008. The calculations of scores conducted as statistical model provided by the WHOQOL Group. **Results:** 76 professionals participated in this study, being 52 (68.42%) medical residents and 24 (31.58%) newbies. There was low internal consistency in the field level of independence ($\alpha = 0.48$ and 0.54 for enhancement and improvement, respectively) and in the field social relations for medical residents ($\alpha = 0.68$). **Conclusion:** the professionals were satisfied with the quality of life, life and health; showed good level of independence and good spiritual/religious structure. **Descriptors:** Quality of Life; Medical Residency; Medical Residency.

RESUMO

Objetivo: avaliar a qualidade de vida aprimorandos e aperfeiçoandos da Faculdade de Medicina de São José do Rio Preto/SP. **Metodo:** estudo transversal descritivo, de base populacional com 55 aprimorandos e 34 aperfeiçoandos dos programas de formação da Faculdade de Medicina de São José do Rio Preto/SP, Brasil. A coleta dos dados foi utilizando-se o instrumento WHOQOL-100 após a aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa, Parecer n.º 064/2008. Os cálculos dos escores foram realizados conforme modelo estatístico disponibilizado pelo Grupo WHOQOL. **Resultados:** 76 profissionais participaram do estudo, sendo 52 (68,42%) aprimorandos e 24 (31,58%) aperfeiçoandos. Houve baixa consistência interna no domínio nível de independência ($\alpha = 0,48$ e $0,54$ para aprimoramento e aperfeiçoamento, respectivamente) e no domínio relações sociais para os aprimorandos ($\alpha = 0,68$). **Conclusão:** os profissionais apresentaram-se satisfeitos com a qualidade de vida, a vida e a saúde; apresentaram bom nível de independência e boa estrutura espiritual/religiosa. **Descritores:** Qualidade de Vida; Residência Médica; Residência Não Médica.

RESUMEN

Objetivo: evaluar la calidad de vida y newbies de la Faculdade de Medicina de los médicos residentes São José do Rio Preto/SP. **Metodología:** estudio descriptivo, transversal de la población base con 55 médicos residentes y newbies formación 34 de la Faculdade de Medicina de São José do Rio Preto, SP, Brasil. La recolección de datos utiliza el aparato WHOQOL-100 tras la aprobación de un proyecto de investigación por el Comité de ética en la investigación, opinión n.º 064/2008. El cálculo de las puntuaciones se realizaron como modelo estadístico proporcionado por el WHOQOL Group. **Resultados:** 76 profesionales participaron en este estudio, 52 (68,42%) médicos residentes y 24 newbies (31.58%). Hubo poca consistencia interna en el terreno de la independencia ($\alpha = 0.48$ y 0.54 para mejora, respectivamente) y en las relaciones sociales del campo para médicos residentes ($\alpha = 0.68$). **Conclusión:** los profesionales estaban satisfechos con la calidad de vida y salud; mostró buen nivel de independencia y buena estructura espirituales y religiosas. **Descriptores:** Calidad de Vida; Residencia Médica.

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INTRODUCTION

Although from a legal standpoint, the graduate diploma is sufficient for the exercise of the professions of the health area, nowadays many professionals have a vital need to attend a residency program, enhancement/improvement or specialization in different specialties. Every year, numerous health professionals participate in contests of residency and/or professional improvement in the various regions of Brazil.

The professionals who are in these Programs often go through great difficulties to complete the process of forming. Although the practical training of students in the area of health begins during the mandatory internships, is in the process of specialization in medical residency/professional enhancement that promotes true professional initiation in practice.¹

The profile and the trend of medical training and indeed of other health care workers suffer great influence health practices, the organization of the health system and the labor market.¹ thus, it is important to understand the role that these training programs have in the preparation of professionals in Brazil.

It is common to observe a dual residency program design/improvement in the training of professionals. On the one hand, the design of the graduation process on completion of deficiencies of this process; on the other, the offering of specialization as a possibility to promote professional insertion in the labor market, which needs to be reviewed, because most residents graduating over exercising activities in different areas of their specialization, disqualifying that privilege of insertion in the labor market.¹

Whereas these programs are educational arrangements characterized by in-service training under supervision, full-time, it is certain that these constitute the best way of improvement and specialization in the area of health. However, we must consider that during this training process, many physical and emotional problems occur between professionals.

A bibliographical study on quality of life of residents reveals the existence of high rates of health problems linked to the process of formation, which interfere in the quality of life of the residents and, consequently, the service provided to the user of the service.²

The nursing residence follows the model of medical residency and therefore inherent aspects of medical training can be

incorporated into the routine nurses residents (and indeed of other health professionals), as stressful nature of the training process that produces physical and emotional disorders, and may interfere with the quality of life.³ the analysis of informal conversations held with residents allowed nurses understand factors related to the training process generated feelings of disappointment, anxiety, depression, fear and feeling of uncertainties which hamper the adaptation and professional performance of these professionals.³

Although issues such as the effects on mood, distress and Burnout Syndrome among residents become studied, studies that assess the quality of life of these professionals, especially doctors, have received little attention. In this context, assess the quality of life of medical residents and newbies lets you know the real situation of the non-medical professionals entered into this training process, contributing to a better understanding of the issues of health and quality of life associated with the training process and allowing, if necessary, subsidize actions to improve the quality of personal and professional lives of these workers, promoting an improvement in the quality of care provided to patients.

Against the above, this study aims to:

- Evaluate the quality of life medical residents and newbies of the Faculdade de Medicina de São José do Rio Preto/SP.

METHOD

Descriptive cross-sectional study, a population-based, carried out on the Base Hospital / Faculdade de Medicina de São José do Rio Preto/SP, southeastern Brazil, involving residents non-doctors of various professional areas.

The study population was composed by all practitioners enrolled in the programs of improvement and professional training of complex FAMERP/FUNFARME, from April 1, 2008, active in the period of data collection and consented to participate in the research after informed about its objectives and its purpose. The estimated population of the study was 55 and 34 non-medical newbies medical residents, totaling 89 professionals. 76 professionals participated in the study, corresponding to 85.39% of total enrollment.

For the collection of data was used the WHOQOL-100, the World Health Organization tool that evaluates the quality of life. Preceding the Whoqol, questions were collected some personal data such as age, sex, marital status, educational level and

socio-economic class data for the preparation of the profile of professionals.

Respecting the Ethical precepts of research involving humans, this project was referred to the Committee of ethics in research of the Faculdade de Medicina de São José do Rio Preto, under Protocol No 1543/2008 and approved in March 24, 2008 with the opinion No. 064/2008.

The data collected in the months November 2008 to January 2009. The study data were stored in a worksheet by using the Excel program. Data analysis performed with Statistical Package for Social Sciences (SPSS) version 17.0.

The socio-demographic data used to characterize the population of study. The reliability of the WHOQOL-100 was tested by analyzing the internal consistency of the issues through the Cronbach's alpha Coefficient, whose values greater than or equal to 0.70 were considered satisfactory.⁴

The calculations of scores performed as provided by the WHOQOL Group statistical model that calculates scores and determines the transformed scores 4-20 for every facet and each domain of WHOQOL-100 questionnaire.

To assist in the analysis of data and facilitate the comparison with other studies, scores obtained in the range of 4 to 20 were converted to a scale of 0 to 100 using the formula $[(\text{average}-4) \times 100/16]$, where the average corresponds to the scores of every facet and/or domain.

For the analysis of the quality of life used the following procedures of calculation and analysis:

Frequencies and descriptive statistics measures for general issues about quality of life (response options, averages and standard deviations), corresponding to a 25th facet of WHOQOL-100 (How would you rate your quality of life? How satisfied are you with the quality of your life? In General, how satisfied are you with your life?; How satisfied are you with your health?), stratified by group of professionals (medical residents, newbies).

-Average Scores and standard deviations for the domains, stratified by group of professionals (medical residents, newbies).

RESULTS

◆Demographics characteristics

There was no refusal of professionals to participate in the study. However, participated in the study 52 medical residents (94.55% of enrolled) and 24 newbies (70.59% of enrolled). Verbal justifications most frequently asked of the professionals who have not responded to the questionnaire were lack of time and/or forgetfulness.

The age group of professionals ranged from 22 to 33 years, with mean and median of 24 years.

Among the 76 pros who participated in the study, 68 (89.47%) were female.

As for the civil State, 70 (92.10%) were single professionals.

Family income ranged from 1 to over 10 minimum wages, and 38 (50.00%) professionals have family income of 2 to 5 minimum wages and 31 (40.79%), above 6 salaries.

Regarding the remunerated activity, 12 (15.79%) professionals have claimed to possess other remunerated professional activity being: 8 (10.53%) medical residents and 4 (5.26%) newbies.

◆Evaluation of quality of life

The WHOQOL-100 referred to reliability assessment by means of internal consistency, considered satisfactory values greater than or equal to 0.7.

The internal consistency of the WHOQOL-100 assessed by Cronbach's alpha Coefficient for the 24 facets of the instrument, to the general quality of life (25 facet), for all domains and for each domain, and presented in table 1.

The analysis of Alpha to the 24 facets, for the domains and general quality of life (25 facet) points values that indicate good consistency of the instrument (greater than or equal to 0.79).

There was low internal consistency in the field level of independence, and in the field social relations for the newbies.

Table 1. Values obtained for Cronbach's alpha Coefficient to the WHOQOL-100 applied to medical residents and newbies. São José do Rio Preto, 2009.

WHOQOL-100	CRONBACH'S ALPHA	
	Medical Residents	Newbies
24 facets	0.90	0.87
QV General (25 facet)	0.79	0.80
Domains	0.83	0.79
Physical domain	0.78	0.88
Psychological domination	0.88	0.79
Domain level of independence	0.48	0.54
Domain social relationships	0.73	0.68
Domain environment	0.87	0.89
Spiritual aspects domain/religion	1.00	1.00

* QOL: quality of life

◆ **General quality of life**

The results of the evaluation of quality of life overall (25 facet) are presented by the distribution frequency of responses and average scores with the respective standard deviation for each of the four questions about quality of life. Table 2 presents the distribution of frequencies of responses and the average scores for the general quality of life issues and the distribution of average scores of general quality of life and standard deviations, second sex and household income.

With the exception of the frequency of medical residents ' responses to question 2 (How satisfied are you with the quality of your life?), in which he notes--if an index of 50% of professionals 50% satisfied and dissatisfied with the quality of life, the frequencies of positive responses were greater than the negative responses to both programs, in both issues, with indexes exceeding 60% for all occupational categories, reaching 75% satisfaction among medical residents. These results show that professionals studied are satisfied with the quality of life, with life and with health.

No significant difference was observed between general quality of life and socio-demographic factors such as gender, marital status, family income, have another gainful activity and own vehicle or not.

Analyzing the general quality of life, according to sex it observed that among the medical residents, male professionals

presented best quality-of-life scores than female workers. Among the newbies, we observed higher quality-of-life scores of female professionals in relation to male professionals.

When comparing the distribution of scores second sex between occupational categories, it should note that the newbies male showed smaller medical residents than the scores of the same sex. On the other hand, the female newbies had better scores than the medical residents of the same sex.

In relation to the general quality of life, according to the family income, the results show that the medical residents with family income between 5 and 10 minimum wages showed lower quality-of-life score in relation to medical residents with incomes between 2 to 5 minimum wages and/or above 10 minimum wages.

The newbies with household income between 5 and 10 minimum wages showed higher score to those with income of 2 to 5 minimum wages. Although only one improving family income exceeding 10 have minimum wages, this stated total satisfaction with the overall quality of life

Table 2. Frequency Distribution of responses and the average scores for the general quality of life issues, average scores of general quality of life and standard deviations, second sex and household income. São José do Rio Preto, 2009.

Question	Response options	Medical Residents		Newbies	
		n	%	n	%
How would you rate your quality of life?	1-very bad				
	2-bad	-			
	3-neither	4		-	
	good nor	4	-	2	-
	bad	37	7.69	4	8.33
	4-good	7	7.69	15	16.67
	5-very	3.9	71.15	3	62.50
	good	0	13.46	3.80	12.50
	Average	0.7		0.78	
	Standard deviation	2			
How satisfied are you with the quality of your life?	1-very dissatisfied				
	2-	-			
	dissatisfied	5		-	
	3-neither	21	-	1	-
	satisfied		9.62	5	4.17
	nor	24	40.38		20.83
	dissatisfied	2		16	66.67
	4-satisfied	3.4	46.16	2	8.33
	5-very	0	3.85	3.80	
	satisfied	0.7		0.66	
In General, how satisfied are you with your life?	Average	2			
	Standard deviation				
	1-very dissatisfied				
	2-	-			
	dissatisfied	3		-	
	3-neither	17	-	1	-
	satisfied		5.77	4	4.16
	nor	30	32.69		16.67
	dissatisfied	2		15	62.50
	4-satisfied	3.5	57.69	4	16.67
How satisfied are you with your health?	5-very	0	3.85		
	satisfied	0.6			
	Average	6			
	Standard deviation				
	1-very dissatisfied				
	2-	-			
	dissatisfied	5		-	
	3-neither	6	-	1	-
	satisfied		9.62	5	4.17
	nor	33	11.54		20.83
Gender/Family Income	dissatisfied	8		9	
	4-satisfied	3.8	63.46	9	37.50
	5-very	0	15.38	4.10	37.50
	satisfied	0.8		0.88	
	Average	0			
	Standard deviation				
	QOL Medical Residents Mean (SD)			QV Newbies Mean (SD)	
	Male	78.13 (6.25)		62.50 (23.38)	
	Female	66.53 (14.44)		74.37 (12.96)	
	2 to 5 minimum wages	68.08 (12.65)		64.73 (13.99)	
	5 to 10 minimum wages	63.94 (20.43)		81.25 (7.65)	
	> 10 minimum wages	69.88 (9.19)		100.00 (-)	

* QOL: quality of life ** SD: standard deviation

◆Whoqol-100 domains

Table 3 presents the mean values and standard deviations obtained for the six domains of WHOQOL-100.

The average scores for the areas ranged from 55.73 to 83.59. It observed that the highest scores were level domains of independence and spiritual aspects/religion, i.e. in those domains studied professionals showed better quality of life.

On the other hand, the physical domain obtained lower score among medical residents (55.73), indicating lower quality of life for these professionals in this field, in relation to newbies .

With the exception of the domain environment, the newbies showed higher scores for all other areas, when compared with the medical residents.

Table 3. Distribution of average scores and their standard deviations of WHOQOL-100 domains, according to the training programs. São José do Rio Preto, 2009.

Domain	Program	Average score	Standard deviation
Physicist	Improvement	55.73	15.55
	Improvement	61.72	14.16
Psychological	Improvement	61.37	12.50
	Improvement	66.87	10.39
Level of independence	Improvement	75.03	11.56
	Improvement	82.29	11.63
Social relations	Improvement	69.79	12.09
	Improvement	71.18	10.45
Environment	Improvement	59.15	11.17
	Improvement	58.93	11.01
Spiritual aspects/religion	Improvement	77.76	19.58
	Improvement	83.59	12.19

◆Demographics characteristics

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The age group of professionals ranged from 22 to 33 years, with mean and median of 24 years.

Among the 76 pros who participated in the study, 68 (89.47%) were female.

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Regarding the remunerated activity, 12 (15.79%) professionals have claimed to possess other remunerated professional activity being: 8 (10.53%) medical residents and 4 (5.26%) newbies.

DISCUSSION

The issues related to the world of work and its impact on the health of individuals, especially those aspects related to the health of workers in the area of health, have been the focus of a series of studies with these professionals, including among professionals entered in service training programs, such as residency and improvement/further training. However, the studies give greater attention to residents on medicine.

On the assumption that the nursing residence follows the model of medical residency³ and whereas improvement programs and/or professional development follow the same dynamics of work and training of medical and nursing programs, it can be affirmed that the professionals from all areas of health entered into programs for in-service training (improvement and/or further training) are subjected to a process of

stressful training which produces physical and emotional disorders and may interfere with the quality of life.

Studies with residents favor aspects such as the effects on mood, distress and Burnout Syndrome, while studies that evaluate the quality of life of these professionals have received little attention. In addition, due to the large diversity of instruments for evaluation of quality of life available in the literature, studies that address quality of life of these professionals employ different instruments in this evaluation. Researchers generally opt for concise instruments, facilitate the collection of data and promote the accession of professionals to study. This fact suggests a possible explanation for the non-participation of some professionals in this study; we used an instrument considered extensive.

Although in the literature some studies focusing on quality of life of residents doctors and/or nurses, no studies found that are similar to this, related to the quality of life of residents of various non-medical healthcare professions.

◆Sociodemographic characteristics

This study found a higher percentage of female professionals, as well as observed between 825 nursing academics from southern Brazil, assessed by the WHOQOL-bref.⁵

In a university hospital in the South of the country⁶, a study on quality of life of nurses, physiotherapists and nutritionists, showed an absolute majority of female workers (94.50%), a similar result (85.5%) found among nursing workers of intensive care units.⁷

However, studies with medical residents show a higher percentage of male professionals.^{8,9}

This higher prevalence of females observed in that and other studies, it is probably a consequence of the changes in the relationship between women and work, through the feminist movements, which led to a profound modification in the context of the workers, making them progressively participate in the labor market.¹⁰

As for the age, a study among residents of the UNIFESP Escola Paulista de Medicina (UNIFESP-EPM) found that the average age of professionals was 26 years⁹, similar to the results of this study (26.5 years) observed between residents and doctors of Uberlândia/MG (27.26 years).⁸

The study with the medical professionals of Uberlândia/MG⁸ shows a higher percentage of single professionals (72%) among physicians, below the data of this study that recorded 92.10% of single professionals. This difference can be explained by the fact of doctors graduating later than other professionals and professional stability as early as there is a big difference in values between the grants paid by medical residency programs and the professional enhancement. In addition, medical professionals have the possibility of shifts that supplement the family income, contributing to greater economic stability. This situation corroborated by the study of medical residents of UNIFESP-EPM⁹ who found a 71.1% percentage of residents with other remunerated activities, while in this study only 15.79% of the professionals presented another activity.

◆Evaluation of quality of life

The WHOQOL-100 shown to be a suitable instrument for the evaluation of medical residents' quality of life and improvement. The Cronbach's alpha coefficient values shown in table 1 show that the WHOQOL-100 questionnaire applied to evaluation of the quality of life of these professionals presented a satisfactory degree of internal consistency in this study. The coefficient for the 24 facets, for the domains and general quality of life (25 facet) pointed values greater than or equal to 0.79.

Analyzing each domain separately, it was observed that there was low internal consistency in the field level of independence for both programs (improvement = 0.48 and improvement = 0.54), and in the field social relations for medical residents (0.68).

Some factors may have contributed to this result, as the heterogeneity of responses in the field level of independence in all programs. In relation to the low coefficient of the domain social relationships among medical residents, in addition to the possible heterogeneity of replies between the professionals of this program, the reduced number of items assessed in that domain may also have contributed to the low coefficient observed. Highlights that a general principle of psychometrics establishes that the consistency of a scale decreases as it decreases the number of items.¹¹

The reduction of Alpha coefficients, when considered individually, domains has observed in the literature, especially in the areas of social relationships (as noted among medical residents of this study) and environment.¹²⁻³

◆General quality of life

As for the general quality of life, 52 (68.42%) professionals evaluated the quality of life as good and 10 (13.16%) professionals, as very good.

In relation to satisfaction with the quality of life, 40 (52.63%) professionals are satisfied and 4 (5.26%) are very satisfied. As for the level of satisfaction with life, it was observed that 45 (59.21%) professionals are satisfied and 07 (9.21%) are very satisfied with life. The frequencies of positive responses were greater than the negative answers, peaking at 75% satisfaction among medical residents. Only among medical residents, on question 2 (How satisfied are you with the quality of your life?), it was observed a rate of 50% of professionals 50% satisfied and dissatisfied with the quality of life. These results show that professionals studied are satisfied with the quality of life, with life and with health.

Study on quality of life of 825 nursing academics from southern Brazil, using the WHOQOL-Brief, showed that 72% of respondents have rated their quality of life as good or very good, while 67.7% of individuals reported being satisfied or very satisfied with their health.⁵

In a hospital in southern Brazil was 61.47% of professionals noted that nurses, physiotherapists and nutritionists considered quality of life good and 6.42% very good, while 47.71% reported being satisfied with the quality of life and 14.68% very satisfied.⁶

On the other hand, to investigate the doctors' work experiences in the first year of residency and the impact of these experiences on physical health and psychological well-being, a study found that life satisfaction levels were lower than that of the general population.¹⁴

With respect to the average scores of general life quality according to sex and family income, scores observed in this study did not show important differences in quality of life between sex and household income. However, the medical residents of UNIFESP-EPM feature best quality of life indices than male workers in some aspects, such as the physical, the emotional and mental health.⁹

The assessment of doctors' work experiences in the first year of residence shows that women have more positive social relationships, in addition to greater

commitment in activities than their male counterparts¹⁴. An important work on welfare of residents in Alberta, Canada, also shows that women is more affected by stress than men.¹⁵

These results reinforce the quality-of-life scores of non-medical professionals of FAMERP that showed good level of quality of life, without differences between genres.

◆Domains

The values of the average scores of areas ranged from 55.73 to 83.59 (table 3). The level of independence and spiritual aspects/religion presented major quality-of-life scores in both programs, respectively among medical residents: 75.03 and 77.76 and aperfeiçoandos: 82.29 and 83.59.

Academic studies of nursing⁵ and communitarian agents of health¹⁶ point best quality scores for the domain social relationships, 70 scores and 75.8 respectively. Other studies addressing health professionals found higher scores for the domain social relationships between Dietitians (75) and nurses (70.41)⁶Brazilians, and Chile among nurses (77.38).¹⁷On the other hand, the physical domain obtained lower score among medical residents (55.73), indicating lower quality of life of these professionals, in relation to aperfeiçoandos.

This result showed that the physical aggravations are interfering in professional quality of life, which may reflect on the quality of assistance provided to users of the health service.

Evaluation of quality of life, daytime sleepiness and Burnout on resident physicians, points out a large number of professionals with pathological indexes of daytime sleepiness and stress with professional high level of emotional exhaustion, depersonalization, and moderate level of personal fulfillment. According to the authors, residents note that their quality of life is worse in medical residency than in your life in General.¹⁸

Irish residents claim that high welfare encourages the decision-making process. Study on the well-being and professional relationship with patients showed that the training at the residence and care to patients could improve through actions that promote greater well-being of residents.¹⁹

A study on the stress level among residents and the relationship of stress in family life's commitment shows that 42% of the residents consider themselves stressed, and 21% report that stress interferes in family relationships,

showing that stress generated in residence is detrimental to family life.²⁰

Unlike the results presented by the professionals of this study in a town West of the State of São Paulo, a group of community health agents showed the highest score for the physical domain (73.8)²¹. A similar result was found between communitarian agents of health in the State of Minas Gerais (score: 82.8)²². Still, students of Psychology also presented a higher score in the physical domain (71.32).²³

The physical domain is connected with some basic human needs when relates physical pain, energy for the day to day, sleep and performance of daily activities, for which the professionals of this study showed lower quality of life, showing that the physical aggravations are interfering in the quality of life of these professionals.

With the exception of the domain environment, the improvement program professionals presented major scores for all other areas, when compared with the medical residents, showing better quality of life for aperfeiçoandos.

This research showed scores of areas suitable for all occupational categories. However, resident doctors of UNIFESP-EPM presented low quality of life in the areas of vitality, social, emotional and mental health, with scores comparable to those found in patients with chronic diseases.⁹

Some studies have shown that the implementation of programs of assistance to residents in improvement produces a quality of professional training in terms of dealing with the stress of training, as well as personal life, with a better relationship with patients.²⁴⁻³¹

Although stressful, often with inadequate organization of professional training, compromising the quality of life of the professionals, the residency is an enriching experience that promotes the professional development of graduates.² However, are still required discussions and research to identify the State of job satisfaction, variables involved and their relationships with the influence of career training and professional development stage³², as well as changes the educational and working practices who undergo the professionals evaluated.

CONCLUSION

The evaluation of medical residents ' quality of life and aperfeiçoandos of the complex FAMERP/FUNFARME showed that the professionals studied are satisfied with the

quality of life, life and health, and have a good level of independence and good spiritual/religious structure. However, there is a commitment of the sex life and the activities of everyday life, in addition to the difficulties confronting the stressful situations.

Although bring important contributions to the understanding of the positive and negative aspects linked to vocational training in service in Brazil, this study presents limitations, by using a sample restricted to a teaching hospital, which allows you to extend your results to the universe of professional enhancement programs entered/further training in Brazil. However, it believed that the reality experienced at other institutions that offer these programs is very similar. Stands out as important, the study's contribution to motivate discussions and changes of the educational and working practices who undergo the professionals evaluated.

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