

# Work engagement in employees at professional improvement programs in health<sup>1</sup>

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**Abstract:** Objective: This study evaluated the levels of engagement at work in enhancement programs and professionals training in health. Method: A cross-sectional study with 82 health professionals enhancement programs and improvement of a public institution in the State of São Paulo, using the Utrecht Work Engagement Scale (UWES), a self-administered questionnaire composed of seventeen self-assessment items in three dimensions: vigor, dedication and absorption. The scores were calculated according to the statistical model proposed in the Preliminary Manual UWES. Results: Engagement levels were too high on the force, high dedication and dimension in general score, and medium in size to 71.61% absorption, 58.03%, 53.75% and 51.22% of workers, respectively. The professionals present positive relationship with the work; they are responsible, motivated and dedicated to the job and to the patients. Conclusion: Reinforces the importance of studies that evaluate positive aspects of the relationship between professionals and working environment, contributing to strengthen the programs of improvement, advancing the profile of professionals into the labour market.

**Keywords:** *Staff Development, Health Personnel, Internship and Residency.*

## Engagement no trabalho em profissionais de programas de aprimoramento profissional em saúde

**Resumo:** Objetivo: Este estudo avaliou os níveis de *engagement* no trabalho em profissionais de programas de aprimoramento e aperfeiçoamento profissional em saúde. Método: Realizou-se um estudo transversal com 82 profissionais de saúde dos programas de aprimoramento e aperfeiçoamento de uma instituição pública do interior paulista, utilizando-se a *Utrecht Work Engagement Scale* (UWES), um questionário autoaplicável composto de 17 itens de autoavaliação em três dimensões: vigor, dedicação e absorção. Os escores foram calculados conforme modelo estatístico proposto no Manual Preliminar UWES. Resultados: Os níveis de *engagement* foram muito altos na dimensão vigor, altos na dimensão dedicação e no escore geral e médio na dimensão absorção para 71,61%, 58,03%, 53,75% e 51,22% dos profissionais, respectivamente. Os profissionais apresentaram relação positiva com o trabalho, são responsáveis, motivados e dedicados ao trabalho. Conclusão: O estudo reforça a importância de avaliar os aspectos positivos da relação entre profissionais e ambiente laboral, contribuindo para fortalecer os programas de aprimoramento e aperfeiçoamento profissionais.

**Palavras-chave:** *Desenvolvimento de Pessoal, Profissional de Saúde, Internato e Residência.*

## 1 Introduction

The professional health enhancement programs are postgraduate categories developed under the training supervision mode, maintained with funds from the state government of São Paulo (SÃO PAULO, 2015; LOURENÇÃO; MOSCARDINI; SOLER, 2013). These programs are offered by institutions linked to the Unified Health System (SUS) aimed at enabling professionals to exercise their profession with higher quality, meeting the demand of patients of the public health system (SÃO PAULO, 2015).

São Jose do Rio Preto Medical School (Famerp), an institution under a special state autarchy system, in partnership with the Regional Faculty Foundation Of Medicine of São José do Rio Preto (Funfarme), offers the Program of Professional Enhancement in Health, maintained with own resources and following the Professional Enhancement Programs model of the Department of Health of São Paulo State (SÃO PAULO, 2015; FACULDADE..., 2016).

The professionals involved in these in-service training programs are constantly under great pressure and therefore, they are vulnerable to psychological changes, such as anxiety and depression, compromising the quality of life, well-being, and satisfaction of the professionals and, consequently, impairing the health care quality of health service patients. Factors such as work overload, frequent contact with pain and suffering, dealing with bodily and emotional intimacy, care of terminally ill patients, performance in critically ill patients, at risk of death or nonadherent to treatment, or chronically depressed patients as well as the coexistence with the uncertainties and limitations of the professional knowledge and the care system are present and cannot be overlooked (CARVALHO et al., 2013; LOURENÇÃO; MOSCARDINI; SOLER, 2010, 2013; JIMÉNEZ; SOCORRO; ALIÑO, 2010).

However, despite the demands and the generated wear experienced during the training process, some professionals may not show signs and symptoms of exhaustion. They present a positive cognitive state of achievement, demonstrating pleasure from hard work and its demands. These professionals present work engagement, a positive cognitive state of achievement and well-being with work, characterized by three dimensions: vigor, dedication, and absorption (BASSO-MACHADO; PORTO-MARTINS, 2013; PORTO-MARTINS; BASSO-MACHADO; BENEVIDES-PEREIRA, 2013; ANGST; BENEVIDES-PEREIRA; PORTO-MARTINS, 2009).

The term engagement was conceptualized for the first time in 1990, by Willian A. Kahn (1990). It is a recent concept, initially understood as

[...] use of the members of the organization of their own work roles: in engagement, people use and express themselves physically, cognitively, emotionally mentally during the development of their roles [...] (ANGST; BENEVIDES-PEREIRA; PORTO-MARTINS, 2009, p. 694).

Therefore, workers with good levels of engagement are more satisfied with the profession, have greater well-being and show intentions to stay in the workplace (SANTOS, 2011).

Based on the positive psychology, the engagement gains strength as it contributes to revealing relevant psychosocial aspects of the relationship between professionals and work (TEIXEIRA et al., 2017; PORTO-MARTINS; BASSO-MACHADO, 2010). Also, it can have a positive impact on the company/organization by favoring the adoption of protective measures for workers' health (ORTIZ; JARAMILLO, 2012).

Studies on engagement are recent in Brazil, especially with health professionals. A survey conducted with medical residents of Pediatrics pointed out good engagement rates in these professionals, especially in the dedication domain, showing that resident physicians are enthusiastic and proud of the work (TEIXEIRA et al., 2017). For the authors, the development of studies addressing this construct among the professionals in training may bring benefits to the organization and improvement of the work process in these training programs.

Basso-Machado, Porto-Martins, and Amorim (2012) corroborate the importance of the development of studies on engagement in Brazil, favoring the understanding of the aspects that interfere with the development of this construct, given the relevance of positive factors in the relationship between professionals and their work.

Therefore, evaluating the engagement in the improvement and enhancement work in the health area, the relationships of these professionals with the work environment and obtain information that contributes to the strengthening of the training process offered and the quality of care provided to patients become relevant.

In view of the above, this study aimed to evaluate the levels of engagement in the work of professionals enrolled in the improvement and enhancement

programs of a public institution in the interior of the state of São Paulo.

## 2 Method

This is a cross-sectional population-based study, carried out by all the professionals enrolled in the Professional Improvement and Enhancement Programs of a teaching institution in the interior of the state of São Paulo. They are multi-professional postgraduate programs, aimed at professional training in service under supervision, developed with 40 (forty) hours weekly work, consisting of theoretical (20%) and practical (80%) activities, according to the legislation (FACULDADE..., 2016).

The Professional Enhancement Program is a scholarship program supported by the State Department of Health of São Paulo (SES/SP), offered by several educational institutions in the state and aimed at professionals from different health areas, especially new graduates, with the exception of medicine, maintained by the Health Department of the State of São Paulo and offered by several institutions linked to SUS (SÃO PAULO, 2015).

The Professional Enhancement Program is structured by the same lines of the SES/SP Improvement Program. It is the only program of this category offered by the Faculty of Medicine of São José do Rio Preto, with scholarships funded by the Regional Medical Faculty Foundation of São José do Rio Preto (Funfarme) (FACULDADE..., 2016).

The inclusion criterion in the study was to improve or enhance enrolled in the program. Those who were away from the professional activities of any nature during the data collection period and the professionals of the improvement program who were enrolled in the second year of training were excluded, a modality that was exclusively offered by that program at the time of the study.

Data were collected from November 2013 to February 2014. The researchers had no link with the programs, avoiding possible biases in the responses.

Two instruments were used for data collection: The first instrument was a questionnaire prepared by the authors, containing personal data, such as age, gender, marital status, education level, family income, and whether the professional is satisfied with the training program/process or whether at any time he thought about giving up the Improvement/Enhancement Training Programs. The second program was the Utrecht Work Engagement Scale (UWES), a self-administered questionnaire composed of 17 three-dimensional self-assessment items: vigor,

dedication and absorption, as well as the overall score of the construct (PORTO-MARTINS; BASSO-MACHADO; BENEVIDES-PEREIRA, 2013; SALANOVA; SCHAUFELI, 2009; BAKKER et al., 2008). The professionals enrolled in the programs who accepted to participate in the study, answered the questionnaires at the beginning of a theoretical class, with the previous permission of the responsible teacher.

The vigor corresponds to high levels of energy and resilience, willingness to invest efforts, not to be easily fatigued and persist in the face of difficulties. Professionals with high scores in this dimension have a lot of energy to work, while those with low scores have less energy (PORTO-MARTINS; BASSO-MACHADO; BENEVIDES-PEREIRA, 2013; BAKKER; ALBRECHT; LEITER, 2011; ANGST; BENEVIDES-PEREIRA; PORTO-MARTINS, 2009; SALANOVA; SCHAUFELI, 2009).

The dedication domain is the meaning of work for the professional who feels enthusiastic and proud, and he is inspired and challenged by the work activity. Professionals with high scores in the dedication domain see work as a meaningful, inspiring and challenging experience. Those who have low scores do not find meaning in their work, without interest or enthusiasm (PORTO-MARTINS; BASSO-MACHADO; BENEVIDES-PEREIRA, 2013; BAKKER; ALBRECHT; LEITER, 2011; ANGST; BENEVIDES-PEREIRA; PORTO-MARTINS, 2009; SALANOVA; SCHAUFELI, 2009).

The absorption domain is related to the level of immersion and the involvement of the professional with the work. Professionals with high levels of absorption have difficulties in detaching from work, they do not perceive the time passing and they forget everything around them (PORTO-MARTINS; BASSO-MACHADO; BENEVIDES-PEREIRA, 2013; BAKKER; ALBRECHT; LEITER, 2011; ANGST; BENEVIDES-PEREIRA; PORTO-MARTINS, 2009; SALANOVA; SCHAUFELI, 2009).

The calculations of the scores to analyze work engagement were performed according to the statistical model proposed in the Preliminary Manual UWES (ANGST; BENEVIDES-PEREIRA; PORTO-MARTINS, 2009), presenting minimum, maximum, median, mean ( $\pm$  Standard Deviation) and a 95% confidence interval for each UWES dimension. Then, the values obtained were interpreted according to the model indicated in the Preliminary Manual UWES, as presented in Table 1.

Data analysis was performed with the Statistical Package for Social Sciences (SPSS), version 17.0.

Because these two programs are structured and implemented in the same way, with the professionals working together in the same space and under the same work process, no differences were observed in the responses among the professionals of the different programs.

The comparisons were through the chi-square test, considering a significant p-value less or equal to 0.05.

**Table 1.** Model for interpretation of the mean scores of the study.

Classification	Frequency of feelings according to the work (UWES questions)
Very low	0 to 0.99 = 1 (sometimes a year)
Low	1 to 1.99 = 2 (Once or less per month)
Average	2 to 2.99 = 3 (sometimes a month)
High	3 to 3.99 = 4 (one a week)
Very high	4 to 4.99 = 5 (sometimes a week)
	5 to 6 = 6 (every day)

The study was approved by the Research Ethics Committee of the institution, with Opinion no. 319,203, of June 11, 2013.

### 3 Results

There were 82 professionals from different categories participating in the study, 31 of whom were improved and 51 were enhanced.

As shown in Table 2, there was a higher prevalence of female professionals. The age range was from 20 to 35 years old, with the median age being 25 years old. Regarding marital status, it was observed that most of them were single. Forty-five professionals (54.88%) had a family income of two to five minimum wages and 28.05% had from six to ten minimum wages.

It was also noted that 49 (59.75%) professionals reported being satisfied with the program in which they were enrolled, although 50 (60.98%) had already thought about giving up the program.

**Table 2.** Distribution of the characteristics of the professionals enrolled in the programs of professional improvement and enhancement of the School of Medicine of São José do Rio Preto. São José do Rio Preto, 2013-2014.

	n	%	
Professional Category	Nursing	21	25.61
	Pharmacy	02	2.44
	Physiotherapy	25	30.49
	Speech Therapy	06	7.32
	Nutrition	02	2.44
	Psychology	12	14.63
	Social Service	08	9.76
	Occupational Therapy	06	7.32
	Gender	Male	12
Female		70	85.37
Age group	20 to 25 years old	39	47.56
	26 to 30 years old	29	35.37
	31 to 35 years old	01	1.22
	Did not answer	01	1.22
Marital status	Married	04	4.88
	Single	74	90.24
	Other	04	4.88
Family income (minimum wage)	Up to 1	07	8.54
	2 to 5	45	54.88
	6 to 10	23	28.05
	More than 10	06	7.32
	Did not answer	01	1.22
Satisfied with the program	Yes	49	59.75
	No	33	40.24
They have already thought giving up the program	Yes	50	60.98
	No	32	39.02

In Table 3 there are the results of the evaluation of the work engagement levels according to the distribution of the minimum, maximum, median, mean ( $\pm$  standard deviation) and 95% confidence intervals, according to the dimensions of UWES: vigor, dedication, absorption and overall score. The mean dimensions ranged from 3.76 to 4.51 and standard deviations ranged from 0.95 to 1.07. The Dedication dimension had the highest mean ( $4.51 \pm 1.06$ ), classified as high, as well as the overall score with a mean of 4.04 ( $SD: \pm 0.95$ ). The values Vigor and Absorption had values classified as mean -  $3.94 \pm 1.07$  and  $3.76 \pm 1.03$ , respectively.

In the reliability analysis, Cronbach's alpha coefficient values ranged from 0.693 to 0.900, as shown in Table 4. This table also shows the distribution of the number of professionals in each classification level of work engagement. The percentages of professionals with high and very high levels of engagement in vigor dimension (58.03%,  $n = 47$ ), dedication dimension (71.61%,  $n = 58$ ) and overall score (53.75%;  $n = 43$ ). The absorption dimension presented 51.22% ( $n = 42$ ) of professionals with an average engagement.

The work engagement levels according to the desire to quit and satisfaction with the improvement and enhancement programs are shown in Table 5. It was observed that the averages obtained were higher in professionals who never thought about giving up and those who are satisfied with the programs for all dimensions of UWES. There was a statistically

significant difference of means between the two groups, for all the dimensions evaluated.

Regarding to those who thought about giving up the program, with the exception of the dedication dimension, in which the mean obtained was high for both groups (4.32 and 4.84, respectively), for the other dimensions the levels were average for those who had already thought of giving up the program and high for those who had never thought to give up. Concerning satisfaction with the program, the results were similar: in the dedication dimension, high levels for both satisfied and dissatisfied (4.88 and 4.00, respectively); (4.32, 4.16 and 4.41, respectively) and mean for the dissatisfied (3.38, 3.25 and 3.49, respectively).

## 4 Discussion

The work can have positive and negative effects on the professional, depending on their employment relationship with the environment (BASSO-MACHADO; PORTO-MARTINS; AMORIM, 2012).

Historically, several researchers have looked at the negative aspects of work on health professionals, including in-service professionals training programs, especially medical residents (CARVALHO et al., 2013; LOURENÇÃO; MOSCARDINI; SOLER, 2013; JIMÉNEZ; SOCORRO; ALIÑO, 2010; LOURENÇÃO; MOSCARDINI; SOLER, 2010; NOGUEIRA-MARTINS, 2010; ANGST; BENEVIDES-PEREIRA;

**Table 3.** Distribution of the minimum, maximum, median, mean ( $\pm$  standard deviation) and 95% confidence intervals for the dimensions of the Utrecht Work Engagement Scale (UWES), according to the evaluation of the professionals enrolled in the programs of improvement and enhancement of the Faculty Of Medicine in São José do Rio Preto. São José do Rio Preto, 2013-2014.

UWES Dimensions	N	Min	Max	Med	Mean $\pm$ SD	CI (95%)	Interpretation	p-value
<b>Vigor</b>	81	0.33	5.67	4.16	3.94 $\pm$ 1.07	3.70-4.17	Average	0.127
<b>Dedication</b>	81	2.2	6	4.6	4.51 $\pm$ 1.06	4.27-4.74	High	0.076
<b>Absortion</b>	82	1.67	5.67	3.83	3.76 $\pm$ 1.03	3.53-3.99	Average	0.128
<b>Overall Score</b>	80	1.59	5.71	4.11	4.04 $\pm$ 0.95	3.83-4.25	High	0.147

Min: minimum; Max: maximum; Med: median; SD: standard deviation; CI95%: 95% confidence interval.

**Table 4.** Distribution of the reliability coefficient, mean score and number of professionals, according to the classification of the level of engagement for the dimensions of the Utrecht Work Engagement Scale (UWES). São José do Rio Preto, 2013-2014.

UWES Dimensions	Cronbach's alpha	Average score	Classification of the level of engagement at work									
			Very low		Low		Average		High		Very high	
			N	%	N	%	N	%	N	%	N	%
<b>Vigor</b>	0.806	3.94	1	1.23	1	1.23	32	39.51	30	37.04	17	20.99
<b>Dedication</b>	0.801	4.51	-	-	-	-	23	28.39	24	29.63	34	41.98
<b>Absortion</b>	0.693	3.76	-	-	1	1.22	42	51.22	27	32.93	12	14.63
<b>Overall Score</b>	0.9	4.04	-	-	2	2.5	35	43.75	27	33.75	16	20

**Table 5.** Distribution of means ( $\pm$  standard deviation) for Utrecht Work Engagement Scale (UWES), according to the desire to give up and satisfaction referred to by professionals enrolled in the improvement and enhancement programs of the Medical School of São José do Rio Preto. São José do Rio Preto, 2013-2014.

UWES Dimensions	Thought to give up	N	Average $\pm$ SD	Interpretation	p-value (t-test)
<b>Vigor</b>	Yes	50	3.69 $\pm$ 1.03	Average	0.001
	No	31	4.36 $\pm$ 1.01	High	
<b>Dedication</b>	Yes	50	4.32 $\pm$ 1.08	High	0.002
	No	31	4.84 $\pm$ 0.94	Alta	
<b>Absortion</b>	Yes	50	3.5 $\pm$ 0.97	Average	0.001
	No	32	4.25 $\pm$ 0.98	High	
<b>Overall Score</b>	Yes	50	3.81 $\pm$ 0.90	Average	0.004
	No	30	4.43 $\pm$ 0.92	High	

  

UWES Dimensions	Satisfied with the program	N	Average $\pm$ SD	Interpretation	p-value (t-test)
<b>Vigor</b>	Yes	49	4.32 $\pm$ 0.93	High	<0.001
	No	32	3.38 $\pm$ 1.04	Average	
<b>Dedication</b>	Yes	48	4.88 $\pm$ 0.85	High	<0.001
	No	33	4.00 $\pm$ 1.11	High	
<b>Absortion</b>	Yes	49	4.16 $\pm$ 0.97	High	<0.001
	No	33	3.25 $\pm$ 0.89	Average	
<b>Overall Score</b>	Yes	48	4.41 $\pm$ 0.84	High	<0.001
	No	32	3.49 $\pm$ 0.84	Average	

PORTO-MARTINS, 2009). However, few studies addressing the strengths and good functioning of the human being at work have been developed, mainly in Brazil (PORTO-MARTINS; BASSO-MACHADO, 2010).

The analysis of the sociodemographic data of this study showed a distribution of professionals in different professional categories, with a predominance of physiotherapists (30.49%) and nurses (25.31%); prevalence of female professionals (85.37%), between 20 and 30 years old (82.93%), single (90.24%) and income between two and five minimum wages (54.88%).

The distribution of the professionals of this study in different professional categories is an inherent characteristic of the Professional Improvement Program supported by the State of São Paulo, through the State Department of Health, offered in several non-medical professional categories (SÃO PAULO, 2015).

The prevalence of physiotherapy and nursing professionals in the study population is inherent in the distribution of the number of vacancies between the professions and the characteristics of the study hospital. It is a highly complex high school hospital providing specialized referral services to more than 100 municipalities in the northwest region of the state of São Paulo and offering 113 vacancies annually distributed among the Improvement (55 vacancies) and Enhancement Health Professional Programs

(58 vacancies). There are 34 of the vacancies for specialties in physiotherapy and 30 vacancies for different specialties in nursing (FACULDADE..., 2016).

At the time this study pointed out that most professionals who were satisfied with the training program (59.75%), there was a large percentage of professionals who, at some point, had already thought about giving up the process (60.98%). Similar results were observed among multi-professional residents of a Brazilian public university (GOULART et al., 2012).

Although professionals are satisfied with the training process, several causes of emotional exhaustion are experienced throughout the process, such as intense work hours, precariousness of some services, lack of materials, difficulties in dealing with patients, family members and staff members, health, insecurity and fear of error, difficult to reconcile work and studies, among others (VELHO et al., 2012; ASAIAG et al., 2010; LOURENÇÃO; MOSCARDINI; SOLER, 2010). The presence of these factors generates emotional exhaustion in professionals and may lead to the desire to leave the program, despite satisfaction with the training/learning process.

The evaluated professionals had scores ranging from average to high (3.76 to 4.51) for work engagement, evidencing a positive relationship with the work they perform throughout the improvement/enhancement training, besides the high energy levels and identification with work in the chosen profession (BAKKER; LEITER, 2010).

It was also observed a high percentage of professionals with high and very high levels of work engagement in the vigor dimension (58.03% of professionals with high and very high scores), dedication dimension (71.61% with high and very high scores) and in the general score (53.75% with high and very high scores).

The vigor domain represents a behavioral-energy component of the professional's relationship to work and it is characterized by high levels of energy, persistence, a desire to work hard and mental resilience. The dedication domain is the emotional component characterized by full concentration on the achievement of work, inspiration, pride, challenge, goal, meaning, and (VELHO et al., 2012; ASAIAG et al., 2010; BAKKER; LEITER, 2010; SALANOVA; SCHAUFELI, 2009). Therefore, the professionals studied showed a very good relationship with the work.

Also, more than 50% of professionals have median scores on absorption dimension. Absorption is a cognitive component characterized by concentration and happiness in the accomplishment of the work, feeling that time passes very fast and the difficulty of getting off work (VELHO et al., 2012; ASAIAG et al., 2010; BAKKER; LEITER, 2010; SALANOVA; SCHAUFELI, 2009).

Similar results were found with health professionals from primary health care units in Lisbon, Portugal, who presented levels of engagement varying from 4.67 to 4.88. The strength, dedication, and absorption scores were 4.85, 5.00 and 4.80 for nurses respectively and 4.83, 4.68 and 4.79 for physicians, which were levels of engagement considered as high (SANTOS, 2011).

According to the findings of this study, when evaluating the quality of life of professionals in improvement and enhancement programs, authors concluded that professionals were satisfied with the quality of life, life and health, independence and good spiritual/religious structure (LOURENÇÃO; MOSCARDINI; SOLER, 2013).

In a global analysis, these results show a positive relationship between the professionals studied and the work in which, as a consequence, they may be more motivated, more easily interacting with patients, relatives and colleagues, more willing and creative, with greater yield in studies and productivity, besides reducing errors and reducing absenteeism.

Although the results show that the professionals studied presented good emotional conditions (dedication), the observed reduction in the

dimensions of vigor, absorption and overall score among professionals who had already given up or who were dissatisfied with the program showed that the emotional exhaustion commonly experienced throughout the process of improvement reflects in the relation of the professional with the work, compromising the energy levels and the identification of the work (engagement). As a consequence, there may be impairment in the professional's learning, reduction of professional performance, loss of quality of life and risk of illness, culminating in a decrease in the quality of care provided to patients.

Thus, although the legislation on the Professional Improvement Program does not require the implementation of psychological support services for professionals, the presence of this service and offer of support to professionals becomes fundamental for the best use of this system of professional training (SILVA et al., 2011), guaranteeing quality in the training of professionals for SUS.

Finally, it is important to emphasize that, it is important that supervisors and professionals in training build a positive, trusting, respectful and mutually beneficial relationship for a genuine engagement among professionals involved in improvement/enhancement programs, so both believe and strive to promote growth within the system. In this sense, authors point out that engagement levels can be improved based on some work-related factors, such as workload, control, reward, community, justice, and values (BAKKER; ALBRECHT; LEITER, 2011).

## 5 Conclusion

The results of this study showed professionals with high levels of engagement in the dedication dimension and general and average score in the absorption and vigor dimensions. The professionals who were satisfied and those who never thought about giving up the program showed more engagement.

These results suggest that the professionals evaluated have a positive relationship with the work, are responsible and are motivated and dedicated to work. Therefore, they reinforce the importance of studies that evaluate the positive aspects of the relationship between professionals and the work environment, contributing to the strengthening of the improvement programs and the consequent improvement of the profile of the professionals inserted in the labor market.

The fact that the professionals studied belong to a single institution represents a limitation of this

study. Also, variations related to work processes in the different hospital sectors were not investigated.

Therefore, it is suggested that other studies be carried out, increasing the number of professionals and institutions evaluated, analyzing the particularities of each specialty, allowing the comparison of groups originating from different regions and realities, as well as discussing the specificities of the work of the different professional specialties, with the assumption that significant differences can be analyzed, contributing to the advancement of knowledge about work engagement among these professionals.

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### Author's Contributions

Luciano contributed to designing the project, analyzing and interpreting the data and writing the article. Cláudia, Maria Helena, and Denise contributed to the writing of the article, critical review relevant intellectual content and final approval of the version to be published. Priscila Regina, Elizangela and Daniela contributed with the collection, analysis, and interpretation of the data and writing of the article. All authors approved the final version of the text.

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