



Trajectory and professional practice of the graduates of the residency program in obstetric nursing: qualitative study

Denise Comin Silva Almeida^{1*}, Angela Maria Naidon², Fernanda Demutti Pimpão Martins³, Leandro da Silva de Medeiros², Graciela Dutra Sehnem¹, Gicelle Moraes Martelli² and Rosiane Filipin Rangel⁴

¹Universidade Federal de Santa Maria, Av. Roraima, 1000, 97105-900, Santa Maria, Rio Grande do Sul, Brasil. ²Universidade Franciscana, Santa Maria, Rio Grande do Sul, Brasil. ³Universidade Federal do Rio Grande, Rio Grande, Rio Grande do Sul, Brasil. ⁴Universidade Federal de Pelotas, Pelotas, Rio Grande do Sul, Brasil. *Author for correspondence. E-mail: dennise.comin@gmail.com

ABSTRACT. The study aimed to analyze the trajectory and professional practice of graduates of a Residency Program in Obstetric Nursing. It was qualitative, exploratory-descriptive research carried out with twenty-nine members of the residency program in obstetric nursing private in a higher education institution in the central region of Rio Grande do Sul. Data were collected through an online questionnaire from March to July 2021 and interpreted by content analysis. The following categories emerged from the data analysis: Contribution of training to the current scenario of maternal and child health; Difficulties and challenges: the confrontations of training; and from the training received to the expected training. It was revealed that all graduates were female, being few with previous experience when entering the residency program and, after completion, most continued to work in various spaces of maternal and child and obstetric care.

Keywords: Maternal and child nursing; obstetrics; graduate health programs; health education.

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Introduction

The transition from teaching to work in Brazil has been a challenge for the insertion of the young population in the labor market. Thus, there is a need to evaluate the conditions in the expansion of higher education for professional performance taking into account social elements and qualification for work (Martins & Oliveira, 2017).

In the same vein, in the health sector, there is also the same need to improve human resources in order to strengthen the consolidation of the Unified Health System (SUS) and its principles, determining the importance of changes in work processes (Araújo & Silva, 2019). Within the context of the National Policy for Training and Development (PNFD) for the SUS, there was the feasibility of Multiprofessional Residencies and Health Professionals promoting significant transformations in the management and care models of the health system (Knuth, Arejano & Martins, 2017).

Residency programs strongly contribute to the integration of knowledge and experiences in different contexts of health care with the training of workers for the SUS, uniting teaching and service spaces in the community. These residences directed by the Ministry of Education (MEC) and the Ministry of Health (MH) have their commitments and constructions in constant transition and improvement (Araújo & Silva, 2019).

According to Law 11,129/2005, which established the Residency in Health Professional Area, defined it as a modality of graduate education *Lato Sensu*, based on in-service education aimed at professional categories that integrate the health area, except the medical area. This modality seeks the cooperation of several sectors in order to favor the qualified insertion of young health professionals in the labor market, particularly in priority or rising areas of SUS (Santos et al., 2021).

In this sense, there is the Professional Residency in Obstetric Nursing, a ministerial program with a structure based on Resolution 459/2014 of the Federal Council of Nursing, which regulates the Nursing Residency Programs at the national level in the *Lato Sensu* graduate modality, for the development of technical-scientific and ethical skills, concomitant to in-service training (Federal Council of Nursing, 2014).

The beginning of the trajectory in obstetric nursing in Brazil was marked by several challenges, initially, the low number of obstetric nurses trained and working for the preceptorship of professionals, adding to the

search for confidence within the places of operation. However, gradually, the obstacles were alleviated and the residents were inserted into the daily care representing a link to the participation and cooperation of health teams in the planning of actions to qualify obstetric care (Reis & Quadros, 2017).

In this sense, there is the National Agenda of Priorities in Research of the Ministry of Health (APPMS), which treats research as an indispensable tool to assist in the development of actions that make it possible to modify impacts on work processes, programs and health policies, especially in the obstetric and maternal child context (Ministry of Health, 2018). Considering the APPMS, more specifically Axis 14 – Maternal and Child Health, the question is: “What is the trajectory and professional practice of the graduates of an Obstetric Nursing Residency Program?” Given the above, this study aims to analyze the trajectory and professional practice of graduates of a Residency Program in Obstetric Nursing.

Material and methods

Ethical aspects

The present study was approved by the Research Ethics Committee (REC) with CAAE number 44005321.5.0000.5306. All ethical precepts of Resolution 466/12 (National Health Council, 2012) were observed, as well as the recommendations of Circular Letter number 2 of 2021 regarding research in times of pandemic (Ministry of Health, 2021). Aiming to maintain the anonymity of the participants, their speeches were identified throughout the text with the letters ON (Obstetric Nurse), followed by a digit, corresponding to the order of the questionnaire.

Type of study

Qualitative, exploratory-descriptive research. This option was adopted due to the possibility of this methodology providing the analysis of the meanings of investigated phenomena, that is, analyzing the trajectory and practice of the graduates (Campos & Turato, 2009). The criteria of the Consolidated Criteria for Reporting Qualitative Research (COREQ) were considered in the study construction process (Tong, Sainsbury & Craig, 2007).

Study setting

The proposal of this study was made with Obstetric Nurses from the Obstetric Nursing Residency Program of a Private Institution of Higher Education, located in a municipality in the central region of the state of Rio Grande do Sul, Brazil. This program was instituted in 2013 and, since then, it performs the selection of candidates in a public way through a public notice, contemplating, annually, six new entrants. This institution was chosen because it is the setting of the main author and, mainly, to contribute to this program and to the professional practice of Nursing in health of women and newborn.

Data source

Thirty-four graduates of the Residency Program in Obstetric Nursing were invited to participate in this study. To this end, the Multiprofessional Residency Commission (COREMU) of the educational institution was requested to contact the graduates by e-mail. Those who agreed to participate in the study returned the Informed Consent Form (ICF) signed via email and after data collection was initiated. All graduates were included, from the first class in 2013, as well as those who completed the program until 2020. Graduates who did not answer the questionnaire in its entirety were excluded from the study.

Data collection and organization

Data collection took place from March to July 2021, through a two-part questionnaire, developed in the Google Forms application, the first of which addressed the identification data of the participants, in order to trace their profile, and the second consisted of subjective questions related to the theme in question, namely: From your training in obstetrics, do you recognize challenges? If so, which ones? If you answered no, why not? Do you see potential in the program you attended? If so, which ones? If you answered no, why not? What did this program mean to you? What are the contributions of this program? Is noteworthy that a pilot study was carried out with residents of another professional program of the same institution, where the doubts and suggestions for qualification of the data collection instrument were accepted. After data collection and systematization, they were returned to the participants for comments and, after validation, the analysis was carried out.

Data analysis

Sociodemographic data were grouped and described using simple descriptive statistics techniques, based on the presentation in percentage frequency. For the analysis of the subjective responses of the questionnaire, the content analysis recommended by Bardin (Bardin, 2016) was used, which works with speech, taking into account its content, analyzing its meaning and the meanings of “not said”.

The technique recommends three phases: pre-analysis, in which the organization and separation of the material to be analyzed was carried out; the second phase, exploration of the material, in which the themes that were repeated with important and significant frequency were identified, being separated into comparable units of categorization; and the third and last phase, treatment of results and interpretation, in which the data were treated through critical and reflective evaluation (Bardin, 2016).

From the analysis of subjective data, three thematic categories emerged: Contribution of training to the current setting of maternal and child health; Difficulties and challenges: the confrontations of training; and From the training received to that expected.

Results

Twenty-nine graduates of the Residency Program in Obstetric Nursing participated in the study, all female, in the age group between 24 and 32 years, with an average of 28.3 years. Regarding the Nursing training institution, fifteen participants (51.7%) were graduated from a private educational institution and fourteen (48.3%) from a Federal University; nine participants (31%) completed a *stricto sensu* graduate degree, at master's level, in the area of nursing and maternal and child health. Regarding the professional performance in nursing before residency, six graduates (20.7%) reported having worked as nurses in other places, which were in hospitals, Basic Health Units and in the tele-education sector.

Eighteen participants (62.1%) reported being working in the obstetric area and eleven (37.9%) reported not being working in the training area of the residence. When asked about their achievement in the aforementioned residency program, fifteen (51.7%) rated them as good and fourteen (48.3%) as great. Regarding research activities and publication of scientific articles in journals in the area, sixteen (55.2%) responded to have published, while thirteen (44.8%) denied participation in these activities.

All graduates performed their practical activities of residence, attending to the routine of prenatal and childcare in Primary Care, in units previously established by the residency program. Meanwhile, hospital care of joint housing, pre-delivery, delivery and post-delivery, developed in a maternity of usual risk of reference in the municipality.

Contribution of training to the current setting of maternal and child health

In this category, from the statements of the graduates, it can be inferred that the residency program in obstetric nursing strengthened the work of nursing when it comes to practical experiences acquired and the opportunity to work in a multidisciplinary team.

Only in the residence did I develop the confidence and real skill for practical assistance in the maternal and child area. The residency also provided the development of humanized practices that I did not know or believe before and network expanded. NO02

[...] at the Hospital, I had the opportunity to act autonomously, develop good practices in obstetrics and neonatology and assist women and their families with respect and care planning, based on critical thinking. NO18

Once, it is known that the majority of the public of this residence studies, are newly graduated professionals. Thus, working within establishments from the perspective of professionals in training favors the personal and professional development of nurses.

Opportunity to improve practices, acquire experiences, mainly because it is the first professional contact after graduation. NO01

I found the residency program extremely rich for learning and professional growth, as there are few places where obstetric nursing has as much autonomy and performance as in our field. NO15

In the same way that the conjectures of the residency programs tend to strengthen the integral formation of the professional, some challenges found in the daily lives of the graduates participating in this study were described in the following category.

Difficulties and challenges: the confrontations of training

In this category, the speeches were grouped in order to support the construction of understanding about the challenges and weaknesses perceived by them during their training. It is noteworthy that the year of completion of the residency was not considered, therefore, it is noteworthy that over the years the program and the practical field of the residents have undergone changes and professional and structural qualifications.

Lack of training of preceptors, weakness of the obstetric health care network in our city. NO07

One of the difficulties is the understanding, by the multidisciplinary team, about the resident's performance, as can be seen below:

I think one of the greatest difficulties we encounter in training is the acceptance of medical professionals and the nursing team regarding the resident's competencies. In addition to the transfer of responsibilities, where the team expects that we can assume the unit as a whole, transferring most of the responsibility from patients to us, overloading the work of the resident professional. NO13

Lack of understanding of the role of the resident in the service. We were not seen as students, professionals in training, but as service workers. NO21

Tiredness due to the large workload, resistance of some professionals in the places of operation, difficulty in understanding the attributions and the role of the resident by some professionals. NO01

Through these statements, it can be inferred that the challenges of being a recent graduate and joining a service that has its organizational routines well delineated, denotes a certain duality in the understanding of the residents' attributions, that is, a difficulty in understanding their performance as students or professionals, which has compromised their receptivity on the part of the teams.

Another issue reported is the impairment of emotional health, which occurs from the charge for productivity.

The lack of psychological support and the great demand for production and results disrupts emotional health during the undergraduate and graduate courses. NO09

The singularities of the experiences of each resident professional have a decisive factor in the construction of the career. Psychological support, specifically in this period, constitutes a positive strategy in this process.

Still, regarding the challenges associated with training, the graduates highlighted the confrontation of obstetric violence or obsolete practices, which they witnessed at some point during their residency.

Experiencing absurd medical obstetric violence. In fact, it was a reason for questioning about whether to follow the residence or not. We experience very painful situations. NO17

Centered and interventional medical obstetric care. NO09

Little performance of the obstetric nurse; professionals practicing and teaching obstetric violence; refusal of the maternity birth plan; lack of qualification regarding breastfeeding. NO05

It is observed that professionals who receive training based on scientific evidence, focused on the humanization of care, when faced with difficult situations such as disrespect or actions that do not benefit the mother-baby binomial, end up having a disturbed emotional state and even a feeling of uncertainty of belonging to a certain area.

From the training received to the expected training

In this category, we highlight the data that demonstrate the satisfaction of the graduates with their training process and their perspective with future generations who will join the program.

The program has great potential to modify the obstetric setting of the municipality, from the preparation and implementation of projects and actions, partnerships with other educational institutions, improvement and qualification of services. It is also necessary to integrate with the municipal management for the implementation of these projects and feasibility of actions. NO05

The university offering the course has great potential and visibility in the maternal and child area. The hospital service where the practical activities are carried out is a teaching hospital; the environment has the potential to generate great growth and provide exchanges with the multiprofessional team. NO10

I consider that the theoretical support was very positive, the primary care fields as well. They were the great lessons of the residence. Practical knowledge, although with limitations, is sufficient to work in professional life after residency. NO27

Here are some speeches by the graduates about this statement:

The differential of the Obstetrics Residency is to develop assistance based on scientific evidence and to combine theory with practice. In addition to the workload in health services, this is what qualifies the specialist nurse. NO15

I feel qualified, but we are in eternal learning. I think that the residency helped a lot in my professional training, I feel prepared to assume this responsibility; however, we are always able to improve knowledge. NO17

It is also possible to verify that some of the graduates continue to work in obstetric care services and develop preceptorship activities. There is emphasis on the appreciation of the preceptors in order to strengthen the professional development and the program.

I can in my care practice exercise what I learned in classes and in residency practices, as well as qualify the exercise of preceptorship, since today I am in this position too. NO12

It is important to improve the training and qualification of preceptor obstetric nurses; provide psychological support; improve the theoretical part, especially in the first year. NO23

It is also noteworthy that the inclusion of other services and experiences in the program is seen as enriching, knowing that after the completion of the specialization, obstetric nurses would be open to the labor market in a different and more qualified way. It is worth highlighting some lines:

[...] development of more effective activities for exchanges with the other residency programs of the institution and other universities [...]. NO18

I think they should include high-risk living, like pregnant women with eclampsia, HELLP syndrome, ectopic route, pregnant HIV etc. I think it would give more basis for acting outside the context of the usual risk. NO26

It is known that, currently, this residency program has been undergoing updates, changes in the teaching staff, changes in the staff of institutions that subsidize training, as well as increased demand for work within the practical fields of care, which can then foster new professional experiences for residents in obstetric nursing.

Discussion

Maternal and neonatal health care has recently been on the agenda when it comes to quality of life and care in Brazil. Within this context, the performance of obstetric nurses has strengthened this premise, offering humanized and safe care, avoiding unnecessary interventions and, consequently, physical and psychological damage (Silva & Aoyama, 2020).

It is known that the presence of the obstetric nurse is associated with better outcomes, reduction of obstetric violence, greater emotional support and transfer of safe information to women and their families (Ismael, Souza, Esteves & Aoyama, 2020). For this, the specialization of nurses in residence character provides rich experiences when associated with the interprofessional characteristic of most programs, strengthening professional training through the exchange of experiences, possibility of construction, discovery and renewal of knowledge (Maia, 2020).

The diversity of professionals with whom the residents had contact during their training, working both in Primary Care and in the hospital, consolidates learning through the exploration of multiprofessional practical experiences in search of attention to pregnancy, delivery and full birth (Silva et al., 2020).

Currently, there is a growing movement for the training and hiring of Obstetric Nurses by delivery and birth care services. One of the factors considered positive in this training is the autonomy and leadership that develops within the residency programs, in addition to the intense movement to subsidize the practice through scientific evidence (Silva et al., 2020; Ismael et al., 2020).

The practice carried out by obstetric nurses produces new contexts of assistance to women in the process of pregnancy and parturition, rescuing respect for the natural physiology of the human body, the humanization of care, comprehensive care and the protagonism of the woman (Silva et al., 2020).

Medicalization and intervention in delivery, whether in the private or public sector, with negligent attitudes on the part of the care team, routine use of episiotomies, oxytocin or obsolete procedures that are already abolished as Kristeller, tend to happen in all social groups. It is noteworthy that the incentive to information, the professional qualification of obstetric nurses can strongly reduce the rates of obstetric violence (Silva & Aoyama, 2020).

These demands that are raised by the residents, several times cause strangeness and resistance, in such a way that the importance of qualifying tutoring and preceptorship, as well as the entire team through permanent education within the services (Araújo, Vasconcelos, Pessoa & Forte, 2017), is evidenced.

Within this context, the preceptorship has special emphasis on residency programs, since this is who mediates and carries out the necessary dialogues in favor of the resident's development. However, this role often becomes strenuous and demotivating due to lack of institutional incentive, extensive workload and reduced supply of complementary training (Araújo et al., 2017).

The residency programs have the *lato sensu* model, which determines a schedule of classes and practical activities in service, with exclusive dedication. Training in this context becomes more active and participatory, and, nevertheless, physical exhaustion, feelings of anger, stress and anxiety permeate the routine of studies and work of residents. These feelings, associated with a high demand for responsibilities within the services, tend to favor feelings of exhaustion (Pinheiro et al., 2021).

Added to this perception, the mistaken understanding that the resident, even being in the process of complementary training, could meet the need for work within the places of health care of pregnant and parturient women, even occupying spaces in the dimensioning of personnel, becomes an aggravating factor for the impairment of training (Araújo et al., 2017).

Therefore, it is noteworthy that the work of psychologists within health institutions aiming to serve the working teams, have a fundamental role in relation to qualified listening, conflict mediation and psycho-emotional guidance (Bezerra, & Cury, 2020), since feelings of non-belonging, dissatisfaction, unworthiness, tend to be experienced more intensely than those pleasurable experiences. In these cases, the realization of focus groups and individual care to elaborate the concepts and experiences within the spaces of formation of the residences enables the strengthening and reception of the resident in health (Souza & Araujo, 2018).

Given these circumstances in which obstetric care has been going on for many years with an overloaded professional exercise of interventions and procedures of which, many were unnecessary, advancing in scientific evidence and movements for more humanized and less invasive care was and is still being fundamental to (re)build more respectful forms of care in the training of professionals (Giantáglio et al., 2020).

It is noteworthy that even with a robust and appropriate training, it is necessary to raise awareness in daily practice that knowledge is dynamic, growing and that it undergoes changes over time, that is, permanent education, the construction of knowledge must be continuous for the professional who wants to maintain quality and efficiency in his work (Carregal, Schreck, Santos & Peres, 2020).

Learning attributed to residency, in its modality, with an extensive workload and intense participation in health promotion actions, as well as in obstetric practice directly, train residents for the autonomy and differentiated competence of care for women in the pregnancy-puerperal cycle (Silva et al., 2020).

Other discussions state that the training received aims to contribute to the leadership movement and commitment to scientific knowledge in the transformation of obstetric care settings in Brazil (Giantáglio et al., 2020). However, it is known that there are practical fields that still do not offer equal experience in more than one place for the experience of attendance to pregnancies of habitual risk and high risk. Interestingly, pedagogical projects were able to provide this type of training, in order to contribute to the needs of local and regional society (Silva et al., 2020).

In this sense, the demand for control and reduction of maternal and neonatal morbidity and mortality is urgent, which requires the construction of quality public policies and the training of active professionals capable of intervening quickly and critically in situations of risk (Carregal et al., 2020), as can be highlighted in the present study.

Conclusion

This paper reveals the totality of female graduates, few with prior experience to the residency program and, after completion, most continued working in various spaces of maternal and child and obstetric care.

There is a long journey regarding professional qualification, permanent education, valuation of preceptors and practices aimed at the humanization of delivery and birth. Thus, it is suggested that the inclusion of psychological support to residents, since the performance in obstetric services enhances intrinsic emotions of the female and maternity, as well as work overload and hours of mandatory activities of the pedagogical project, can foster oppressive feelings of exhaustion and anxiety.

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