RCMOS – Revista Científica Multidisciplinar O
Saber. ISSN: 2675-9128. São Paulo - SP.
Ano VII, v.1 2026 | submissão: 19/09/2026 | aceito: 26/09/2026 | publicação: 01/10/2026

Assessment of stress and anxiety levels among multiprofessional residents

Avaliação do nível de estresse e ansiedade de residentes multiprofissional

Evaluación del nivel de estrés y ansiedad de residentes multiprofesionales

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Abstract: Multiprofessional residency in Primary Health Care is an important professional training strategy within the Brazilian Unified Health System (SUS), enabling the development of competencies focused on comprehensive health care. However, the demands inherent to the training process, such as a high workload, intense healthcare activities, and professional responsibilities, may contribute to the development of stress and anxiety symptoms among residents. Therefore, this study aimed to assess the levels of stress and anxiety among residents of a Multiprofessional Residency Program in Primary Health Care. This was an exploratory field study with a quantitative approach and cross-sectional design. The study population consisted of multiprofessional residents, with a sample of 90 participants selected through non-probability convenience sampling. Data collection was conducted through an electronic questionnaire administered via Google Forms, comprising a sociodemographic questionnaire, the Perceived Stress Scale (PSS-10), and the Beck Anxiety Inventory (BAI). Data were analyzed using descriptive statistics with the aid of SPSS version 25, considering frequency distributions, means, and standard deviations. The results indicated moderate stress levels (22.13 ± 5.435) and mild anxiety levels (15.65 ± 9.993) among the residents, indicating the presence of emotional distress symptoms during the training process and the need for greater attention to the mental health of these professionals. It is concluded that multiprofessional residents presented moderate levels of stress and mild levels of anxiety, reinforcing the need for continuous mental health monitoring. The implementation of institutional actions focused on health promotion, prevention, and care is recommended, including spaces for listening, support, and strengthening relationships among residents, preceptors, and tutors.

Keywords: Primary Health Care. Multiprofessional residency. Stress. Anxiety. Mental health.

Resumo: A residência multiprofissional em Atenção Primária à Saúde constitui uma importante estratégia de formação profissional no Sistema Único de Saúde (SUS), possibilitando o desenvolvimento de competências voltadas ao cuidado integral da população. Entretanto, as exigências inerentes ao processo formativo, como elevada carga horária, intensas demandas assistenciais e responsabilidades profissionais, podem favorecer o surgimento de sintomas relacionados ao estresse e à ansiedade entre os residentes. Diante desse contexto, o presente estudo tem como objetivo avaliar o nível de estresse e ansiedade dos residentes de um Programa de Residência Multiprofissional em Atenção Primária à Saúde. Trata-se de uma pesquisa de campo, de caráter exploratório, com abordagem quantitativa e delineamento

transversal. A população foi composta por residentes multiprofissionais, com uma amostra de 90 participantes, selecionados por amostragem não probabilística por conveniência. A coleta de dados foi realizada por meio de questionário eletrônico disponibilizado na plataforma Google Forms, contendo um questionário sociodemográfico, a Escala de Percepção de Estresse (PSS-10) e o Inventário de Ansiedade de Beck (BAI). Os dados foram analisados utilizando estatística descritiva, com auxílio do programa SPSS, versão 25, considerando distribuição de frequência, médias e desvio-padrão. Os resultados evidenciaram nível moderado de estresse (22,13±5,435) e nível leve de ansiedade (15,65±9,993) entre os residentes, indicando a presença de sintomas de sofrimento emocional no processo formativo e a necessidade de atenção à saúde mental desses profissionais. Conclui-se que, verificou-se a presença de estresse moderado e ansiedade leve entre residentes multiprofissionais, reforçando a necessidade de acompanhamento contínuo da saúde mental. Recomenda-se a implementação de ações institucionais de promoção, prevenção e cuidado, com espaços de escuta, acolhimento e fortalecimento das relações entre residentes, preceptores e tutores.

Palavras-chave: Atenção Primária à Saúde. Residência multiprofissional. Estresse. Ansiedade. Saúde mental.

Resumen: La residencia multiprofesional en Atención Primaria de Salud constituye una importante estrategia de formación profesional en el Sistema Único de Salud (SUS), que permite desarrollar competencias orientadas a la atención integral de la población. Sin embargo, las exigencias inherentes al proceso formativo, como la elevada carga horaria, las intensas demandas asistenciales y las responsabilidades profesionales, pueden favorecer la aparición de síntomas relacionados con el estrés y la ansiedad entre los residentes. En este contexto, el presente estudio tiene como objetivo evaluar el nivel de estrés y ansiedad de los residentes de un Programa de Residencia Multiprofesional en Atención Primaria de Salud. Se trata de una investigación de campo, de carácter exploratorio, con enfoque cuantitativo y diseño transversal. La población estuvo compuesta por residentes multiprofesionales, con una muestra de 90 participantes seleccionados mediante muestreo no probabilístico por conveniencia. La recolección de datos se realizó mediante un cuestionario electrónico disponible en Google Forms, que incluía un cuestionario sociodemográfico, la Escala de Estrés Percibido (PSS-10) y el Inventario de Ansiedad de Beck (BAI). Los datos se analizaron mediante estadística descriptiva, con ayuda del programa SPSS, versión 25, considerando la distribución de frecuencias, las medias y la desviación estándar. Los resultados evidenciaron un nivel moderado de estrés (22,13 ± 5,435) y un nivel leve de ansiedad (15,65 ± 9,993) entre los residentes, lo que indica la presencia de síntomas de sufrimiento emocional durante el proceso formativo y la necesidad de prestar atención a la salud mental de estos profesionales. Se concluye que se constató la presencia de estrés moderado y ansiedad leve entre los residentes multiprofesionales, lo que refuerza la necesidad de un seguimiento continuo de la salud mental. Se recomienda implementar acciones institucionales de promoción, prevención y atención, con espacios de escucha, acogida y fortalecimiento de las relaciones entre residentes, preceptores y tutores.

Palabras clave: Atención Primaria de Salud. Residencia multiprofesional. Estrés. Ansiedad. Salud mental.

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1. Introduction

Primary Health Care (PHC) is one of the fundamental pillars of the Brazilian Unified Health System (SUS), responsible for organizing care, coordinating care networks, and promoting actions aimed at disease prevention and health promotion. At this level of care, professionals work in an integrated manner, developing care practices that seek to meet the population's needs continuously, effectively, and humanely. For these actions to be effective, it is essential to train qualified professionals who are prepared to work in the different settings of primary care (Brasil, 2020; Fiocruz, 2025).

Multiprofessional residency in Primary Health Care enables professionals to experience different situations related to comprehensive care for the population, including health promotion, prevention of health problems, longitudinal follow-up, and coordination with other levels of care. However, despite its relevance to professional training and to strengthening the health system, this training process may also be associated with significant challenges for residents (Fiocruz, 2025).

These challenges include long working hours, intense demand for care, the need to reconcile practical and academic activities, and the responsibility inherent in caring for patients. These conditions may lead to physical and emotional exhaustion, contributing to the development of stress and anxiety symptoms among professionals in training (Pasqualucci et al., 2019; Feng; Narayanan, 2024).

Stress can be understood as a physiological and psychological response of the body to situations that require adaptation or coping with challenges. In professional environments characterized by high pressure and responsibility, such as health services, continuous exposure to stressors can have significant effects on workers' mental health and quality of life (Alves et al., 2025). In Primary Health Care, these factors may be related to work overload, the structural conditions of services, and the complexity of the population's care needs (Andrade et al., 2022).

In addition to stress, anxiety is another important mental health problem among health professionals. This psychological phenomenon is characterized by feelings of apprehension, worry, and tension in situations perceived as threatening or challenging. Although it is considered a natural response of the body, high or persistent anxiety levels can impair individuals' psychological functioning and professional performance (Ramos et al., 2023).

Another relevant aspect concerns the length of time residents spend in the training program. Whereas incoming residents face the initial process of adapting to care and academic activities, graduating residents may experience exhaustion accumulated throughout their

training as a result of the program's ongoing demands. These differences may directly influence the levels of stress and anxiety experienced by professionals (Pasqualucci et al., 2019).

In this context, it is important to understand how these factors manifest among multiprofessional residents, considering both their stage of training and the different professional categories involved. Identifying stress and anxiety levels among residents can contribute to the development of institutional strategies aimed at promoting mental health, improving training conditions, and enhancing the quality of care delivered in Primary Health Care.

Multiprofessional residency in Primary Health Care plays a fundamental role in training qualified professionals to work in the Brazilian Unified Health System (SUS). However, this training process is characterized by long working hours, intense care demands, and substantial professional responsibility, factors that may contribute to the development of stress, anxiety, and other mental health problems among residents.

Primary Health Care presents specific challenges, such as frequent contact with situations of social vulnerability, the complexity of care, limited appropriate physical spaces for consultations, insufficient resources needed for care, and the demands of teamwork. These aspects may negatively affect residents' mental health, with repercussions that vary according to their length of time in the program, affecting both incoming residents, who are adapting, and graduating residents, because of the overload accumulated throughout residency.

In this context, it is relevant to assess stress and anxiety levels among incoming and graduating residents, as well as among the different professional categories that make up multiprofessional residency. Identifying these factors can support the planning of institutional strategies aimed at promoting mental health and improving training conditions.

The study aims to assess the levels of stress and anxiety among residents of a Multiprofessional Residency Program in Primary Health Care.

2 Theoretical framework

2.1 Residency program

Health residency programs are a form of postgraduate training based on learning through service, integrating theoretical and practical activities carried out directly in health services. This training model is widely used in Brazil as a strategy for professional qualification for the Brazilian Unified Health System (SUS), contributing to the development of clinical,

managerial, and educational competencies required for practice in collective health and primary care (Brasil, 2020; Pasqualucci et al., 2019).

In Primary Health Care (PHC), residency programs play a fundamental role in training professionals qualified to work in health promotion, disease prevention, and longitudinal follow-up of health system users. PHC is considered the main entry point to SUS and plays a strategic role in coordinating care and organizing health care networks. Thus, training professionals with an appropriate profile to work at this level of care is essential to strengthening the Brazilian health system (Fiocruz, 2025).

Multiprofessional health residencies were created to promote integrated training across different professional categories, encouraging interdisciplinary and collaborative work among health teams. In this training model, professionals from fields such as nursing, physical therapy, physical education, pharmacy, dentistry, veterinary medicine, psychology, nutrition, and social work share experiences and knowledge in an educational process centered on interprofessional practice (Fiocruz, 2025).

In addition to contributing to professionals' technical and scientific development, residency programs also promote integration among education, services, and the community. This process enables residents to participate directly in organizing health services, developing care protocols, and implementing care strategies focused on the population's needs (Secretaria de Saúde do Espírito Santo, 2020).

Another relevant aspect of residency is the development of professionals' critical thinking, encouraging reflection on health practices, the social determinants of the health–disease process, and the public policies that guide the organization of the health system. In this respect, residents' practical experience enables the development of competencies related to clinical decision-making, care management, and work in multiprofessional teams (Fiocruz, 2025).

However, despite these programs' importance for professional training and for strengthening Primary Health Care, several studies indicate that residency is also associated with an intense work routine characterized by long working hours, a large volume of care responsibilities, and academic demands. These factors can cause physical and emotional exhaustion among residents, negatively affecting their mental health and quality of life (Pasqualucci et al., 2019).

Furthermore, the service-based training process exposes residents to complex health care situations, such as clinical decision-making, management of severe cases, and constant interaction with patients and families. These situations may generate feelings of insecurity,

psychological pressure, and a constant need for adaptation, contributing to increased stress and anxiety symptoms (Feng; Narayanan, 2024).

2.2 Stress

Stress can be understood as a physiological and psychological response of the body to situations that require adaptation or coping with challenges. In intense work environments, such as health services, continuous exposure to stressors can have significant effects on professionals' mental health and quality of life (Alves et al., 2025).

In Primary Health Care, stress is frequently associated with work overload, responsibility for patient care, and the structural conditions of services. PHC professionals face complex daily demands related to longitudinal care, resource management, and solving health problems of varying complexity, which may intensify emotional tension (Andrade et al., 2022).

Studies conducted with PHC professionals show that a significant proportion experience moderate or high stress levels, often associated with organizational factors such as long working hours, pressure for productivity, and shortages of human and material resources (Andrade et al., 2022).

Furthermore, the residency training environment may intensify these conditions, since residents are engaged in continuous learning while simultaneously dealing with care responsibilities, academic assessments, and adaptation to the professional environment. This combination of factors may contribute to the emergence of occupational stress and emotional exhaustion symptoms (Feng; Narayanan, 2024).

Prolonged stress can impair not only professionals' mental health but also their work performance and the quality of care provided to patients. In this respect, adopting mental health promotion and stress management strategies is essential to reducing its impacts and improving health workers' well-being (Almeida et al., 2025).

2.3 Anxiety

Anxiety is a psychological phenomenon characterized by feelings of apprehension, worry, and tension in situations perceived as threatening or challenging. Although it is considered a natural response of the body, high or persistent levels may develop into anxiety disorders, significantly affecting individuals' quality of life and social and professional functioning (Ramos et al., 2023).

According to the aforementioned authors, anxiety disorders are among the most frequent complaints reported by health service users in Primary Health Care. These disorders may be related to various factors, including socioeconomic conditions, everyday stressful situations, and adverse life experiences.

Among health professionals, especially those enrolled in residency programs, anxiety may also be related to performance pressure, fear of making clinical errors, and responsibility for patient care. These circumstances may generate feelings of insecurity and constant worry, contributing to increased anxiety levels (Lobo; Almeida; Cabral, 2022).

Recent studies indicate that Primary Health Care workers experience substantial anxiety levels, frequently associated with factors such as work overload, professional conflicts, and the emotional demands inherent in clinical practice. These conditions may negatively affect psychological well-being and professional satisfaction (Kurihara et al., 2026).

Furthermore, the coexistence of stress and anxiety may intensify their negative effects on professionals' mental health, favoring the emergence of symptoms such as fatigue, irritability, difficulty concentrating, and sleep disorders. Thus, it is essential for health institutions to implement psychological support policies and strategies to promote well-being in the workplace (Almeida et al., 2025).

3. Materials and methods

This is an exploratory field study with a quantitative approach. The population consists of residents of a Multiprofessional Residency Program in Primary Health Care, and the sample comprised 90 participants. The research sample is characterized as non-probabilistic or judgment-based, since the selection of participants does not depend on probability, but on the characteristics of the study or of the person selecting the sample (Sampieri; Collado; Lucio, 2013).

The inclusion criterion was active participation in the Multiprofessional Residency Program in Primary Health Care. The exclusion criteria were being on leave or medical leave during data collection, answering the questionnaires incorrectly or incompletely, or having withdrawn from residency.

A sociodemographic questionnaire containing six questions concerning sex, age, education, marital status, length of residency, and professional category was used. Stress levels were assessed using the Perceived Stress Scale–10 (EPS-10 or PSS-10), a self-administered 10-item questionnaire developed by Cohen, Kamarck, and Mermelstein (1983) and validated in

Brazil, which measures perceived stress levels over the previous 30 days. It assesses how unpredictable and overloaded people feel. It uses a Likert scale (0–4): “never,” “almost never,” “sometimes,” “infrequent,” and “very frequent.” The total score ranges from 0 to 40 points, with higher scores indicating higher levels of perceived stress.

Anxiety levels were assessed using the Beck Anxiety Inventory (BAI), a self-assessment scale comprising 21 multiple-choice items with four intensity options (“not at all,” “mildly – it did not bother me much,” “moderately – it was very unpleasant, but I could stand it,” and “severely – hard to bear”), which measures the intensity of physical and cognitive anxiety during the previous week. The total score ranges from 0 to 63, classifying anxiety as minimal (0–7 points), mild (8–15), moderate (16–25), or severe (26–63). The symptoms assessed include fear, restlessness, muscle tension, excessive worry, and irritability.

The study was first submitted to and approved by the Research Ethics Committee of Centro Universitário de Patos – UNIFIP, under CAAE 96596226.0.0000.5181 and approval report number 8.363.502.

After approval, data were collected through an electronic questionnaire containing the sociodemographic questionnaire and the stress and anxiety questionnaires. Google Forms was used to generate an access link allowing participants to answer the questions. The link was sent via WhatsApp to the group to which the residents belonged.

Data were analyzed using descriptive statistics in IBM Statistical Package for the Social Sciences (SPSS), version 25, to obtain percentages, frequency distributions, measures of central tendency (means), and measures of dispersion (standard deviations). The data are presented in tables and charts.

The research followed the provisions of Resolution 510/2016, considering that research in the humanities and social sciences requires respect for and guarantees of the full exercise of participants' rights, and must be designed, evaluated, and conducted to anticipate and avoid possible harm to participants. It also followed the provisions of Resolution 581/2018, which concerns research conducted within the Brazilian Unified Health System.

4. Results and discussion

The study included 60 residents of the Multiprofessional Residency Program in Primary Health Care at Centro Universitário de Patos – UNIFIP, with a mean age of 27.57 ± 7.268. The table below describes the participants' profiles.

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Table 1 – Percentage distribution of residents' sociodemographic data (n = 60) in 2026

Sex	
Male	28.3% (17)
Female	71.7% (43)
Education	
Undergraduate degree	48.3% (29)
Specialization	48.3% (29)
Master's degree	3.3% (1)
Marital status	
Single	91.7% (55)
Married	5.0% (3)
Divorced	1.7% (1)
Widowed	0.0% (0)
Stable union	1.7% (1)

Source: Authors (2026)

As shown in Table 1, 71.7% (43) of the residents were female. Regarding education, 48.3% (29) had an undergraduate degree, and the same proportion had a specialization degree. Regarding marital status, 91.7% (55) were single.

Table 2 – Percentage distribution of residents' residency year and professional categories (n = 60) in 2026

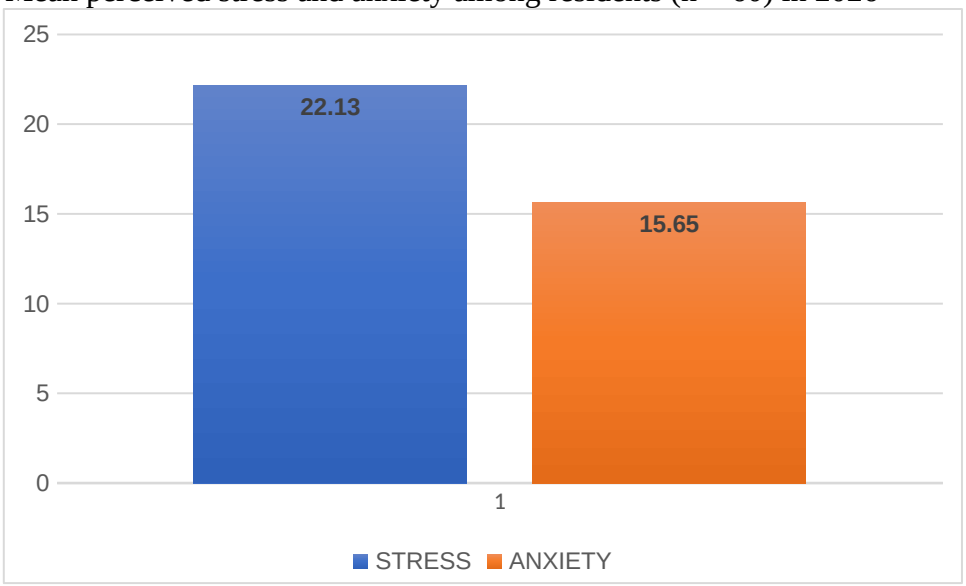
Residency year	
R1	53.3% (32)
R2	46.7% (28)
Professional categories	
Nursing	16.7% (10)
Nutrition	16.7% (10)
Physical Education	3.3% (2)
Veterinary Medicine	3.3% (2)
Physical Therapy	15.0% (9)
Pharmacy	13.3% (8)
Psychology	20.0 (12)

Source: Authors (2026)

According to Table 2, the distribution of residents by training year showed a predominance of R1 participants (53.3%; n = 32) compared with R2 (46.7%; n = 28). Regarding professional categories, Psychology had the greatest representation (20.0%; n = 12), followed by Nursing and Nutrition (16.7%; n = 10 each), Physical Therapy (15.0%; n = 9), and Pharmacy (13.3%; n = 8), whereas Physical Education and Veterinary Medicine had the lowest participation, both with 3.3% (n = 2). Multiprofessional residency is characterized by service-based training and the integration of different professional fields, favoring the development of shared knowledge and practices (Pasqualucci et al., 2019).

In this respect, the greater participation of Psychology, Nursing, Nutrition, and Physical Therapy illustrates the professional diversity within the program and reinforces the importance of interdisciplinary practice in Primary Health Care. Likewise, the predominance of first-year residents (R1) may be related to the admission and renewal dynamics of residency programs, which incorporate new professionals into training annually. This distribution runs counter to the findings of Nascimento and Oliveira (2010), who highlight multiprofessional residency as a setting for developing teamwork, communication, and interdisciplinary practice competencies within SUS.

Chart 1 – Mean perceived stress and anxiety among residents (n = 60) in 2026



Source: Authors (2026)

Chart 1 shows a mean perceived stress score of 22.13 ± 5.435, which, according to the Perceived Stress Scale scoring criteria, indicates moderate perceived stress. This result demonstrates that, on average, participants had a moderate perception of the stressful situations experienced in everyday life and the demands placed upon them. Regarding perceived anxiety, a mean of 15.65 ± 9.993 was obtained, indicating mild anxiety symptoms according to the instrument's classification criteria. It should be emphasized that the observed mean is close to the upper limit of the mild category, established at 15 points, approaching the moderate anxiety range.

The data in Chart 1 run counter to the account provided by Andrade et al. (2022), who state that stress is directly related to work overload and different health needs, requiring decision-making abilities, care coordination, and adaptation to the conditions and resources available in services.

In contrast, the study by Silva and Moreira (2019), which assessed stress among postgraduate trainees in an Integrated Multiprofessional Health Residency Program at a teaching maternity hospital, found that most multiprofessional residents experienced stress symptoms at levels considered unhealthy (96.2%).

The findings of Cahú et al. (2014) also do not support the results revealed in the present study: they found that 77.8% of residents experienced stress and that stress was worsening in 17.8%. Thus, they concluded that residents were experiencing high stress levels.

Also regarding stress, the study conducted by Máscoli, Vick, and Oliveira (2025) showed that 46.3% of residents experienced severe occupational stress and 22.4% were potentially at risk. They concluded that participants had concerning stress levels, mostly severe, which may lead to physical and psychological consequences and even deterioration of their condition. Therefore, that study does not corroborate the findings of the present research, which revealed moderate stress levels.

In support of the study in question, Gerlach et al. (2022) conducted research to identify anxiety, depression, and stress symptoms among multiprofessional residents at a university hospital. They found that participants' mean anxiety level was classified as moderate, whereas stress levels were classified as mild.

Final considerations

The results of this study highlight the importance of considering mental health a fundamental part of multiprofessional residents' training, especially given the characteristics of residency, which involves care, academic, and professional activities, as well as the need for continuous adaptation to the workplace. In this context, identifying moderate stress and mild anxiety reinforces the need for preventive actions and follow-up to avoid worsening symptoms and their possible effects on quality of life, professional performance, and the care provided to Primary Health Care users. Accordingly, the findings support the development of institutional mental health promotion strategies, such as spaces for listening and support, resident monitoring, and stronger relationships among residents, preceptors, and tutors. Furthermore, the project itself emphasizes that the results may contribute to the development of institutional strategies aimed at promoting mental health and improving training conditions.

Finally, this research contributes to a broader understanding of the mental health conditions of multiprofessional residents working in Primary Health Care, providing relevant information that may support the institution in planning care, follow-up, and mental health

promotion actions for professionals in training. Furthermore, although the results identified moderate stress and mild anxiety, the mean anxiety score was close to the moderate classification, reinforcing the importance of continuously monitoring these conditions throughout residency.

In this respect, further studies are recommended to follow residents at different stages of training and investigate possible differences between R1 and R2, professional categories, and sociodemographic characteristics. Such studies would contribute to a broader understanding of the factors related to stress and anxiety and strengthen the adoption of strategies aimed at qualified, humanized training aligned with the principles of Primary Health Care.

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