MIX OF SKILLS OF NURSING PROFESSIONALS OF A FIRST AID CLINIC
MEZCLA DE HABILIDADES DE LOS PROFESIONALES DE LA ENFERMERÍA EN LA SALA DE EMERGENCIAS

Ana Paula Siemens¹, Juliana Helena Montezeli², Kriscie Kriscianne Venturi³

ABSTRACT
Objective: to identify the skill mix of nursing staff of professionals of an emergency room. Methodology: descriptive study of quantitative approach, accomplished with 43 nursing technicians and eight nurses in the emergency room, with employment questionnaire. In possession of the collected data, was made the statistical treatment of these through the analysis of absolute and relative frequency, using the Mycrosoft Excel. The research project was approved by the Research Ethics Committee, Protocol nº. 4303/11. Results: on the classification staff meets legal profession preconizations. On the issue of training, among other findings, it was found deficit in the subjective approach issues as coping with the death of patients and, with regard to supervision, the highlight was the not follow the nursing process mentioned second technical. Conclusion: the industry mix needs stoning to approach a great stage and thus contribute to a quality nursing care to clients that there brings. Descriptors: Human Resources Nursing; Professional Qualification; Training Service; Nursing Supervision.

RESUMO
Objetivo: identificar o mix de habilidade dos profissionais da equipe de enfermagem de um pronto-socorro. Metodologia: estudo descritivo de abordagem quantitativa, realizado com 43 técnicos de enfermagem e oito enfermeiros de um pronto-socorro, com emprego de questionário. Em posse dos dados coletados, foi feito o tratamento estatístico destes por meio da análise de frequência absoluta e relativa, com auxílio do Mycrosoft Excel. O projeto de pesquisa teve a aprovação pelo Comitê de Ética em Pesquisa, Protocolo nº. 4303/11. Resultados: quanto à qualificação a equipe atende às preconizações legais da profissão. No quesito treinamento, entre outros achados, foi constatado déficit na abordagem de temas subjetivos como o enfrentamento da morte de pacientes e, no concernente à supervisão, destacou-se o não acompanhamento do processo de enfermagem segundo mencionaram os técnicos. Conclusão: o mix do setor necessita de lapidações para aproximar-se de um estágio ótimo e, consequentemente contribuir para uma assistência de enfermagem de qualidade à clientela que ali aporta. Descriptors: Recursos Humanos de Enfermagem; Qualificação Profissional; Treinamento em Serviço; Supervisão de Enfermagem.

RESUMEN
Objetivo: identificar la combinación de capacidades del personal de enfermería de los profesionales de la sala de emergencias. Metodología: estudio descriptivo de enfoque cuantitativo, logra con 43 técnicos de enfermería y ocho enfermeras de la sala de emergencia, con cuestionario empleado. En posesión de los datos recogidos, se realizó el tratamiento estadístico de éstos a través del análisis de frecuencia absoluta y relativa, mediante el Mycrosoft Excel. El proyecto de investigación fue aprobado por el Comité Ético de Investigación, Protocolo nº. 4303/11. Resultados: en el personal de clasificación cumple preconizaciones abogacía. En el tema de la capacitación, entre otros hallazgos, se encontró déficit en las cuestiones enfoque subjetivo como hacer frente a la muerte de los pacientes y, en lo que respecta a la supervisión, lo más destacado fue la no sigue el proceso de enfermería mencionado segundo técnico. Conclusión: la mezcla de industria necesita lapidación de acercarse a un gran escenario y así contribuir a una atención de enfermería de calidad a los clientes que no trae. Descriptores: Recursos Humanos de Enfermería; Calificación Profesional; Servicio de Formación; Supervisión de Enfermería.

¹Student, Graduate Program in Nursing, Evangelical School of Paraná/FEPAR. Curitiba (PR), Brazil. Email: ana_siemens@hotmail.com;
²Emergency room nurse, Professor in Nursing, Nursing Director, Regional Coastal Hospital. Curitiba (PR), Brazil. Email: jhmontezeli@hotmail.com;
³Nurse, Master of Nursing, Nursing Director, Regional Coastal Hospital. Curitiba (PR), Brazil. Email: krisciecy@yahoo.com.br.
INTRODUCTION

Given the technological expansion and globalization currently experienced by humanity, increasingly clientele that contributes to health services has taken strong characteristics of consumers, and most of their demands are the quality of care offered.

In order to follow these technological advances, health institutions and nursing also need to assess the quality of their actions aimed at improving their skills.¹

With regard to health quality, this can be defined as the hinged capacity of professionals, services, health and society system, set up a harmonious entity capable of providing dignified care, technically well developed, by trained professionals and precisely paid. Added to use user always tailored to your needs, with all this together financially viable, economically sustainable and democratic choice of citizenship.²

That said, it is important to note that the nursing care requires quality and that in cases of occurrence of recklessness, inexperience or lack of conditions for it to occur properly, simply no care.¹

Care should be supported in skills, which include knowledge, skills and attitudes. Currently, the nurse has gained increasing responsibilities in their field of work. In addition to needing possess skills, such as manual dexterity, must have technical and scientific knowledge to run them, play the role of coordinator of the team, and be a leader, educator, among other duties.

With the world's most demanding work and the continuous changes of a globalized everyday, nurses are faced with the need to continually upgrade their knowledge, their work process, and with the guarantee of quality care.³

To this end, since its formation, has the following general skills and ability to be built: health care, decision making, communication, leadership, administration/management and continuing education.⁴

All these skills and abilities should be focused on the quality of care for the efficient and effective care. The quality of nursing care, so it is a constant goal to be achieved, in order to provide services that meet safely the needs of customers.⁵

Thus, it is of fundamental importance to be known and evaluated factors and indicators that can be involved in the quality of nursing care and, among these, there is the mix of professional skills of this team. For the quality of nursing care, the skills mix proves essential. It is understood as the balance between the trained, skilled and unskilled staff, supervisory and operational in a service area.⁶

Reporting such placements to the field of critical care areas, especially the emergency room sector (PS), it points out that the emergency situation calls for even more starkly a great mix of nursing staff skills.

For professionals inserted in the context of emergency care is critical possess qualifications, specific training and supervision to quality care, which makes them able to make decisions in the shortest time without harming the patient. In addition, adds to that supervision is essential in contributing the proper progress of health actions of staff active in this scenario.

Given this improvement can be seen in the context of knowledge about the skills mix, because it is a preliminary step in assessing the quality of nursing care. Thus, the need emerged for implementation of this study, the main question is: What is the skill mix of nursing professionals of a PS according to their qualifications, training and supervision?

To elucidate this question, it was traced the aim of the study: to identify the mix of skills of nursing professionals of an Emergency Room (PS) according to their qualifications, training and supervision.

METHODOLOGY

The article was drawn from the monograph "Mix of skills of a First Aid Nursing Professionals ", Department of Nursing, Evangelical School of Paraná/FEPAR. Curitiba-PR, Brazil. 2011.

This is a descriptive study of a quantitative approach undertaken in the emergency room of a philanthropic teaching hospital and large Curitiba-PR. The functional profile of nursing in this sector consists of nine nurses and 48 technicians. Participated eight nurses because the collection period there was a vacancy open on the morning shift, and 43 nursing technicians, as a technical refused to participate, one was on vacation, two leave for health problems and one was excluded because only work in the inter-institutional transport. Thus, the sample was composed of eight nurses and 43 nursing technicians.

Data collection occurred in July 2011 interview using a questionnaire adapted from an instrument validated in another study⁷, containing closed questions, totaling seven questions for nurses and six questions for nursing technicians. In possession of the collected data, it was made the statistical
treatment of these through the analysis of absolute and relative frequency, using the Microsoft Excel.

The ethical principles of the research were based on the Resolution 196/967, and the data were obtained after approval by the Research Ethics Committee of the Evangelical Beneficent Society under no protocol. 4303/11, on May 9th, 2011, and signed a consent form and information from the subject, with those of the research information.7

RESULTS

♦ Profile of nurses

In PS work an administrative nurse and seven nurses, and in the collection of the period there was a vacancy for the morning shift, distributed by shifts: a nurse in the morning, two nurses in the afternoon, two nurses at night and two at night B.

The age group of nurses varies between 25 to 41 years old, whichever female class, and 25% (2) were male and 75% (6) are female.

Regarding the role of time in nursing care, it was found that two have worked as nursing technicians. Operating time as PS nurses ranges from one to 10 years. None of them has another labor activity inside or outside of nursing.

Aware of the importance of specializing, most own or is conducting graduate, and 50% (4) have completed the course, 25% (2) are still in progress and another 25% (2) do not have, but 100% of nurses reported expectation of personal qualification for the future.

♦ Profile of nursing technicians

PS The study scenario has 48 nursing technicians distributed by shifts: 13 technicians in the morning, afternoon 12 technicians, 12 technicians at night and 11 at night B, but only 43 technicians comprised the study sample; their ages ranging between 21 and 48, having an average of 30.9 years old.

Regarding the gender of nursing assistants again prevails the female class and only 21% (9) were male and 79% (34) were female. The service life of the PS ranges from months to more than ten years of experience. Only 28% (12) have another work activity inside or outside of nursing.

Only 26% (11) realized the importance of specializing or performing some improvement. Most of the courses held: Job nursing technicians and paramedic training course and 74% (32) have not been submitted to any other course. Although not all have expectations of personal qualification, 91% (39) answered yes, the other 9% (4) do not have any expectation.

♦ Mix of skills of nurses

Of the eight nurses who participated in the survey, five say they were trained to be admitted to the PS, the other three say they do not receive any type of educational process. Of training received, 37,5% (3) be answered only administrative matters, 12,5% (1) said just be specific subjects for the PS and 12,5% (1) be answered administrative issues and also specific topics for PS. On the scope of content covered in the training, 75% (6) state meet the need of all the nursing staff and 25% (2) confirm only meet the specific needs of the PS.

On the question on participation in training in the institution, 87,5% (7) responded that participate in continuing education offered by the institution, and 12,5% (1) said he did not participate but did not report the reason. When asked if all employees have the same access to training programs, 87,5% (7) answered yes, and 12,5% (1) answered no; mentioned that this training is conducted only during the day, making it difficult to share.

As regards the frequency of continuing education, 50% (4) answered be made monthly, 12,5% (1) answered every six months, 12,5% (1) answered annually and 25% (2) reported being a continuous process of the day-a-day. On the question about the frequency of training meet the nursing team's needs, 62,5% (5) answered yes, 12,5% (1) answered no and the other 25% (2) reported in parts, as reported which should be performed more often.

Learning needs that were addressed in the opinion of most nurses are training to perform certain techniques (100%/8); identification of patient care needs in PS (75%/6) and use of equipment (75%/ 6). Unless contemplated need was coping risk situations and death of patients, which there was no marking.

When asked if there is supervision of nurses, 87,5% (7) answered yes, and 12,5% (1) related not be supervised. All nurses responded be supervised by the nurse coordinator.

Of the supervisory activities of the nurse coordinator, in the opinion of nurses, the most cited were: activities of delegation (87,5%/7), answering questions (87,5%/7) and distribution activities (75%/6). The less marked were: monitoring of care actions (0%/0), care planning (0%/0) and guidance on interpersonal relationships with clients, family and staff (12,5% / 1).
On the quality of supervision, 75% (6) answered satisfactory and 25% (2) responded unsatisfactory, reporting that lack preparation coordinator nurse to take this position. There are also reporting consider some active supervision, little present, who would like more contact, stock returns in order to improve care and the progress of the general industry. According to participants, there could be further discussion and teamwork.

All nurses reported exercising supervision and all also concurrently perform supervisory activities and direct care. Of actions taken as supervisors, the more were highlighted are: conflict management (100%/8), leadership (100%/8), motivation (100%/8), activities of delegation (100%/8) and guidance (100%/8). Please note that unless marked alternative was the supervision of the nursing process (50%/4).

♦ Mix of skills of nursing technicians

The technicians who responded to the questionnaire, 62,8% (27) were trained to be admitted to the PS, the other 37,2% (16) said no trained. The content of introductory training, 42% (18) responded that the content is specific to the PS, 33% (14) believe that the content addresses a general theme and another 25% (11) responded that most addresses the administrative part. As for the completeness of the contents, 69,8% (30) state that meets the needs of the entire nursing staff and 18,6% (8) stated that only meets the specific needs of the PS.

Regarding the participation in continuing education programs at the institution, 90,7% (39) Technical answered participate and four 9,3% (4) answered no part. Another question is whether employees have the same access to training programs, in which 90,7% (39) Technical answered yes the other 7% (3) responded in part, due to the holidays and the work shift, it is often not done the same training for all shifts.

As regards the frequency of training programs in the institution, 39,5% (17) consider monthly, 30,2% (13) consider biannual, 18,6% (8) consider a continuous process of day-to-day and 11,6% (5) consider an annual process. When asked if the frequency meets the training needs of the nursing team, 41,9% (18) said yes, 16,3% (7) answered no, as mentioned the lack of content and incentive professionals and 39,5% (17) answered in part, reported that could be done more often and also not always who performs the training is capacitated for it.

The learning needs that have been most covered in the training programs in accordance with the opinion of nursing technicians are training to perform certain techniques (67,40%/29), use of equipment (58,1%/25), nursing records (41,9%/18) and development of skills in interpersonal relationships (41,9%/18).

All nursing technicians said they are supervised in their service, and 79% (34) consider to be supervised only by the supervisor/assistant nurse, 7% (3) claim to be supervised only by the nurse coordinator and 14% (6) responded that supervised by the supervisor / assistant nurse and also by the nurse coordinator.

The nurse’s supervision activities in the opinion of nursing technicians the most cited were: answer questions (79%/34), activities of delegation (74,4%/32), and activities of distribution (67,5%/29), technical instructions (65,2%/28) and monitoring of care actions (62,8%/27).

On the issue of supervision qualification, 95,35% (41) said it satisfactory technical and 4,65% (2) responded unsatisfactory.

DISCUSSION OF THE DATA

♦ Qualification

Legally, as recommended by Resolution 293/2004 of the Federal Nursing Council, critical areas (in which is included the PS), must have only nursing technicians and nurses on their staff. In this case the emergency room study setting has relevant qualification, once the training is consistent with the statutory regulations governing the profession.8

Most nurses are looking for or crave better skills for their careers, it becomes important to enrich the care and assistance for both the customer and the better control of his team. This is consistent with the related literature, which states that for a person to become well-qualified you should invest in personal and technical training for the qualification must occur in full at the weakest point of the nursing staff.9

The qualification of nursing technicians has negative characteristics, since most do not have any course after the initial training, and only 26% noted the importance of specializing; but showed interest in having some expectation of professional qualification. This is worrisome to relate to the average age by these professionals (30,9 years old), in the current context the labor market requires updated capacitated workers and to perform its functions. There is a need to encourage the improvement in extension and postsecondary courses to achieve the quality
of care, this data can reveal the lack of financial incentive to nursing professional for your personal improvement, which is aligned with the national discussions about the health care workers, and especially nursing. Note the permanent health education in which a specific policy to the national health system interest was approved by the Resolution CNS n. 353/2003 and Ordinance MS / GM n. 198/2004, in which determine the permanent health education as a strategy for training and development workers to health.

Studies show that patient care quality requires all staff to multiple knowledge to act in various ways to meet their priorities, which demonstrates the need for improvement and training of professionals. 10

Training

The trainings conducted for admission of nurses and nursing technicians in the industry, three nurses and 16 technicians said they did not receive any educational process. On the scope of the issues addressed only two nurses and eight staff said only meet the specific needs of the emergency room, and is a sector where it has different specificities of others, thus requiring a more specific training. Regarding continuing education, were asked about having the same access to training programs, and three nursing technicians responded that in parts because often the same training for all shifts are not performed. The nurse, as responsible for his team must always be attentive to training schedules, so you can organize the sector, thus giving the opportunity for everyone to have access.

GM Ordinance no. 2048, of 5th November, 2002 10, which governs the principles and guidelines of the State of Emergency and Emergency Systems in the National Policy for Emergencies notes that hospitals have PS should play training assignments, improvement and upgrading of human resources involved with the means needs and end of attention to the urgency/emergency. Thus, the study data are shown dissonant these legal preconizations. 11

In questions about the frequency of training and whether they meet the team's needs, two nurses responded in part, reporting that should be performed more frequently, and 17 nursing technicians also responded in part, reporting that could be reported not always who performs the training is the same for capacitated.

Continuing education, as a competence to be acquired by health professionals, can be viable if given the focus on continuous updating, which seeks to innovate and meet the labor needs updating, as long as the institution undertakes, along with the professional in order to facilitate the planning or participating and also develop the education actions. 12

Training is a process that has for its purpose the growth and development, promote changes in routine behavior and bring innovations to their duties performed, is directly related to continuing education and lifelong learning. 13 An important factor that emerged in the data analysis was that no participants have noted that the training include issues related to coping of deaths. Since this is an industry where the professionals in our times are faced with the deaths of patients as well people in the dying process, it is considered that this issue would be of vital importance in the educational processes for the nursing staff.

Nowadays, there are more patients died in hospitals than in their homes, showing that the more professional accompanies this process of illness to death of it, is the nursing, having thus, the need to prepare them for such situations, for death is a situation that never cease to witness. 14 Thus, in the research setting, there is evidence of an overvaluation of the technical aspects in training at the expense of subjective questions.

Regarding the nursing staff when asked about the learning needs that have been addressed, the more pronounced was on training to perform certain techniques; having thus, a great emphasis on technicality and not on the aesthetic scope of care as a set of tasks that must be developed.

The educational processes in an emergency room must be permanent and rigorously planned, seeing the quality, care efficiency, ensuring a good relationship of the nursing team and the technical and professional recognition themselves. The professional qualification of a PS should start from the awareness towards each of skills, a plan consistent with the reality of needs. 15

In this perspective, the aesthetic allows us to witness the differences between the need and creativity also including sensitivity, intuition, knowledge and other items. In PS, ethics and aesthetics should always go together; attention should be higher with care, modesty and cleanliness of the same. The aesthetic is a reflection of the nursing staff and provides the scope of care for human beings in all its spheres, passing the reductionism of the human being to the physiological context. 16
Aesthetics is related to the humanization process, which is meant for human state conditions towards human. The humanization process is focused on the quality of care for the patient in the hospital area.\textsuperscript{17}

Noting that training is more focused on technical procedure; it realizes the importance of focusing on aesthetic and humanized care because the patient needs a complex care.

\textbf{Supervision}

The nurses are supervised by the nurse coordinator but a report not be supervised. About the supervision received two unsatisfactory be answered, reporting that lack preparation coordinator nurse to take this position. According to participants, there could be further discussion and teamwork.

The supervisory techniques are tools that promote the achievement of team objectives, facilitate the participation of members for better performance of its functions and promote harmonious interaction, productive, satisfying between the supervised and the supervisor.\textsuperscript{18}

Of supervisory activities of the nurse coordinator, in the opinion of the nurses’ care planning there was no marking, and guidance on interpersonal relationships with clients, family members, and there was only one marking.

In nursing, the nurse coordinator should recognize the term competence, it refers to the ability to know and act on certain situations. During the training process, the nurse should be aware of all health care levels, ensuring the quality of care as well, knowing plan, organize, manage and evaluate the work process in nursing.\textsuperscript{19}

All nurses reported exercising supervision and all also concurrently perform supervisory activities and direct care. The nurse has certain difficulties in weaving the care process and to manage, as the institution charges a different management picture of what the nurse has built throughout his training, thus necessitating an extension of his vision so there is a correlation between these factors, thus improving the quality of care.\textsuperscript{20}

From the actions taken as supervisors, the less marked alternative was the supervision of the nursing process. The nursing process is a universal methodology to organize and systematize care, being recognized worldwide, with a dynamic of actions to assist the human being. The main purpose is to provide a structure that meets customer needs individualistic, family and community, and there must be an interactive relationship between the focus and the nurse. Nurses should always be aware that there may be quality of care, especially pay attention to the nursing process to run properly, there is no such supervision, that quality is compromised, since the actions approach the empiricism.\textsuperscript{21}

In PS supervision needs to be more active, more present, there are more return so there is improvement in the sector and effective care, according to reports from participants, since this is a single-function task of nurses in performing it, and patients depend on active supervision to employees, so as to be a quality care.

The coordinator must be an active member in the nursing process for it to reach the goals of care grounded in quality, what we see is that the nurse to participate in the management up distance of care, prioritizes activities such as planning and organizing scales, the which requires a long time to finish. Stands out in this sense the importance of an active coordination for the prioritization of the nursing process, as well know the real problems faced by your team and you can prioritize actions to reach a cohesion in attendance assisted client.

With the constant development in nursing, the nursing supervisor has the need to change the course of supervision, and focus on supervised as subjects that need more support in order to understanding them and helping them to their personal and professional development, thus, in addition to having more satisfied employees with their work, also has employees who ensure the quality of care.\textsuperscript{22}

All nursing technicians said they are supervised in their service, most respondents be supervised only by the supervisor/assistant nurse. Most consider its satisfactory supervision; however there are differences, two nursing technicians consider their unsatisfactory supervision. From the moment that the nurse supervisor is, one should be careful that this supervision is effective for all employees, and there can be differences. The nurse needs to have a broad view of your industry, especially of their employees, so as to direct them according to their skills, competences and also know their difficulties, their foibles.

We emphasize the need to approach the nurse coordinator with the team of nursing technicians, respecting the hierarchy as the nurses/duty supervisors, the coordinator comes to the care occurs equitably by all shifts occurring sync in care. Follow the nursing process side of nursing technician to ensure a different look to the team which coordinates, which enables to perform given
characteristic of each professional to guarantee a quality care.

**FINAL NOTES**

The trajectory followed during the construction of this research allowed to reach the proposed goal. Identified that the qualification in the emergency room is in good condition which is of great importance to the institution and attending to legal preconizations for nursing human resources in critical area.

However, the training of the nursing team, according to the subjects' answers, still needs stoning, mainly adding themes that value the subjective aspect of care, beyond merely technical questions.

With regard to supervision, the study highlights the need for greater monitoring the development of the nursing process as thread of team work process and closer towards the coordinator with the nursing staff.

The mix of skills in first aid needs adjustments both institutional and personal, with the continuous search of the team members for knowledge. Because it is one of the points to be considered in the evaluation process of quality of care, it is essential that the edges are trimmed towards an optimum level and to this end, it is expected that this work can serve as a fulcrum to increase the ballast of knowledge on the subject and support process improvement in the studied sector, thus contributing to the improvement of nursing care to clients that there brings.

**REFERENCES**


14. Oliveira EC, Gomes M, Schettino E, Freitag D, Carmo S. Percepções e sentimentos...


