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ORIGINAL ARTICLE

WORK OF NURSES IN THE URGENCY SECTOR: LIMITS AND PERSPECTIVES O TRABALHO DOS ENFERMEIROS NO SETOR DE URGÊNCIA: LIMITES E PERSPECTIVAS EL TRABAJO DE ENFERMERAS EN EL SECTOR DE URGENCIA: LÍMITES Y PERSPECTIVAS

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ABSTRACT

Objective: analyzing the factors that interfere with the performance of nurses in the emergency room. **Method:** a descriptive exploratory study with a qualitative approach performed in the Emergency and Trauma Hospital Senator Humberto Lucena in the city of João Pessoa/PB/Brazil. Data were collected by semi-structured interviews with eleven nurses and analyzed by Content Analysis, after approval of project by the Research Ethics Committee, CAAE 4159.0.000.405-10. **Results:** nurses work on stressful conditions and in conditions of loss-making work, they face obstacles such as overcrowding, lack of human resources and inputs, poor physical structure and a relationship with professional medical problem. **Conclusion:** the study showed that nurses face related difficulties: inadequate physical infrastructure, lack of supplies and medicine, the inadequate quantity of human resources, overcrowding, and strained and stressful professional relationships within the work environment. **Descriptors:** Emergency Medical Services; Emergency Nursing; Working Conditions.

RESUMO

Objetivo: analisar os fatores que interferem na atuação dos enfermeiros no setor de urgência. **Método:** estudo exploratório descritivo, com abordagem qualitativa realizado no Hospital de Emergência e Trauma Senador Humberto Lucena na cidade de João Pessoa/PB/Brasil. Os dados foram coletados por entrevista semiestruturada com onze enfermeiros e analisadas pela Análise de Conteúdo, após a aprovação de projeto pelo Comitê de Ética em Pesquisa, CAAE 4159.0.000.405-10. **Resultados:** os enfermeiros trabalham sobre condições estressantes e em condições de trabalhos deficitárias, enfrentam empecilhos como: a superlotação, a falta de recursos humanos e insumos, estrutura física deficiente e uma relação com o profissional médico problemática. **Conclusão:** o estudo evidenciou que os enfermeiros enfrentam dificuldades ligadas: a inadequada estrutura física, a falta de insumos e medicamentos, ao quantitativo inadequado de recursos humanos, a superlotação, e as relações profissionais tensionadas e estressantes dentro do ambiente de trabalho. **Descritores:** Serviços Médicos de Emergência; Enfermagem em Emergência; Condições de Trabalho.

RESUMEN

Objetivo: analizar los factores que interfieren en el desempeño de las enfermeras en la sala de emergencias. **Método:** es un estudio descriptivo exploratorio con enfoque cualitativo realizado en el Hospital de Urgencias y Trauma Senador Humberto Lucena en la ciudad de João Pessoa/PB/Brasil. Los datos fueron recolectados a través de entrevistas semi-estructuradas, con once enfermeras y analizados por Análisis de Contenido, después de la aprobación del proyecto por el Comité de Ética en la Investigación, CAAE 4159.0.000.405-10. **Resultados:** las enfermeras trabajan en condiciones de estrés y en las condiciones de trabajo deficitarias, se enfrentan a obstáculos como el hacinamiento, la falta de recursos humanos e insumos, la mala estructura física y una relación con un problema médico profesional. **Conclusión:** el estudio mostró que las enfermeras se enfrentan a dificultades relacionadas: infraestructura física inadecuada, la falta de suministros y la medicina, la cantidad inadecuada de los recursos humanos, el hacinamiento y las relaciones profesionales tensas y estresantes en el entorno de trabajo. **Descriptores:** Servicios Médicos de Emergencia; Enfermería de Urgencias; Condiciones de Trabajo.

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INTRODUCTION

The urgency setting, under Resolution 1451/95 of the Federal Medical Council, is "the occurrence of unexpected health problem with or without potentially life whose carrier needs immediate medical assistance", and emergence as "medical observation of health problem of conditions involving imminent risk of death or suffering, thus requiring immediate medical treatment".¹

This concept of urgency has sometimes been magnified when one considers the different views and needs of those involved in the care process. For users and their families commonly understood urgency as any change in their healthy state, and then seek medical treatment immediately.²

To the medical profession and influence to other health professionals mostly the urgent situation is necessarily tied to the notion of time required to start an assist to avoid a poor prognosis. Have the hospital institutions realize the emergency as a change in their organization.²

In hospital care to emergency rooms, nurses' actions involves specific and joints necessary for the care management for patients with complex needs, requiring scientific improvement, technological management and extensive humanization for family members by the unexpected impact of a situation that puts in risk the life of a loved one.³

The Federal Nursing Council - (COFEN) establishes the obligation of having nurses in all service units in which nursing actions are developed, and these actions due must be exercised by the nursing staff as set out in Decree n. 94.406/87.⁴

As health team member is up to the nurse participation in the planning, execution and evaluation of the assistance to be provided to ensure the supply of human resources, materials and equipment as well as the implementing rules, routines and flows established by the institution. Also cooperate with the coordination and distribution of staff, set priorities and the quality and safety of care to staff and patients.⁴

Just as it is private nurses to direct nursing care to patients at risk of life, greater technical complexity of care and requiring adequate scientific knowledge and skills to take immediate decisions and direction, management, organization, planning, coordination, execution and evaluation of the nursing actions.⁴

An important function performed by nurses in care in the emergency room is the screening of new cases.⁵ In Brazil, to organize the hopes of users, particularly in hospital emergency services, Humanize-SUS adopted the Classification and Risk Assessment system that has as main objectives to ensure the user immediate care with high degree of risk; provide information to the patient and family about the likely waiting time.⁶

The Home System with Classification and Risk Assessment (ACCR) is performed by nurses, who, through nursing consultation, classify diseases based on at least four-color illustrated by levels: red, yellow, green and blue representing their criteria: Emergency: need of immediate care; Emergency: Call as soon as possible; not urgent priority; low complexity: Call in the order of arrival.⁶

To develop professional nursing care requires mastery of technical and scientific knowledge research methodologies applied to health, philosophies and institutional policies, beyond all inseparable humanistic dimension to the act of caring. It is necessary to remain calm, seeking to ensure the maximum position control for the customer and his family feel safe and confident.⁷

To ensure complete care for victims, nurses need to be able to develop their assistance as correct as possible, provided adequate vocational training, and favorable conditions of infrastructure, supplies, equipment and support staff.⁸

OBJECTIVE

- Analyzing the factors that interfere with the performance of nurses in the urgency room.

METHOD

This is a descriptive exploratory study of qualitative nature carried out with nurses from the Hospital's Emergency and Trauma Senator Humberto Lucena, in the city of João Pessoa/PB/Brazil.

To set the sample nurses were listed as criteria: acceptance to participate and meet developing their assistance activities in the hospital, and collaborated with the study, eleven-duty nurses.

Data were collected after approval of the project submitted to the Ethics Committee of the Faculty of Medical Sciences with the protocol number 094/2011. To obtain the information, it was decided to semi-structured interview. The interviews were recorded and the statements were organized and processed

through the Technical Content Analysis, proposed by Bardin.⁸

This method consists of three steps: pre-analysis, exploration of the empirical material and the processing of results. This choice is justified by the appreciation of the meaning of the content of the perceptions expressed by managers, according to the objectives of the research.

It was considered at all stages of the research the ethical and legal aspects of research with human beings, as required by Resolution no. 466/2012 of the National Health Council.

RESULTS

Study participants consisted of eleven nurses working in the urgency and emergency room of the Hospital of Emergency and Trauma Humberto Lucena located in Joao Pessoa, PB.

Of the nurses, eight respondents are female and three males of these ten said they were single and only one married. All reported having some type of graduate, with prominence the fact three are specialists in Emergency, two in intensive care, with residence in Emergency and five specialties in other areas of knowledge.

As for the functional link of nurses in Sector Emergency Department of HETSHL five nurses said they were working less than a year, four have between 2-3 years and only two working in the Hospital Unit for more than four years.

The result obtained as those made inquiries, identified three themes from the content analysis, silk them: the work of nurses having more difficulties than other professions; the identification of the difficulties faced at the emergency room; identifying ways of coping with difficulties at work.

Regarding the category: a work of nurses having more difficulties than other professions has two subcategories: affirmative; negative.

The speeches point to greater difficulty of nurses in relation to other health professions. How can we illustrate through the transcripts of the statements below:

The nurse always runs faster than the other health professionals to better serve patients [...] The nurse is all within the urgency sector [...] (EI).

The nurse is 24 hours with the patient then presents more difficulties in terms of assistance [...] there's always the doctor and professional services, any other. (EF).

The amount of tasks carried out by nurses in emergency and urgent care sector was referred to as a primary factor in condition of greater difficulty in the work process.¹²

Current law gives the nurse a range of individual and collective activities in a health care facility. According to COFEN is private nurses to perform activities such as: direct nursing care to patients at risk of life, in addition to assistance to families, as well as direction, leadership, organization, planning, coordination, implementation and evaluation of nursing actions.⁴

The nurse has incorporated many administrative functions within the hospital over to direct patient care, in addition to having a high number of patients.¹³

Integrates the nurses' working process solving everyday problems, as well as ensuring the infrastructure and maintenance care, occupying thus an empty space in the technical division of labor in health.¹⁴

It is pertinent to consider that nurses present more difficult in their work process than other health professionals, as it plays the biggest and varied number of features compared with other health professions.¹⁵

If not subcategory some of the nurses interviewed point in his speeches that the actions of the various professionals working in emergency and urgency care sector show the same level of difficulty in urgent and emergency service.

To identify the difficulties faced at the emergency room appeared six sub-categories: overcrowding and poor physical structure; interpersonal relationship with the medical profession; insufficient human resources; and lack of supplies and medication.

The subcategory overcrowding and poor physical structure can be seen from the following expressions:

Is a great difficulty for that [...] our assistance gets a little to be desired. (EB).

We can't handle meet everyone. (EH). "The overcrowding of hospital makes patients are accommodated on stretchers." (EJ). "Patients of the countryside that sometimes the problem could be solved within, and they send here. (EB).

It can be seen in hospital emergency services that overcrowding undermines the effectiveness of nursing care and that most of the visits in emergencies is easier to medical conditions that could be resolved in the Family Health Centers.¹⁵

As the tension and stress caused by overwork, insecurity and lack of conditions end up hurting the work of professional,

because this transfer their emotions to the customer care.^{12,15}

The interpersonal relationship with the medical profession was the second subcategory presented as difficulty. Respondents mentioned find in relationships with medical professionals an obstacle in their work process as observed in the statements:

With certainty is the medical team because we find a great barrier, even being present on duty and can expedite service, they still have a big delay to meet patients who arrive "(EE). "[...] interaction with the medical staff sometimes makes it a bit harder work [...]" (EJ).

In any work environment can be conflicts in derivations of human relations and interprofessional relationships, conflicts can occur for many professionals working in the same practice scenario.⁷

It can be observed in the respondents indicated that it is a reality the failure of nursing staff and other professionals that make up the assistance in emergency room and emergency despite the Federal Nursing Council, through Resolution no. COFEN. 293/2004 have established parameters for proper sizing of the nursing staff of professionals based on the clinical status of patients.⁴

It was possible to verify the statements of the nurses that the hospital is experiencing a reality of lack of supplies and medication.

[...] We also lack of material, the issue of medication is very restricted. Is a very large economy, mainly stuff like glove, needle, and syringe [...]" (ED).

[...] the bureaucracy of the pharmacy when we have serious patient [...]" (EE).

The last category identifies ways of coping with difficulties in nursing work process and has three subcategories: keep calm; team support; do my part.

We observed in all the speeches of the nurses interviewed the concern to keep calm and control the level of stress on the difficulties encountered.

Having more calm, patience, calming the patient [...]" (ED). [...]" Have a lot of calm, organization and try to join the team so we can make progress on duty (EE). [...]" The difficulties always appear but in this hospital which is large, in João Pessoa and surrounds reference demand is very large in both part of trauma, as well as part of emergency clinics. Many patients come from inside and there's no adequate support. I think is keeping calm and try to answer as best as possible.

Faced with the urgency of the work dynamic is crucial that nurses develop

attitudes agile, quick and to transmit calm and security staff and users in attendance.¹⁵

Nurses also realized how important the support of the nursing staff and other professionals attending the emergency department as a way to their problems solution.

[...] Depending on the difficulty needs support of the people to collaborate with the service (EC).

[...] trying to interacting with all the professionals of passively, quiet [...] seek the help of the Coordinator, seeking help from other colleagues, and with that we can [...] (EJ).

During the analysis, we found that the integration of the team working in urgency and emergency sectors is as essential as the technical and scientific knowledge. This condition is necessary in the quality of care and maintenance is a complementary relationship and interdependence among professionals in the moment of care provision.¹²

The effectiveness of teamwork necessarily requires investment in personal development of workers, facilitating cohesion and strengthening linkages among professionals.^{12,7}

As a mechanism to strengthen the training of human resources for SUS, the Ministry of Health has developed several strategies among them established the Humanize-SUS, a public policy nationwide whose objective seeks to promote better relations among health professionals of all levels of care and patients through acceptance, the value communication of those involved in services, in addition to the inclusion of the family as a participant of the therapeutic process.

CONCLUSION

The study showed that Urgency and Emergency Department has been set up in one of the most problematic areas within the health system as a result of increasing numbers of calls of this sector directly caused by the increase in traffic accidents and cases of urban violence, which in turn has inflated the cost of healthcare in our country.

By lines of respondents found that the low network structuring of attention to urgencies and emergencies has contributed negatively in the dynamics of the operation of the service.

The study showed that nurses working in urgent and emergency face numerous difficulties to perform their assistance duties, due to: inadequate physical infrastructure, lack of supplies and medicine, inadequate quantity of human resources, overcrowding, and professional relationships tensioned and

stressful in the workplace. Therefore, it is expected that this study may raise new research on the nursing work process in urgent and emergency sector to strengthen the network of care for SUS urgencies, allowing better resolution of the demands and the strengthening of maintenance network of life at all levels of complexity and responsibility.

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