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THE THINK OF NURSING IN HOSPITAL URGENCY AND EMERGENCY SERVICE O PENSAR DA ENFERMAGEM EM SERVIÇO DE URGÊNCIA E EMERGÊNCIA INTRA- HOSPITALAR

EL PENSAR DE LA ENFERMERÍA EN SERVICIO DE URGENCIA Y EMERGENCIA INTRA-HOSPITALARIO

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ABSTRACT

Objective: to extract the elements of the nursing thought applied to decision-making in the care of hospital urgency and emergency. **Method:** exploratory, descriptive and analytical study, conducted with 32 professionals of nursing teams of hospital urgency and emergency care in the western border of Rio Grande do Sul. Data collection was conducted through semi-structured interviews. A qualitative thematic analysis was applied to the survey data. **Results:** from the analysis of the data three themes were revealed: << >> previous thinking; << >> Thinking of praxis; << Resultant: decision making >>. **Conclusion:** it is evident in the story of nurses on the planning of the work actions a detriment of care actions about management. Moreover, a constant and diverse requirement to make decisions, which has exclusivity in its position. **Descriptors:** Nursing Care; Planning; Emergency; Programming.

RESUMO

Objetivo: extrair do pensamento da enfermagem os elementos aplicados para a tomada de decisão no atendimento em urgência e emergência intra-hospitalar. **Método:** estudo exploratório-descritivo e analítico, realizado com 32 profissionais das equipes de enfermagem de um serviço de urgência e emergência intra-hospitalar da fronteira Oeste do Rio Grande do Sul. A coleta de dados foi realizada por meio de entrevistas semiestruturadas. Aplicou-se aos dados da pesquisa uma análise qualitativa temática. **Resultados:** a partir da análise dos dados, emergiram três categorias temáticas: Pensamento prévio; Pensamento da prática; Resultante: tomada de decisão. **Conclusão:** evidenciou-se, no relato dos enfermeiros sobre o planejamento das ações de trabalho, um detrimento das ações assistenciais em relação às gerências e uma constante e diversa exigência em tomar decisões, que têm exclusividade em seu posicionamento. **Descritores:** Cuidados de Enfermagem; Planejamento; Emergência; Programação.

RESUMEN

Objetivo: extrair del pensamiento de la enfermería los elementos aplicados para la tomada de decisión en el atendimento en urgencia y emergencia intra-hospitalario. **Método:** estudio exploratorio-descriptivo y analítico, realizado con 32 profesionales de los equipos de enfermería de un servicio de urgencia y emergencia intra-hospitalario de la frontera oeste de Rio Grande do Sul. La recolección de datos fue realizada por medio de entrevistas semi-estructuradas. Se aplicó a los datos de la investigación un análisis cualitativo temático. **Resultados:** a partir del análisis de los datos surgieron tres categorías temáticas: << Pensamiento previo >>; << Pensamiento de la práctica >>; << Resultante: tomada de decisión >>. **Conclusión:** se evidencia en el relato de los enfermeros sobre el planeamiento de las acciones de trabajo un detrimento de las acciones asistenciales en relación a las gerencias. Y una constante y diversa exigencia en tomar decisiones, que tienen exclusividad en su posicionamiento. **Descriptores:** Cuidados de Enfermería; Planeamiento; Emergencia; Programación.

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INTRODUCTION

Nursing is a profession that has content and a specific form for vocational training. They subsidize the independent professional practice of the working environment but influenced by this.¹ Subsidize that in this study is post as the think/thought, which has in the nursing process, the content and form for action and making a professional decision on emergency rooms calls.

The nursing process constitutes in theorized content for instrumental development of the clinical evaluation. Moreover, this is funded by the signs and symptoms presented by patients and raised by professionals through history and physical examination.²

This capture developed in a hospital setting, whose centrality of attention is on meeting the urgent and emergency situations, requires professionals to prioritize people.³ This involves the planning and organization of work actions with their purposes execution. Execution in which there are people working for others who have, at times, the limit of life as a challenge resulting from decision making of thinking and acting.⁴ This limit transforms the process of working in emergency rooms with the inclusion of protocols and research strategies, such as Manchester. This is used by nurses to screen patients; that is after clinical assessment there is a determination of clinical severity and risk of patients' life.⁵ Implying in time that it can expect to have the assistance of other professionals.⁶

Based on this set of information, this article was elaborated with the intention to answer the guiding question: How does nursing make decisions on the call in hospital emergency? It is assumed to occur a search by the community for this service, and this produces limitations on the exercise of clinical evaluation of nursing in emergency care. Thus, this study was constructed with the aim of extracting the elements from the nursing thought applied to decision-making in the care of hospital urgency and emergency. Representative thought of consolidated materiality by reports on the work action.

METHOD

Exploratory descriptive and analytical study, performed with 32 professionals of the nursing staff of an emergency hospital care in the western border of Rio Grande do Sul. Of them, 10 are nurses and 22 are nursing technicians, selected from criteria inclusion: be linked to the institution by the first aid

sector, not acting in other sectors of the same institution or being in this sector covering other professionals on leave. Exclusion criteria were: being on leave, sick leave or on vacation during the data collection period.

Data collection was performed in the second half of 2015 through recorded semi-structured interviews during the professional work period, adapting to the availability. Before the interview, the researcher introduced himself and explained the research objectives, explaining the guarantees of constant participants in the Consent and Informed (TCLE). After the acceptance of the participant, they were asked to sign the consent form and began the interview.

After transcribing the interviews and the organization of the search database, we applied a qualitative thematic analysis. Analysis this characterized by the ability to capture the specifics of a single phenomenon from the uniqueness of each person who experiences it. Moreover, thus it brings emphasis on differential essence of the phenomenon and not only its massive observation by all being investigated.⁷

The thematic analysis consists of three stages: pre-analysis, exploration of the material and the processing and interpretation of data.⁷ At first, identify and select up data sources to ratify up hypotheses and objectives, a step that seeks the validity of the information by reading and rereading comprehensive, representative, homogeneous and relevant. The operation is the text clippings coding in record units that can be a word, a phrase, or a theme. It allows aggregating data classified into theoretical and/or empirical categories on the delimitation of the subject. The processing and interpretation of data allowed to display them as sources of scientific information in the following thematic categories: **Prior Thought, Thought of Praxis and Resultant: decision making.**

This study was established as part of the research project entitled "Management and Quality in Hospital Services" approved by the Research Ethics Committee, CAAE 34426114.7.0000.5323. It is in line with the Resolution of the National Health Council 466/12. The confidentiality of information is kept in the dissemination of results by the use of encryption: **Nur. 1** or **Tech. 1**, which is the professional and the conference number.

RESULTS

The results are shown respectively to disclose the operation of the nursing staff in

emergency care work and the development of thinking for decision making in health care.

♦ CATEGORY - Previous thinking

This category includes the reports of nursing professionals about the action planning and organization of care in hospital urgency and emergency.

In relation to how they plan their work actions, in the set of 10 (100%) nurses, 05 (50%) reported the clinical evaluation and the day's sector; 03 (30%), according to the demand and the service routine; 01 (10%), the monthly planning; and 01 (10%) do not plan the care activities, only management. The reports are:

I usually do not plan; things come, as the demand of the day. (Nur.8)

In fact, I do not plan much here, more plan part of the same management, because the technical part is not very planned. (Nur.3)

Among the 22 (100%) nursing technicians; 08 (36.36%) reported that planning is according to the routine of the unit; 07 (22.73%) described plan their activities according to the sector and the needs of the patient; 03 (13.64%) that planning depends on demand, no such plan; 02 (9.09%) plan in accordance with the priorities; 04 (18.18%) did not answer the question. Reports are observed:

We have a routine; we stayed in different areas of the emergency department (...) planning varies according to the area. If the yellow area is a kind of service, because there have interneers and external (...) observation (...) in the red area is coming. (Tech.7)

As the unit routine, which is planned by the nurse, we do what he plans. (Tech.6)

Referring to how they organize their work activities in 10 (100%) nurses; 03 (30%) reported not to organize, meet on demand; 02 (20%), following the rules of the institution, standardization and routine; 02 (20%), through the evolution sheet, the nurse and spreadsheet as priorities; 01 (10%) meetings with the team; 01 (10%), come pick up the call, looking at the patient, the folder and check with the technicians; 01 (10%) did not answer. Reports are observed:

It is coming from work; we will do. (Nur.3)

Generally organizing a routine, what to do when arriving at the unit to assume a duty, we received the call, and will see the priorities, where it needs a more immediate action, which is the most severe cases, if you have the need to do some intervention, or observe more, pending tests, a procedure to be done, an assessment. Let the most serious to least serious. (Nur.10)

Regarding the responses of nursing technicians, from 22 (100%); 07 (31.83%) responded that they are organized in pairs, according to the routine and the following POP; 06 (27.27%) according to the priorities and needs of patients; 04 (18.18%) follow a sequence, check signs, pass the signals, perform medication and hygiene; 02 (9.09%) report getting and prioritize the documentary part, and aftercare; 02 (9.09%) did not have the organization, carry out the activities as they were coming, according to the demand, and the sector; 01 (4.54%) is organized from the arrival and check what is happening around. Reports are observed:

We follow the POP depending on the area that we already have the routine specifies, just follow the routine. (Tech.11)

By priority and need, sometimes I am doing a medication, but it comes to a complication, I have to assist. (Tech.14)

♦ CATEGORY - Thinking practice

This category includes the accounts of nursing professionals regarding the enforcement actions of care in hospital urgency and emergency.

About how they perform their work activities, from 10 (100%) nurses; 06 (60%) report aspects relating to ethics in dialogue with patients; 02 (20%) the training of staff to achieve goals; 02 (20%) organization elements as time and space available; 02 (20%) as the priority of the patient; and 02 (20%) did not answer. Reports are observed:

Look whenever possible I try to go talking to people, see what is being done, so I am walking, I am talking, I am always talking and explaining. (Nur.5)

Here in the yellow area, there is a problem by having the screening we do. We do the screening and we following the medical care of the records. We try to make the organization for them [patients] are fulfilled according to need and not according to the order of arrival. This is still a problem with the old doctors. (Nur.6)

The responses of nursing staff regarding the implementation of labor actions were as follows: of the 22 (100%) nursing technicians, 11 (50%) reported performing the work action with the right techniques and according to the routine; 08 (36.36%) executed according to priority and need of the patient; 03 (13.64%) with respect to ethical issues in conducting dialogue with patients; 03 (13.64%) depending on the area / sector. Reports are observed:

As a routine, as is the protocol we follow the routine, you do not have many changes. (Tech.9)

There are several ways to perform our actions, but the main focus is always the patient. One client who has an increased risk of worsening of death in the case. We are not free to happen. We have to be alert at all times to situations that are occurring. (Tech.21)

◆ **CATEGORY - Resultant: decision-making**

This category includes the accounts of nursing professionals about the relationship between the forethought and the practice care in the hospital urgency and emergency.

In aspects of professional decision-making in ER visits, from 10 (100%) nurses; 02 (20%) reported that is the positive outcome of assurance of work activities; 02 (20%), which is to make them accurate knowledge regarding the work action and get the team's confidence; 02 (20%) reported having complete freedom to make decisions about their actions; 02 (20%), that autonomy for decision making depends on the situation; 01 (10%) refers to the listening party as focusing element to their decision-making; and 01 (10%) the autonomy to request aid in the evaluation of patients to other professionals and refer them to other units. Reports are observed:

Nurses have many decisions (...) they have to be very aware of what they are doing. They need to have a team that trusts on them and their work, so they need to pass security to them about what you are doing. These decisions often only we can take. (Nur.2)

There is a very important feature of the nurse as a leader. Left many hospital medical professionals who had enough experience, and entered a new business, then the people who are the most time, give suggestions, not saying what he has to do, but giving a hint or help in a call. I think this issue solidifies enough to nursing experience in the operating area. (Nur.10)

Of the 22 (100%) nursing technicians: 07 (31.82%) reported higher communicate on the need for decision to the situation; 05 (22.73%) held the actions only with medical authorization; 03 (13.64) reported being something very vital, because urgent and emergency actions have to be taken quickly and with the priorities; 03 (13.64), that the nursing staff does not have the autonomy to decide; 03 (13.63%), reported questioning nurses; 2 (9.09%), which work in the institution provides greater autonomy for decision-making and question the nurse

performs; and 01 (4.54%), makes decisions when the nurse is not present. Reports are observed:

Standardized routine is very vital in emergency rooms; often you are not next to the doctor or the nurse. You have to learn quickly see what action to take, the priority to do because often you do not have much time. (Tech.1)

Any decision is taken after communication to nurses, and they also take their decisions by the doctor. So it ends up creating a chain, no one makes a decision alone (...) it is a set, of course, certain things we do immediately, but always communicating. (Tech.10)

Only with medical authorization, except in an emergency, it acts as a routine. In case if I get an emergency, a stop is message monitor. (Tech.15)

DISCUSSION

Data for the previous thinking of nursing professionals indicate that there is no planning and organization of care in hospital urgency and emergency investigated. This is because none of the participants reported goals and objectives to be achieved in the work process. Nor indicate limits and possibilities relating to resources to perform the work action. It can be inferred that there is a lack of concepts inherent in this thought or that such professionals have assumed that the work process is determined by demand. Thus, this may be conditioning routine at the expense of standard protocols for the performance of work in emergency care environment since, by reporting to the organization of the actions mentioned documentary materialities and interpersonal interactions to enable such forethought in implementing the work action.

The planning of actions in nursing and health is fundamental to systematize the work process of the organizations and services. This is reflected in the quality of care for patients, as a work without prior thought tends to be short-sighted, with evergreen features.⁸ Among these, there is the spontaneous demand that inhibits the individual and team actions to increase the demands naturally, that is the fulfillment of the actions work, uninterruptedly.⁹ Therefore, the core of the health units becomes essentially curative and invalidates the previous thinking, planning and organization, service on demand.² Such thinking is mediated by experience, by integrating the team with each other and the working environment. Occurrence that allows us to understand that planning and organization are elements of the work process

that are sublimated by the characteristics of urgency and emergency service.³

It is also noted that there were no differences about the planning of care actions in the emergency room, among the professional categories, investigated. However, the organization in the reporting of both categories has some of the instruments necessary to execute the work process, including the development of nursing and procedures operative standards (POPs).

The care of people in physical frailty condition, emotional and/or social requires a complex knowledge, so the qualification for such activity takes several dimensions and responsibilities. Care management is an adherence of the nurse who must strive for excellence in service and better-working conditions.⁴ Therefore as a methodology for the implementation of the actions planned and organized, systematize nursing care is easy to identify the biopsychosocial needs of patients and promotes teamwork.⁵

Systematizing nursing care implies the realization of the nursing process which is characterized as instrumental technique registration of clinical analysis. Registration to visualize the planning and organization of work actions developed in decision-making in health care.²

In emergency care, it becomes more difficult services to nurses the completion of the nursing process as a result of the organization of care on demand record.¹⁰ Fact implied by the attitude of people seeking this service at the expense of primary care.¹¹

From the preceding, it is desirable to implement protocols that enable the professional service agility in emergency rooms.¹² It is highlighted the use of Manchester triage system as filed tool for evaluating the waiting time against the risk of death of the patient.⁵

The reports of nurses about the practice show the primacy of a professional does legitimize. To this, it is added the effort to maintain the quality of care actions by updating the professional team.

The legitimation of exposed to corroborates the manifestation of the care setting is one of the main environments for ethics training, in addition to showing up in permanent construction. Moreover, build means to promote a critical and reflective thinking about doing to obtain a result, decision-making, more accurate.¹³

Permanent construction that goes against the dynamics of knowledge and continuous action to make the experiences and

professional experiences in grants to professional qualifications. Qualification that expands the inter-exchanges to promote support for humanized care and excellence.⁴

Praxis reported by nurses presented elements of preplanning regarding the organization for the implementation of assistance measures. Such elements were marked by chronological and environmental respect, time and space. Moreover, finally brought the patient and his health condition as a determinant of care. By reports and substantiated by the frequency distribution, it became evident that nurses have a forethought in the work process in the hospital urgency and emergency. However, it leads to understanding that the planning and organization of work actions are involved in their working condition. Peeve stems from one make to another, whether other health care provider, nurse, or the patient since this is in the presence of signs and symptoms a means for nurses to identify the priority in the service.

The complexity of health facilities links the dimension of the physical structure, the quantitative professionals, the availability of material resources, among other elements.¹⁴ Dimensions that may be inebriating the professionals investigated reports mention the existence of forethought present in the praxis.

Intoxication elucidated by clinical reasoning nursing professional in research instruments adopted by the emergency care service that materializes the thought of praxis.¹⁴ There is evidence that most of the time, there is an agreement between the assessment made by the nurse of the clinical severity of the patient and the prioritization of care.¹⁵ Nurses must be prepared to decide on the relevance of certain diagnosis over the other. Thus, they can choose the care that has more significance for the patient and same patients who need this more shortly.¹⁶

It is known that the classification is dependent on the nurse-patient interaction for correct identification of the main complaint that will dictate the choice of the flowchart. The Manchester Triage System (MTS) is highlighted regarding the urgent and emergency services, by using instrumentalized in carrying out the clinical history and physical examination of the patient is based on clinical and traumatological protocols that allow nurses to determine the priority of care.⁵ This enables the increase in the efficiency of the emergency services, that is, reducing the percentage of deaths in them.¹⁷

Analysis of the resulting decision making, nurses ratifies the thought of praxis, i.e., taking the decision is an action to ensure the quality of care. Guarantee that runs through the aggregation of knowledge and the maintenance of appropriate inter-relationships. These two factors favor the professional approach by enabling the freedom and autonomy to listen and evaluate patient complaints and decide what to do. Nursing technicians showed that the decision-making in the execution of their work actions in hospital urgency and emergency requires inter-professional interactions. They highlighted the top-level professionals as support for decision-making in attendance. Another key aspect of the decision making is the time for the execution to consider the clinical severity of the patient.

The autonomy of the nurse can be defined as the power to fulfill their professional duties of the self-determined way, exercising at the same time, the legal, ethical and practical aspects of the profession.¹⁸ Exercise that takes place through professional awareness about their work on the patients' rights and the importance of multidisciplinary teamwork, among other factors. Since in the decision-making process should not be a gap between decision makers and those who put into practice. This process has to be participatory and relies wherever possible on the cooperation and involvement of all stakeholders, at all stages, especially the patient and family.¹⁹ Such involvement more than ensuring a positive prognosis, allows may flee the patient in his singularity, even in an emergency service and emergência.⁴ A home that can be conceptualized as attendance, access, troubleshooting, screening, help and listen. All these concepts involve directly in decision-making in the care of hospital urgency and emergency. Nurse embraced the forethought praxis, that is, to plan and organize the work action for its implementation does not hit in limitations. In addition to the recognition of the host by the current infrastructure adequacy movement and strengthening of human relationships, transforming the affectivity of all in motivations for the effectiveness of work.³

CONCLUSION

Reports of nurses about the planning of the work actions in attendance at emergency department show a detriment of care actions about management. Detriment strengthened in the accounts of nursing technicians who blame the nurses by the previous thought. This is central to the planning of actions with

the purpose to establish a routine for how to meet. Routine that considers the professional clinical assessment and provides equity assistance, ratified in reports about the organization of work.

The execution of the work action revealed by nurses at the thought of praxis emphasize dialogue, conversation. This is a professional instrument materialized in the history of nursing history used for clinical evaluation. Since it is considered the sense organs and the geo-space-time patient location from the theorizing of professional nursing education, to define strategies and methods compatible with the maintenance of the patient's life that are in a different degree of risk. Reports confirmed by nursing technicians to excel for the execution of work actions by established routines.

The congruence of prior thought to the practice results in decision making on call in the emergency room, where nurses report a steady and diverse requirement to make decisions, which has exclusivity in their position. Exclusivity that leads them to identify the theoretical basis of making, knowledge as essential. Also, the transposition of the isolation of professional action, requiring inter-professional confidence for collective thinking and interdisciplinary. Collective delimited by nursing technicians to indicate dialogue as a working element as a team.

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