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CASE REPORT ARTICLE

EXPERIENCE OF THE NURSING WORK PROCESS IN HIGH COMPLEXITY: A RELATED EXPERIENCE

VIVÊNCIA DO PROCESSO DE TRABALHO DO ENFERMEIRO NA ALTA COMPLEXIDADE: UM RELATO DE EXPERIÊNCIA

VIVENCIA DEL PROCESO DE TRABAJO DEL ENFERMERO EN LA ALTA COMPLEJIDAD: UN RELATO DE EXPERIENCIA

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ABSTRACT

Objective: to report the experience of the nurses' work process in the Intensive Care and Emergency Room. **Method:** qualitative, descriptive study, of the related experience type, in the discipline of Integral Health Care II, in the module of High Complexity, in a hospital of reference in emergency. **Results:** the academic experience provided the acquisition of knowledge strengthening the already existing theoretical, and technical-procedural. It also made it possible to broaden the student's conceptual vision of "being a nurse" in the construction of professional identity, with responsibility and integrated with multidisciplinary and interdisciplinarity. **Conclusion:** the insertion of the students in the health service is of great value, since it provides the addition of new knowledge and the interaction with the interdisciplinary team, adding useful experiences for the future professional performance in the emergency and urgency services. **Descriptors:** Nursing; Emergency; Vocational Education; Formative Feedback; Health; Hospitals.

RESUMO

Objetivo: relatar a vivência do processo de trabalho do enfermeiro na Unidade de Terapia Intensiva e Pronto-Socorro. **Método:** estudo qualitativo, descritivo, do tipo relato de experiência, na disciplina de Atenção Integral à Saúde II, no módulo de Alta Complexidade, em um hospital de referência em emergência. **Resultados:** a vivência acadêmica proporcionou a aquisição de conhecimentos fortalecendo os já existentes tanto teóricos, quanto técnico-procedimentais. Também possibilitou ampliar a visão conceitual que o discente possui sobre o "ser enfermeiro" na construção da identidade profissional, com responsabilidade e integrada com multidisciplinaridade e interdisciplinaridade. **Conclusão:** é de grande valia a inserção dos discentes no serviço de saúde, uma vez que proporciona a adição de novos conhecimentos e a interação com a equipe interdisciplinar, agregando experiências úteis para a futura atuação profissional nos serviços de urgências e emergências. **Descritores:** Enfermagem; Emergências; Educação Vocacional; Feedback Formativo; Saúde; Hospital.

RESUMEN

Objetivo: relatar la vivencia del proceso de trabajo del enfermero en la Unidad de Terapia Intensiva y Pronto-Socorro. **Método:** estudio cualitativo, descriptivo, del tipo relato de experiencia en la disciplina de Atención Integral a la Salud II, en el módulo de Alta Complejidad, en un hospital de referencia en emergencia. **Resultados:** la vivencia académica proporcionó la adquisición de conocimientos fortaleciendo de los ya existentes tanto teóricos, como técnico-procedimentales. También posibilitó ampliar la visión conceptual que el discente posee sobre el "ser enfermero" en la construcción de la identidad profesional, con responsabilidad e integrada con multidisciplinaridad e interdisciplinaria. **Conclusión:** es de gran valía la inserción de los discentes en el servicio de salud, ya que proporciona la adición de nuevos conocimientos y la interacción con el equipo interdisciplinario agregando experiencias útiles para la futura actuación profesional en los servicios de urgencias y emergencias. **Descriptor:** Enfermería de Urgencia; Educación Vocacional; Retroalimentación Formativa; Salud; Hospitales.

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INTRODUCTION

In order to avoid the death of patients with a serious health condition, it is essential to provide care quickly and effectively.¹⁻² However, the relevance of overcrowding, one of the health problems in all areas, weakens the service, becoming routine.³ Some authors bring a considerable aspect, in their research, in addressing the issue of the contribution of non-serious patients to overcrowding.⁴ In this sense, the lack of trust in the resolution of the Basic Health Units (BHU) was identified, in this study, which has high rates of referrals to intermediate services for resolution of health problems that can still be solved in Primary Care.⁴ Other a collaborative aspect is related to the life-span and genetic factors that drive the emergence of diseases characteristic of the capitalist model, increasing the demand for emergency and emergency services.⁵⁻⁶

Decree Num. 1600, dated July 7, 2011,⁷ reformulates the National Emergency Policy and establishes the Emergency Network for the Unified Health System (UHS), whose organization promotes the coordination and the integration of health services, aiming at the expansion of access to Urgency and Emergency services, as well as the training of professionals. Thus, it enabled a humanized, agile and timely service to the users.

Aiming at the training of Nursing students in the context of High Complexity and based on the National Nursing Curricular Guidelines,⁸ which point out that the training of the Nursing professional should be guided by attributing knowledge in health care, decision making, communication, leadership, administration and management and continuing education as general skills and abilities is what the objective of this study.

OBJECTIVE

- To report the experience of the nurses' work process in the Intensive Care Unit and Emergency Room.

METHOD

Qualitative, descriptive study of the experience report, in which are described the moments experienced in the practical classes of the discipline of Attention Integral to Health II, in the module of High Complexity, of the Undergraduate Nursing

Course of the Federal University of Rio Grande do Norte, Campus Natal, from April 20 to May 11, 2017. The field offered to learners was the Monsignor Walfredo Gurgel Hospital (MWGH) and the Clóvis Sarinho Emergency Room (CSER), a reference in the emergency of the State of Rio Grande From north.

Once in the field of practice, it was necessary to use materials for its accomplishment, being these stethoscope, the tensiometer, blue and black ballpoint pens, paper blocks, in addition to all the inputs and equipment coming from the facilities of the referred reference hospital in trauma. It is important to mention that the teachers of the discipline acted as mediators / facilitators of knowledge in this teaching-learning process.

The report is based on the use of the systematization of Nursing care and the Nursing process, added to the experience of the academics, focusing on the services of Emergency Care and Intensive Care Unit.

RESULTS

The discipline of Integral Attention to Health II, referring to the High Complexity module, has as general objective to develop, in the student, the competences that are tangent to the systematized care of Nursing in the Intensive Care Unit (ICU), as well as, in situations of urgency and emergency in the Emergency Room (ER) and the Emergency Care Unit (ECU) in order to stimulate clinical, critical, reflexive, creative and ethical reasoning.

This objective allows, the student, to acquire a new piece of knowledge that is so necessary in the training of the nurse professional, since it brings new aspects of being a nurse and also to assign him greater responsibility in directing interventions to the human needs of patients who are under the care of Nursing staff.

From this, during the practice period, the facilitators demonstrated, the importance of using the Systematization of Nursing Assistance (SNA) to carry out a standardized and quality service. Thus, seeking a satisfactory care to the patient, not leaving aside the practical skills, being these new skills learned in the discipline, as well as, skills already developed in other moments of training, thus composing the arsenal of technical-scientific students.

Also in this scope, with the practices performed in the discipline, a satisfactory interpersonal relationship was evident between the students and the professionals, who, in turn, gave their contribution in the construction of the technical and intellectual capacity of the academics. At other times, the professionals that constitute the ICU team, sought to maintain a dialogue with specific intellectual contributions of each formation, adding an aspect to the formation of the students, the interdisciplinarity. In another aspect, even with the high demand for work in the service, in front of a stocking higher than its capacity, it welcomes the students in the best possible way within its possibilities.

The first moment of the experience in the hospital health care was the Emergency Room. This sector is characterized by providing care immediately to patients who seek the service due to situations of suffering. Another aspect that should be considered is the permanence of the use of this modality of health care, of up to 24 hours. Once this time has elapsed, the individual must be transferred to another health care modality, that is, an inpatient unit,⁹ being the main gateway to hospital-based services.³

Based on what has been discussed and brought to the context of the reality experienced, the most performed activities are drug administrations, mainly intravenous, nasoenteral catheterization and bladder catheterization. However, in addition to the procedures, it was possible to understand the importance of the reasons why they took the patient to this situation or to that service, the modality of the trauma, its kinematics, its mental / social state or use of some substance, and may or may not justify the presence of some symptoms or even provide new ways of approaching therapy or changes in care.

The second moment of the experience was in the ICU, characterized by being a sector whose need demands high cults and differentiated physical space, with equipment of high technological density and multiprofessional team of quality,¹⁰ which is also intended to provide care to critical patients continuous, specialized and humanized.¹¹⁻³

On the other hand, in the ICU, when receiving patients who had already stabilized, the most frequent procedures

were related to infusion pumps, water control, gasometry collections and their readings, dressing changes, physical examination and delayed bladder catheterization. With this change in the work process, it is easy to differentiate the performance of the team, evidencing the distinctions between the two services (ICU and ER). In the ICU, it is more feasible for the nurse professional to perform the Nursing Care Systematization (SNA) satisfactorily, evaluating their results, be they positive or negative, and, thus, to adjust their behavior, due to the greater availability of time with the patient on the occasion of their hospitalization.

It is important to mention that the participation of the facilitating teachers is fundamental, since, being endowed with both theoretical, and experiential knowledge, and the fact that they teach about the proposed theme, they promote, the construction of the student knowledge, cases and clinical pictures in which there were Nursing interventions.

In addition, another point to be addressed is the multiprofessionality in the work process of health workers in the ICU, which includes the dentist, the nurse, the Nursing technician, the physician, the physiotherapist, the nutritionist, as well as the cleaning team. All these workers act within their competencies and abilities, as well as in the field of knowledge, prioritizing, thus, the health care to the patient with critical frame in which they are. Such care is tangential to asepsis, care, recovery, disease prevention and rehabilitation.

DISCUSSION

Because they are highly complex services, both the ER, and the UTI require high technological density, ie hard technologies,¹⁴ such as the defibrillator, used in cases of cardioversion and cardiopulmonary resuscitation (CPR), monitors to verify several parameters related to vital signs (VS), in an invasive and non-invasive way, mechanical ventilators with different ventilation modalities, gasometer for the measurement of arterial blood components, among many other equipment so necessary in the periodicity of the care that maintains the life of individuals in these sectors.

Because of the critical situation in which patients are present, there is a need for vasoactive drugs such as Noradrenaline, in case of hypotension, and Adrenaline used mainly in CPR, which guarantee hemodynamic balance and preserved organic functions such as blood pressure, cardiac function, among others administered in a continuous infusion pump in central accesses. Such drugs offer damage to the peripheral vessels and need to have adequate dosage. There is also the use of ventricular leads, endotracheal intubation, central venous access, among others that are classified in invasive procedures, for a monitoring and maintenance of the client with the maximum of precision.

In relation to the role of teachers as facilitators of knowledge, Souza and Paula¹⁵ say they are fundamental in the construction of the nurse's identity in the student, since reflexive practice is also one of the forms that knowledge is produced. The knowledge inherent in the profession does not rooted science, in observation, in practice and experience. The experiences during the practical learning also suffer influence of the relations with the pairs, with space, besides other aspects that help in the construction of this identity.

Interdisciplinarity also plays an influential role in the construction of the professional identity of nurses. Developing this idea, Demo¹⁶ brings the concept of interdisciplinarity as deepening through the sense of comprehensiveness, which encompasses the particularities along with the complexity of the real. In other words, it adds up to the specialties and specificities of each professional in the convergence of their actions, seeking the appreciation of the human dimension. This aspect is notorious in the context of high complexity, since it is necessary harmony of all the professionals in favor of the life of the hospitalized patient under the care of the team.

Nurses and the Nursing team, who provide care to critical patients, have importance in care, considering that it is the professional who is in direct contact with the patient, most of the time, during their prompt care or hospitalization. The care they provide varies according to the health service in which they are inserted. However, all of them do not only act in the

assistance, but also go through the bureaucratic and organizational services of the sector.

Among the services, are listed the management of the Nursing team, the preparation and administration of medications and the rigor in relation to the records, evidencing the realization of the nurse's private techniques, such as the passage of probes (relief and delaying vesicles, nasoenterals, nasogastric), dressings in central catheters, among others. In this context, leadership is an important aspect in the Nursing work process, considering that the nurse must observe the team and coordinate. However, this requires knowledge of how the practices should be performed to achieve a good objective, that is, efficient assistance, with the reduction of errors.¹⁷

Among the highlights that make the work environment more sociable in intensive care units is the the interpersonal relationship, which can be understood in the sense of understanding the motivations and intentions and desires of other individuals.¹⁸ Among these relationships are those of the nurse and physician, which, according to research, is one of the most important relationships in the generation of this quality of service, bringing benefits not only to the team, but also to patients who will be served in a coherent way, once there was communication between the multiprofessional team.¹⁹ During the practice, it was easy to perceive the importance of this communication, because the quality assistance must be continuous and well planned, in order to be effective.

With regard to ER, due to a great demand for drug preparations and, above all, the stress that the environment itself attracts, it is not very difficult to occur errors involving the administration of the same, at any stage, from prescription to the app. In order to avoid these types of errors, the National Agency for Sanitary Vigilance²⁰ recommended the nine that were correct that are summarized in the information necessary for the practice, which would be the identification of the patient (name and date of birth); medication; route of administration; prescribed time; dose; administration record; correct orientation; form, and right response. In the meantime, the nurse has the role of supervising and

ensuring the achievement of the right nine absolutely.

In the ICU we find one of the most common problems in patients with prolonged hospitalization: the pressure lesion characterized by Nanda,²¹ due to disruptions and destruction of the skin layers. In this context, the homeostasis of the patient may oscillate due to the physiological, organic and in the hospital environment itself. Therefore, it is necessary to increase care with the help of monitoring and the control of its evolution by the team. It is notorious that the team must take other precautions to avoid or reduce risks related to ICU hospitalization, such as risks of infection, medication errors and in-hospital falls.

Another aspect that should be taken into consideration is the health context in which the field frequently passes, since, being a hospital of reference in traumatology, it ends up receiving patients from all the State, which, sometimes, ends up overloading the service health, impacting on the increase of the workload of all the professionals of the health institution. This circumstance has two possibilities. The first one is related to the richness of the field, because it has different frames and unique contexts of each individual, amplifying the experiences of the students; and because it is weakened by the high demand and difficulties as the lack of materials, which further reinforces the social commitment of a professional nurse who is forming in the figure of the student, since it is stimulated to do the best with what one has, the best possible Nursing care.

At this juncture, it is evident by a large number of extra beds located in all viable environments in reference to the ER. However, the professionals try, their best, to perform their duties, serving everyone, in the best possible way.

In the ICU, because of physical limitations and technological apparatus, the beds remain in fixed numbers, since, in order to open beds, the regulations must be followed. In this way, the patient is assisted in the most efficient manner, since the number of professionals is sufficient for the number of beds present.

CONCLUSION

In view of this, it was possible to report the experience of Nursing students in the

experience of practical classes in a context of an emergency reference hospital, in all its aspects, being these structural and functional. It was possible to understand that the nurse is one of the professionals who are essential in the care process in the ambience of high complexity, as well as the other professionals of the team, for, the interdisciplinarity, is inherent, in this context, that seeks in the labor relations, to maintain the dialogue among the professionals, who contribute, in their field of action and knowledge, thus sharing the same aspects in terms of knowledge with the other components of the team.

Participating in these moments make the students more prepared for the professional activity they will carry out in the future, since it also contributes to the construction of the professional identity by impressing on them the will and the social commitment for which they are being formed.

Through the students' experience, it was evident the importance of practical activities during the discipline of Integral Health Care II. The multidisciplinary interaction should be highlighted in this aspect, since it was present throughout the period. In addition, the constant encouragement and encouragement of the tutors were of paramount importance for the group's success in carrying out all the proposed activities.

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