OBSTACLES IN SAMU PRE-HOSPITAL CARE: NURSES' PERCEPTION

ENTRAVES NO ATENDIMENTO PRÉ-HOSPITALAR DO SAMU: PERCEPÇÃO DOS ENFERMEIROS ENTRAVES EN LA ATENCIÓN PRE-HOSPITALARIA DEL SAMU: PERCEPCIÓN DE LOS ENFERMEROS

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ABSTRACT

Objective: to verify the existence of difficulties in the care by the SAMU in the nurses' perception. **Method:** qualitative, descriptive, exploratory study, developed in SAMU. Six nurses belonging to the SAMU prehospital care team (PHC) were interviewed. Data was analyzed using the Content Analysis technique in the Categorical Analysis modality. **Results:** after the data analysis, the thematic categories "Dissatisfaction with Management"; "Difficulties with the Central of Regulation"; "Absence of periodicity in the maintenance of ambulances" and "Ignorance of the population about the function of SAMU" emerged. **Conclusion:** the study addressed important aspects related to the difficulties encountered in an emergency and prehospital emergency service in the nurses' perception. Managers should have attitudes based on the promotion and maintenance of equipment used by health professionals, invest in the service and its servers as well as in the information and knowledge of its users so that there is quality and safety in the relief procedures. **Descriptors:** Emergency Medical Services; Ambulances; Nursing; Perception; Emergency Nursing; Emergency.

RESUMO

Objetivo: verificar a existência de dificuldades no atendimento do SAMU na percepção dos enfermeiros. **Método:** estudo qualitativo, descritivo, exploratório, desenvolvido no SAMU. Foram entrevistados seis enfermeiros pertencentes às equipes de Atendimento Pré-Hospitalar (APH) do SAMU. Os dados foram analisados pela técnica de Análise de Conteúdo na modalidade Análise Categorical. **Resultados:** após a análise dos dados, emergiram as categorias temáticas "Insatisfação com a Gestão"; "Dificuldades com a Central de Regulação"; "Ausência de periodicidade nas manutenções das ambulâncias" e "Desconhecimento da população a respeito da função do SAMU". **Conclusão:** o estudo abordou aspectos importantes relacionados às dificuldades encontradas em um serviço de urgência e emergência pré-hospitalar na percepção dos enfermeiros. Os gestores devem ter atitudes baseadas na promoção e manutenção dos equipamentos utilizados pelos profissionais de saúde, investir no serviço e em seus servidores como, também, na informação e conhecimento de seus usuários para que, assim, haja qualidade e segurança nos procedimentos de socorro. **Descritores:** Serviços Médicos de Emergência; Ambulâncias; Enfermagem; Percepção; Enfermagem em Emergência; Emergências.

RESUMEN

Objetivo: verificar la existencia de dificultades en la atención del SAMU en la percepción de los enfermeros. **Método:** estudio cualitativo, descriptivo, exploratorio, desarrollado en el SAMU. Se entrevistó a seis enfermeros pertenecientes a los equipos de Atención Pre hospitalaria (APH) del SAMU. Los datos fueron analizados por la técnica de Análisis de Contenido en la modalidad Análisis Categorical. **Resultados:** después del análisis de los datos, emergieron las categorías temáticas "Insatisfacción con la Gestión"; "Dificultades con la Central de Regulación"; "Ausencia de periodicidad en el mantenimiento de las ambulancias" y "Desconocimiento de la población respecto de la función del SAMU". **Conclusión:** el estudio abordó aspectos importantes relacionados con las dificultades encontradas en un servicio de urgencia y emergencia pre hospitalario en la percepción de los enfermeros. Los gestores deben tener actitudes basadas en la promoción y mantenimiento de los equipos utilizados por los profesionales de la salud, invertir en el servicio y en sus servidores como, también, en la información y conocimiento de sus usuarios para que, así, haya calidad y seguridad en los procedimientos de socorro. **Descriptor:** Servicios Médicos de Urgencia; Ambulancias; Enfermería; Percepción; Enfermería de Urgencia; Urgencias Médicas.

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INTRODUCTION

It is known that the accelerated growth of the population, brings with it, particularities that directly affect health and life in society since, coupled with this growth, there is also an increase in crime, high levels of violence, accidents and deaths, being these are some characteristic obstacles of a contemporary society that end up making individuals vulnerable to the various situations that put them at imminent risk of life. Thus, there is an inevitability to expand the demand for health services, especially emergency and emergency services, to act as survival strategies for the general population.¹

In this perspective, the National Policy on Emergency Care (NPEC) is designed to minimize the high mortality rates coming from emergency situations that affect individuals and must be treated with skill and responsibility in the care of various life situations and health. This policy was created through the Ministry of Health with the publication of Administrative Rule num. 1883 / GM, on September 23, 2003, being introduced as a device to regulate and guide urgent and emergency care both in the prehospital setting, as hospital providing improvements and guaranteed better quality of life for all Brazilians.²

It can be seen that in several countries, the integration of mobile prehospital care (PHC) services into health systems is incipient, as is the case in Brazil, where these services are still being structured. It is possible to identify, worldwide, several organizational models applied to these services with different teams in which professionals of divergent formations perform functions that vary according to the models of PHC adopted, which are influenced mainly by the American and French models.³

Within this segment, the Mobile Emergency Care Service (SAMU), implemented in Brazil in 2003 and following the model of French origin for Prehospital Care (PHC), is the main component of the NPEC, which is of great population importance and aims to provide relief to the victims at the place of occurrence, contributing to a reduction in the number of deaths, hospitalization and injuries resulting from a lack of immediate care.⁴ It is a complex, with a large social representation, created to provide pre-hospital medical care and, depending on the severity of the situation, the patient can leave the home, the public road or the basic health unit and be referred directly to the referral hospital.⁵

It is observed that, in Brazil, the SAMU composes the transport in health of people in

situation of urgency and emergency. Constituted by a health team comprising doctors, nurses, nursing technicians and first aid drivers, with their functions determined by Portaria no. 814, dated 06/01/01, and no. 2,048, dated 11/11/02, their access can be obtained free of charge, by telephone, by the number 192. This service receives requests for the assistance of citizens "affected by acute health problems of a clinical, psychiatric, surgical, traumatic, obstetric and gynecological nature".⁶

It is understood that, despite the recommendation that every 400 to 450 thousand inhabitants there is at least one ALS unit and every 100 to 150 thousand there is at least one BLS unit, there are regional differences with respect to the composition of the teams and distribution of emergency support resources in the national territory.³ However, SAMU is currently present in 3,049 municipalities in the country, with the majority concentrated in the Northeast and South regions, with an estimated coverage of 76 , 28% of the population by 2015, that is, more than 155 million inhabitants.⁷

It is argued that SAMU undoubtedly plays a crucial role in enabling early care to victims of health hazards of a variety nature and ordering care flow. However, the emergency and urgency sector in Brazil is still considered deficient and problematic given the difficulties of implementing UHS organizational guidelines in this field. Pressures and demands on these services in recent years have increased, mainly due to demographic, epidemiological and social changes.⁷

It is necessary, in this sense, for care to be promoted in an efficient and higher quality way, for SAMU to possess material and human resources at its disposal. The qualification of the professional who is part of the prehospital care team, before procedures and protocols, will also define success in the care of the victim.⁸

It is recommended that, among the professionals who are part of the SAMU team, the nurse, in addition to playing a fundamental role during the prehospital care, acting in the life support, also develops management actions that contribute to the care be provided with safety and agility. It seeks subsidies for the excellence of the professional doing, participating and coordinating procedures that aim to stabilize the clinical picture of the patient, performing their transportation, so that it receives a definitive treatment, in order to minimize possible side effects to the client.⁹

It is believed that, in view of this, it is indispensable to discern possible difficulties that may be affecting the quality and success of SAMU care to the population, from the perspective of the professionals that make up this service, more specifically, in this study, of nurses. Considering these facts, this study sought to answer and had, as a guideline, the following guiding question: What possible difficulties exist in the SAMU that may harm PHC in the nurses' perception?

OBJECTIVE

- To verify the existence of difficulties in the attendance of the SAMU in the perception of the nurses.

METHOD

This is a qualitative, descriptive, exploratory study developed in the SAMU of a Brazilian municipality in the interior of the State of Piauí, in a region considered to be a commercial center in south-central Piauí. The service selected for this study was to develop integral care and to be one of the most important health services offered to a population of approximately 80 thousand inhabitants.

The sample was composed exclusively of nurses belonging to the professional staff of the pre-hospital care teams (phc) of the municipal SAMU that were selected after meeting the inclusion criteria (professional nurses, who acted effectively and for more than one year in the Mobile Emergency Service - SAMU). The exclusion criteria are nurses who have been away for vacations, medical leave or other.

The data was collected during the month of January, 2017. Data were collected through a semi-structured interview with questions about sociodemographic conditions (sex, age, marital status), professional category and specific issues service and work routine at SAMU. The instrument used was designed in order to contemplate the objectives of the research, being previously submitted to a pre-test for the analysis of the structural clarity.

Interviews were recorded on digital media, and soon after, they were transcribed. The data were analyzed by means of the Content Analysis Technique, in the category of Categorical Analysis, by Bardin, which allows us to identify meanings that enable us to construct the so-called coding units that later form the categories of the study.¹⁰

The analysis was carried out in three stages arranged as follows: pre-analysis, material exploration, treatment and interpretation of

the results obtained. In the pre-analysis, the floating data reading is performed. The exploration of the material occurs by means of exhaustive reading in order to identify the most significant expressions, thus appearing the modalities of codifications. And in the treatment and interpretation phase of the results obtained, the coding modalities, already defined, are analyzed and interpreted. The chromatic analysis was used to organize and analyze the data.

The ethical aspects were based on National Health Council Resolution 466, of 2012. The anonymity of the participants was preserved using the following coding to identify them: abbreviation Enf. (nurse) followed by cardinal number in ascending order by order of interview (Enf.1, Enf.2, Enf. 3 ... etc). The research began with the approval of the Research Ethics Committee of the State University of Piauí (UESPI) under the Certificate of Presentation for Appreciation CAAE nº 6893317.0.0000.5209. This research had the consent of the person in charge of the institution by means of the signature of the Institution Consent Term (ICT) and all the participants were explained the objectives, risks and benefits of the study, as well as the signing of the Free and Informed Consent Term (FICT).

RESULTS

Six nurses from the SAMU were selected to participate in the study. Regarding the sex, of the six Nursing professionals, four were female and two, male, being three married and three unmarried, aged between 26 and 35 years. With regard to the form of admission to the service, all were hired and contained a work day of 24 hours per week divided into a scale of 12 hours of work for 36 hours of rest. The duration of the PHC ranged from one to four years and all had, besides the PHC course, other courses such as: Basic Life Support (BLS); Pre-Hospital Life Support in Trauma (PHTLS); Advanced Cardiology Life Support (ACLS) and Aeromedical Care.

It is stated that, after analyzing the data, four thematic categories emerged: Dissatisfaction with Management; Difficulties with the Regulation Center; Absence of periodicity in the maintenance of ambulances and Ignorance of the population regarding the function of the SAMU.

DISCUSSION

Insatisfaction with management

In most interviews, the idea of dissatisfaction with Municipal Management

was seen. In many statements, it was evidenced that management is a factor that makes it difficult to perform SAMU service, as can be seen in the following statements.

The complaints are more institutional, at the secretarial level [...] the lack of resources or some political disagreement is that it delayed the coordination service. [...] they do not manage, they are not managers who understand the service. They are managers who have never stepped into the service [...] and are in charge of a health department [...]. (Nur.3)

I do not really like the management because, if the ambulance breaks, it goes two weeks broken. [...] Often, we take out our own pocket for the ambulance to work again [...]; the ambulance to because of a flat tire [...]; we say, "My God, it's a life!" [...] We spent Christmas and New Year without an ambulance running. (Nur.4)

So, here it is very difficult for us to achieve something, salary improvements, ours! It is also almost impossible [...] management here forgets a lot, it leaves a lot of SAMU aside. Nur.5)

It is noteworthy, from the transcribed lines, that it is visible how the nurses working at SAMU are not satisfied with the coordination form of Municipal Management. Several elements are important during the work process in the SAMU and the management composes one of these elements because it directly influences the work process.

It is understood that in SAMU, as in any other institution, it is fundamental to have a management that manages, organizes the service and works for a common goal. The role of management is the functionality and development of the service in order to provide material, financial and human resources. Its function is to assess the needs of the service and seek to promote improvements.¹¹

In this way, it is important to have dialogues between managers and all the staff of the institution, as this will help in making decisions, in knowing the deficits of the environment, in verifying the need for improvements in the service and, consequently, in providing a service suited to its tasks and that promotes, with quality, the needs of the population. When there is disagreement, it reflects negatively on the quality of care and the satisfaction of the professional. The form of hiring and remuneration of the professionals, for example, is something that involves the satisfaction of the same and, therefore, will reflect in the results of the work.

It is noticed, by the means of the speeches, that the professionals put in evidence the fact that it takes a long time to achieve something, when they can and believe that there is an oversight with service since, often, the service does not occur by a simple flat tire on the ambulance.

Difficulties with the Regulation Center

It is exposed that the individuals in the study report that the delay in getting in touch with the regulation of the service is another factor that hinders the work of the SAMU, as reported below.

The regulation is no longer made here, the regulation is now in Teresina, has changed and is even ... a difficulty that we find by this regulation to be in Teresina. It was very troublesome for us here. It takes a lot of time / response, which is the time to request and to arrive until the patient's care. (Nur.1)

[...]we are arriving at the places of occurrence and then the relatives of the patients already come with four stones in their hands to play in you complaining that you delayed ... the patient died because we delayed, that calls the 192 and it is I need to call one, two, three times because no one answers the first time. Here, in Picos, the phone never gave a BIG more than once for us to attend [...]. (Nur.5)

What happens when the regulation was here in Picos, besides the address, also took the name of the patient, the person who called also and a reference point. In Teresina, they are not doing this [...] many times, we find it difficult to find the address, we go round that neighborhood, that place nearby, searching, asking the people in the street [...]. (Nur.6)

It can be clearly seen, through the statements mentioned by the nurses in the sample, a dissatisfaction with the Regulation, specifically because it was transferred to the capital, Teresina. This change brought with it factors that are causing inconvenience for both the applicant and the user, as well as for the institution's professionals, as well as impairing the effectiveness of the SAMU service and, also, for the vulnerability of the service's trust.

It is noted that many studies were not found to bring communication with the central regulation as a point of difficulty. Perhaps because, at present, most cities that have the Mobile Emergency Care Service contain their own regulation or because the difficulties experienced were not the main research objectives of the studies found. It is clear, however, that a study was carried out at the headquarters of the SAMU team in a city in the central region of Rio Grande do Sul

(RS), whose objective was to know the main difficulties experienced by the health team working in a service of mobile emergency service in the perception of the nursing team, where the same problem was evidenced. Among the difficulties mentioned by the Nursing team are: the delay of the contact of the user (population) with 192; the response time; the lack of proper regulation; the delay in regulation and little collaboration of superiors.⁴

It is known that in every service, it is crucial that all the multiprofessional team has a good interaction, that looks for mechanisms that can, in a way, help to provide a quality service for its clients and, in the mobile service, the urgency does not could be different. It is essential that all the team that compose the service work together, integrated, that is cohesive, that works in a mutual way, because, in this way, it will produce a service with greater viability of satisfaction and confidence on the part of who uses and who composes it. If this occurs in a different way, it directly interferes with the purpose of the service provided.¹²

It is demonstrated that communication between the Nursing team and the Regulation Center is of great value and should be clear and objective in order to ensure a correct description of the clinical findings, as it is crucial to subsidize medical conduct.¹³ They say that the dialogue between all those that make up the SAMU is one of the fundamental competences so that the whole multiprofessional team carries out its work with responsibility and efficiency, consequently, making the environment organized and with quality.¹²

It is noted that emergency care needs attention, care, technical competence, respect and preservation of people's rights, as they are essential care for the preservation and maintenance of life in times of urgency, panic and fear. Therefore, this service needs trained professionals to provide assistance to the population in the various emergency situations and the multiprofessional team must have a good relationship, a good communication to perform better in their work.¹⁴

Absence of Periodicity in Ambulance Maintenance

In interviewing, it was evidenced that, when questioning how maintenance was performed and periodicity, the study subjects mentioned that there was a flaw in relation to this service, since such maintenance does not occur according to the ordinances governing that service and this impairs the performance

of SAMU in performing the service to the users in a safe and with quality.

[...] the maintenance of these ambulances are being done only according to the need. You're waiting to break so you can do something.. (Nur.1)

Here, we have problem related to this because it does not have [...] this service it is not routine of fixing the ambulances. [...] there, when it's breaking, they're fixing it, so there's no routine [...]. (Nur.2)

[...] there are two types of maintenance, the corrective, which is when breaking, and the preventive, which is to avoid breaking. [...] only those who in our service sometimes feel a certain lack of preventive maintenance, sometimes there is no routine [...] and always when going to the repair is to correct some mistake. (Nur.3)

Zero maintenance! (laughs). They were even willing to return the transfers to Teresina, but if you have everyone, you will say that you will not because the ambulance does not even arrive in Valença do Piauí. (Nur.4)

The indignation of the professionals in relation to the ambulance maintenance service is clearly observed in the analysis, since the subjects mention that only repair is performed when the vehicle breaks down and this makes the operation of emergency services impossible.

This difficulty was also mentioned in a study carried out in Santa Catarina, Brazil, in which the research subjects pointed out that more than 40% of the municipalities did not have a specific maintenance contract for the mobile units and that the SAMU coordinators of the city where it was performed the research justified that this problem occurs because there is a lack of municipal interest in having a contract of permanent maintenance of the fleet, as well as lack of autonomy to act with the municipal management and to deal with all the bureaucratic process that manages the SAMU in the State. In the study, we also identified a municipality with an ambulance that had been in maintenance for a month, and in others, it had been arriving for about four months. Basically, in all stations, the daily reports of the radio operators indicated that there was at least one ambulance stopped or under maintenance.¹⁵

It is recalled that the maintenance of the mobile units is a difficulty due to maintenance contracts, generally permeated by bureaucratic and administrative obstacles of management at the level of Health Department. The availability of ambulances is variable in different locations, with obvious difficulties for maintenance which makes it

difficult or even impossible for professionals to carry out their work, creating difficulties for all who depend on the service.¹⁵

It is considered that guaranteeing increasingly safe, qualified and efficient response time is one of the tasks of the Mobile Emergency Response Service. Given the great demand, the frequency of corrective and preventive maintenance of ambulances is fundamental. The absence of these maintenances directly implies the work that SAMU offers, since it is through BSU and ASU that the team of professionals makes the occurrences and it is in them where the whole apparatus of the user occurs until arriving at the place of reference.

Lack of knowledge of the population about SAMU's role

It is presented that the subjects of the research sample refer that the population is not aware of the real function of the SAMU and, thus, ends up activating the service for occurrences that are not incumbent of this type of service, since, in most cases, they are clinical cases that should be resolved in Health Posts, in a basic care service. Such problem was evidenced in the following lines.

The staff also have a lot of mind when it comes to regulation, they say that the patient has something, and when you get there, it's something else. Sometimes it gets there and it's bullshit, it's a FHS service. The staff still not so, as I can speak, they are still not understood about what an emergency and emergency service is and what is a basic service that already comes as a difficulty. (Nur.1)

[...] the population that does not yet know what a SAMU is, they think that SAMU is taxi. (Nur.4)

The question of population is that they do not understand what a SAMU is. (Nur.4)

Calling SAMU for basic services creates difficulties for those who are really in need of an emergency service. (Nur.6)

It is revealed, through the reports, that the professionals find difficulties in the operation of the SAMU and the assistance to the population due to the lack of knowledge of the population on the function of the emergency service in public health. They mention that the lack of knowledge of the population regarding the real function of the mobile service impairs the service delivery to patients who are really in need, who are truly in an emergency situation, as they often cause unnecessary ambulances to assist people without imminent risk of death.

These data are similar to a study carried out in Porto Alegre, capital of Rio Grande do Sul (RS), Brazil, where the same problem was

evidenced by the fact that most SAMU users consider the service as an ambulance center, a passport to reach an emergency room, uses as a means of fast resolution of clinical conditions that are not consistent with the technical standards of prehospital mobile urgency. SAMU does not have the capability to transport sick patients, but to serve patients who need emergency care because they are at risk of permanent injury if they do not get a fast, safe or life-threatening service.¹⁶

It is demonstrated that the population improperly uses the service simply as a means of transportation and easier access to the health system or to solve social and health demands that are not emergency and / or emergency situations.¹⁷ Emergency services are often chosen by the population as a gateway to the UHS due to their rapid care characteristics and complete professional staff, including specialists in fixed units of care, examinations, prescription of immediate treatment and access to services of greater complexity, such as hospitals, when necessary. This type of situation happens due to the fact that health users are often not informed or even clarified about which health service to seek and, therefore, end up choosing care that they believe is the most appropriate for the problem they are passing in the moment.¹⁶

It is understood that the population seeks services that offer service advantages such as speed, use of free transportation, security, shorter distance traveled, quality, easy access to other services and service hours. And, for her, SAMU represents all of this, since it enables the provision of effective relief and, in a short time, the contact with different services, comfort and safety in transportation, as well as regulating the user's access to the health system.¹⁸

It is known that there are factors that predispose people to seek SAMU even in non-emergent situations such as a simple fever, stomach pain or excessive intake of alcohol. It is also important to emphasize that when the applicant contacts the SAMU, even if the situation is not in the emergency criteria and, therefore, a rescue team is not sent, the professionals never fail to show interest, to know more about what is happening and thus guide the users, which can be an important factor to justify the demand for calls / requests to the service. Another pretext that seems to motivate is the user's "diagnosis" in qualifying a health care as urgent, but that the Medical Regulation Center does not identify how this type of situation.⁴

It is explained that the conception of urgency is, in most cases, distinct between users and health professionals. For professionals, defining a situation as an emergency goes according to the severity of the case, the clinical analysis. Already for users, they usually define an emergency situation from signs and symptoms such as a simple pain, for example.¹⁶

This type of situation was also found in the SAMU study in Porto Alegre, RS, where 72.3% of users attended for various clinical situations were referred to a health service. Of these, 49.4% were transported to hospitals and 20% to emergency care units. However, only 3.7% of these users fit the criteria of Mobile Prehospital Urgency, such as cases of urgencies of severe degree.¹⁶

It is thus perceived that people's demand for such mobile pre-hospital care is driven by the efficiency and resolution in the care provided, being able to transport the patient to a service that suits their needs at no cost to locomotion.

It is recommended that the quality of SAMU's action should take into account specific aspects of the assistance offered, from the dynamism of teamwork, taking into account the interpersonal relations team-team, team-management, team-coordination, team-public, to the qualification of this team as well as the material and technological resources that must be disposed according to the current legislation, with well-functioning ambulances, equipped with good quality materials, besides the existence and accessibility of routines and standards updated and adapted to the reality of the working with an effective tool in the work of the multiprofessional team.¹⁵

Therefore, it is essential that the interaction between the managers, the multiprofessional team and the population is essential to overcome the obstacles and to ensure that the service provided is of a quality both for the team of professionals involved in the services and for the applicants. An active management, with a qualified team, a unit with the necessary resources and an informed population about the criteria of use of the service, can improve the performance of SAMU and resolve the obstacles of prehospital care.

CONCLUSION

Through this study, very important aspects related to the difficulties encountered in an emergency department and prehospital emergency in the nurses' perception were

discussed. Factors such as dissatisfaction with management, difficulties with the central regulation, absence of periodicity in ambulance maintenance and lack of knowledge of the population about the SAMU service are striking and raise the need to address more about these obstacles in order to achieve improvements and remedy any such problems and / or futures that may occur and which may adversely affect victims'.

It is hoped, in this sense, that the difficulties revealed by this research, in the functionality of the SAMU, open paths for the development of focused interventions in order to: promote better communication with managers, in an attempt to improve working and salary conditions and , therefore, professionals more satisfied and committed to the service; fast access to call centers allowing faster and more efficient service; to carry out periodic maintenance of ambulances and, thus, to avoid more victims, as a result of scrapping and mechanical failures, always preserving the life of the professionals and patients who use them as a means of attendance and working health education aimed at the knowledge of the population to respect to this service, such as routine, purposes, functionality and types of service offered, in order to reduce the number of requests and unnecessary trips of the service.

It is concluded, therefore, that it is extremely important to identify factors that impede the good functionality of health services, in particular, for essential services for the population, at present, such as SAMU. Managers should have a differentiated look and attitude based on the promotion and maintenance of equipment used by health professionals, invest in the service and its servers as well, not least, in the information and knowledge of its users so that, there is quality, safety in the rescue procedures, assurance of proper functioning and service delivery when really necessary to the population.

It is noteworthy that, although SAMU has fifteen years of its implantation in national territory, it is still considered a recent service. Therefore, it is suggested that new research be developed in order to identify potential difficulties and problematizations that hamper its functionality in order to develop strategies for improvement and relevance, connecting the victims with the resources that are indispensable to them at the time of the rescue and with the as soon as possible.

REFERENCES

1. Bernardes A, Ramos BM, Betela Júnior J, Paiva PN. Nurse supervision in the pre-hospital mobile attendance: the nurse aid view. *Ciênc Cuid Saúde*. 2009 Jan/Mar;8(1):79-85. Doi: <http://dx.doi.org/10.4025/ciencucuidsaude.v8i1.7778>.
2. Luchtemberg MN, Pires DEP. Nurses from the Mobile Emergency Service: profile and developed activities. *Rev Bras Enferm*. 2016 Mar/Apr;69(2):194-201. Doi: <http://dx.doi.org/10.1590/0034-7167.2016690202i>
3. Pai DD, Lima MADS, Abreu KP, Zucatti PB, Lautert L. Teams and working conditions in mobile pre-hospital care services: an integrative review. *Rev Eletrônica Enferm*. 2015 Oct/Dec; 17(4). Doi: <http://dx.doi.org/10.5216/ree.v17i4.31522>
4. Silva DS, Bernardes A, Gabriel CS, Rocha FLR, Caldana G. The nurse's leadership within the context of emergency care services. *Rev Eletrônica Enferm*. 2014 Jan/Mar;16(1):211-9. Doi: <http://dx.doi.org/10.5216/ree.v16i1.19615>.
5. Araújo MT, Velloso ISC, Alves M. Everyday practices of professional in the mobile emergency servisse. *REME Rev Min Enferm*. 2017;21:e-1042. Doi: <http://dox.doi.org/10.5935/1415-2762.201.20170052>
6. Alves M, Rocha TB, Ribeiro HCTC, Gomes GG, Brito MJM. Specificities of the nursing work in the mobile emergency care service of Belo Horizonte. *Texto contexto-enferm*. 2013 Jan/Mar; 22(1):208-15. Doi: <http://dx.doi.org/10.1590/S0104-07072013000100025>
7. Teles AS, Coelho TCB, Ferreira MPS, Scatena JHG. Mobile Emergency Care Service (SAMU): underfunding and regional inequality. *Cad Saúde Coletiva*. 2017; 25(1):51-7. Doi: <http://dx.doi.org/10.1590/1414-462X201700010188>
8. Novack BC, Silva JR, Domelles C, Amestoy SC. The difficulties experienced by nursing professionals in prehospital. *Rev Gestão & Saúde*. 2017 Sept; 8(3):453-67. Doi: <http://dx.doi.org/10.18673/gs.v8i3.24229>
9. Giordani JN, Bisogno SBC, Silva LAA. Percepção dos enfermeiros frente às atividades gerenciais na assistência ao usuário. *Acta Paul Enferm*. 2012;25(4):511-6. Doi: <http://dx.doi.org/10.1590/S0103-21002012000400005>
10. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2011.
11. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Atenção Especializada. Manual instrutivo da Rede de Atenção às Urgências e Emergências no Sistema Único de Saúde (SUS) [Internet]. Brasília: Ministério da Saúde; 2013 [cited 2018 June 05]. Available from: http://bvsmis.saude.gov.br/bvs/publicacoes/manual_instrutivo_rede_atencao_urgencias.pdf
12. Santos MC, Bernardes A. Communication of the nursing team and its relationship with management in health institutions. *Rev Gaúcha Enferm*. 2010 June; 31(2):359-60. Doi: <http://dx.doi.org/10.1590/S1983-14472010000200022>
13. Silveira CLS, Lima LS. Training of nursing technicians/assistants in mobile pre-hospital healthcare: results from nursing records. *Acta Paul Enferm*. 2009 Sept/Oct;22(5):679-85. Doi: <http://dx.doi.org/10.1590/s0103-21002009000500013>
14. Resende VD, Moraes DA, Mota PA, Araújo RM, Avelino RP, Henriques TRP. Occurrences of traffic accidents registered by the mobile emergency service in Belo Horizonte. *Rev Enferm Cent Oeste Min*. 2012 May/Aug; 2(2):177-94. Doi: <http://dx.doi.org/10.191775/recom.v0i0.187>
15. Ortega AMB, Lacerda JT, Natal S, Calvo MCM. Evaluation of the Mobile Emergency Care Service in Santa Catarina State, Brazil. *Cad Saúde Pública*. 2016 Dec; 32(12). Doi: <http://dx.doi.org/10.1590/0102-311x00176714>
16. Abreu KP, Pelegrini AHW, Marques GQ, Lima MADS. Users' perceptions of urgency and reasons for using the mobile pre-hospital care servisse. *Rev Gaúcha Enferm*. 2012 June; 33(2):146-52. Doi: <http://dx.doi.org/10.1590/S1983-14472012000200021>.
17. Ribeiro LB, Silveira CP, Castanheira CHC. Nurses' Roles in Mobile Prehospital care in Brazil: integrative review. *J Nurs UFPE on line*. 2015 Aug;9(8):8882-9. Doi: <https://doi.org/10.5205/1981-8963-v9i8a10674p8882-8889-2015>
18. Dall'agnol CM, LimaMADS, Ramos DD. Factors that interfere in user access to a basic health care outpatient clinic. *Rev Eletrônica Enferm* [Internet]. 2009 [cited 2018 June 12]; 11(3):674-80. Available from: <http://www.fen.ufg.br/revista/v11/n3/v11n3a27.htm>

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