



**NURSING SKILLS IN EMERGENCY SERVICES**  
**COMPETÊNCIAS DO ENFERMEIRO NOS SERVIÇOS DE EMERGÊNCIA**  
**COMPETENCIAS DEL ENFERMERO EN LOS SERVICIOS DE EMERGENCIA**

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**ABSTRACT**

**Objective:** to analyze the competencies required by the nurse for the host with risk classification in the emergency services. **Method:** integrative review with search in the LILACS database, BDENF and in the SCIELO virtual library, of articles published between the years of 2013 to 2017, the scientific productions were submitted to the Thematic Analysis and presented in figure form. **Results:** 18 articles were selected that resulted in the categories "Nurses competencies in risk classification" and "Influencers of the WRC process". **Conclusion:** it is concluded that an effective strategy to reduce the gap in the professionals' unpreparedness and the fragility of the WRC flow is to invest in the training of nurses since graduation through situations-problems that approach the reality that will be experienced in care practice. Thus, the nurse will have the opportunity to develop the critical sense concomitant with the skills and abilities necessary for effective and resolute care. **Descriptors:** Enfermagem Nursing; User Embracement; Professional Competence; Nurses; Nursing; Research.

**RESUMO**

**Objetivo:** analisar as competências necessárias ao enfermeiro para o acolhimento com classificação de risco nos serviços de emergência. **Método:** revisão integrativa com busca na base de dados LILACS, BDENF e na biblioteca virtual SCIELO, de artigos publicados entre os anos de 2013 a 2017, as produções científicas foram submetidas à Análise Temática e apresentadas em forma de figura. **Resultados:** selecionaram-se 18 artigos que resultaram nas categorias "Competências do enfermeiro na classificação de risco" e "Influenciadores do processo de ACCR". **Conclusão:** conclui-se que uma estratégia eficaz para diminuir a lacuna do despreparo dos profissionais e a fragilidade do fluxo do ACCR é investir na formação do enfermeiro desde a graduação por meio de situações-problemas que o aproximem da realidade que será vivenciada na prática assistencial. Assim, o enfermeiro terá a oportunidade de desenvolver o senso crítico concomitante às competências e habilidades necessárias para um atendimento eficaz e resolutivo. **Descritores:** Enfermagem em Emergência; Acolhimento; Competência Profissional; Enfermeiras e Enfermeiros; Enfermagem; Pesquisa.

**RESUMEN**

**Objetivo:** analizar las competencias necesarias al enfermero para la acogida con clasificación de riesgo en los servicios de emergencia. **Método:** la revisión integrativa con búsqueda en la base de datos LILACS, BDENF y en la biblioteca virtual SCIELO, de artículos publicados entre los años de 2013 a 2017, las producciones científicas fueron sometidas al Análisis Temático y presentadas en forma de figura. **Resultados:** se seleccionaron 18 artículos que resultaron en las categorías "Competencias del enfermero en la clasificación de riesgo" e "Influencias del proceso de ACCR". **Conclusión:** se concluye que una estrategia eficaz para disminuir la falta de preparación de los profesionales y la fragilidad del flujo del ACCR es invertir en la formación del enfermero desde la graduación por medio de situaciones-problemas que lo aproximen a la realidad que será vivenciada en la práctica asistencial. Así, el enfermero tendrá la oportunidad de desarrollar el sentido crítico concomitante a las competencias y habilidades necesarias para una atención eficaz y resuelta. **Descriptor:** Enfermería de Urgencia; Acogimiento; Competencia Profesional; Enfermeros; Enfermería; Investigación.

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## INTRODUCTION

It is known that the Welcoming with Risk Classification (WRC) was launched by the Ministry of Health in 2004 as a way to improve the quality of hospital emergency care in Brazil aiming to guarantee the principles of the Unified Health System (UHS). The WRC proposes that the client be hosted and cared for based on pre-defined risk assessment criteria through the Nursing Consultation, guaranteeing to users the humanization of care, accessibility and the most welcoming and less exclusive care.<sup>1-2</sup>

The classification of clients by the nurse according to their clinical state is performed. This professional is supported by Law No. 7,498 of June 25, 1986 (Nursing Professional Practice Act), which defines Nursing consultation as the exclusive attribution of nurses and includes the implementation of more complex techniques based on scientific knowledge and ability to make quick decisions. The nurse should be guided by protocols standardized by the institution, listen to complaints, fears and expectations of clients, identify risks and vulnerabilities.<sup>3-4</sup>

It is verified that the nurse is also responsible for the evaluation of the client and the responsibility to provide an adequate response to the problem by combining the immediate needs of the clients with the service offerings. Therefore, the effectiveness in the service offered depends on both the technical-scientific quality, with the same is achieved, and the interactions between the subjects who do it, in the case, the professional and the client.<sup>2</sup>

It should be emphasized that the nurse is in evidence due to the conquest of his space in several scenarios of care practice. This contributes to a greater recognition and appreciation of the professional, which is highlighted in the national and international context. In addition, it assumes an increasingly important and decisive role for the more precise identification of the needs of the care to the patients who look for the health services. This is reflected in the speed of the work process, in the reduction of waiting time of the customer in the queues and, consequently, in a greater satisfaction by the clients of the emergency services.<sup>5</sup>

It is emphasized that, considering that the nurses' work process has been reshaping since the insertion of WRC in the emergency services, this study is justified by the need to understand nurses' competencies in this sector and their influence on nurses, nurses and nurses. health professionals and clients.

## OBJECTIVE

- To analyze the competences needed by the nurses for the host with risk classification in the emergency services.

## METHOD

It is an integrative, descriptive review.<sup>6</sup> The following steps were followed: 1) Identification of the theme and selection of the research question; 2) Establishment of inclusion and exclusion criteria; 3) Identification of pre-selected and selected studies; 4) Categorization of selected studies; 5) Analysis and interpretation of results; 6) Presentation of the knowledge review / synthesis.

The topic was elaborated in the first stage, starting with the following question: what are the competencies of the nurse in the host with risk classification in the emergency services?

The articles were searched in January 2018, using the following descriptors: "Nursing in emergency", "reception" and "professional competence". The following databases were used to locate the articles: LILACS (Latin American and Caribbean Literature in Health Sciences), BDENF (Nursing Database) and the SciELO Open Library (Scientific Electronic Library Online).

It was established, in the second stage, as inclusion criteria: national articles and with publication between January 2013 and December 2017. As exclusion criteria, articles on emergency and emergency services, but not on skills of the nurse in the risk classification.

The pre-selected and selected articles were identified in the third step. The titles and abstracts were read, followed by floating reading to determine if they were adequate for the proposed theme. Subsequently, the reading was done in full and were excluded the researches that were not according to the theme.

The selected studies were described in the fourth stage and the data were tabulated according to the year and type of publication, author, title and general considerations. In the fifth stage, analysis and interpretation of the results, the occurrence of the contents and characteristics present in the articles selected, the critical analysis and the division of contents in the main and recurrent themes.<sup>6</sup>

The synthesis of knowledge was presented in the sixth stage and the information of the most relevant studies to the review was

evidenced in a descriptive way, and the articles were organized individually to facilitate the analysis. At this stage, also, proposals were made for future studies.

It was considered the association of the descriptors "Nursing in emergency" AND "host" and the search in each database located a total of 46 articles. The association of the descriptors "Nursing in emergencies" AND "professional competence" located 14 articles that, added to the 46 articles previously found, totaled 60 articles.

The exclusion criteria were applied after reading the title, the abstract and the full text, and 35 articles that did not respond to

the study question were deleted, leaving 25 articles. When deleting the articles in duplicate, there were 18 articles as final sample, as shown in figure 1.

RESULTS

A summary table describing the findings regarding the following data was used to analyze the selected articles: name of scientific / periodical production, authors, method and results, according to figure 1.

Cientific production	Journal	Authors	Method	Main findings
Welcoming with evaluation and classification of risk in the emergency room: characterization of care.	Scie Care Health 2013 Jan/Mar; 12(1):80-7	Tomberg JO, Cantarelli KJ, Guanilo MEE, Pai DD. <sup>7</sup>	Cross-sectional study	Gaps in the implementation of WRC. Unprepared nurses to perform the WRC. Need to expand clinical knowledge.
Welcoming with risk classification in emergency service from the perspective of the elderly.	Gaúcha Nurs Journ. 2015 Sept;36(3):14-20.	Gonçalves AVF, Bierhals CCK, Paskulin LMG. <sup>8</sup>	Case study	Guidance regarding the flow of care was valued.Need to improve information regarding the flow of customer service. Need for agreement of internal and external networks for the viability of the WRC process.
Welcoming with risk classification in emergency hospital service: evaluation of the care process.	UERJ Nurs Journ. 2015 Jan/Feb; 23(1)82-7.	Belluci Júnior JA, Vituri DW, Versa GLGS, Furuya OS, Vidor RC e Matsuda LM. <sup>1</sup>	Field study	Qualified listening performed by the nurse was pointed out as relevant for the client to feel safe. Nurses' lack of knowledge regarding protocol and difficulty in the flow of WRC. Need for continuous training (permanent education) of the professionals involved.
Welcoming with risk classification: evaluation of structure, process and outcome.	REME Min Nurs Journ. 2015a Jan/Mar; 19(1):13-20.	Inoue KC, Murassaki ACY, Bellucci Júnior JA, Rossi RM, Martinez YDE, Matsuda LM. <sup>9</sup>	Research and Evaluation	Lack of understanding about the protocol and the service flow chart. Proposal for the implementation of management and educational actions for all categories. Need for periodic training.
Welcoming with Risk Classification: Evaluation of Services Emergency Hospitals.	Anna Nery School Nurs Journ. 2015 July/Sept; 19(3).	Costa MAR, Versa GLGS, Bellucci Júnior JA, Inoue KC, Sales CA, Matsuda LM. <sup>10</sup>	Exploratory field research	Proposal of a training program with improvement in communication. Improvement of the care flow chart. Improvement of referral and counter-referral mechanisms.
Welcoming with Risk Classification: characterization of demand in Emergency Care Unit.	Cogitare Nurs. 2016 July/Sept; 21(3):1-8.	Godoi VCG, Ganassin GS, Inoue KC, Gil NLM. <sup>11</sup>	Descriptive and documental research	Contrast between the risk classification and the outcome of the patient. Need for training of the WRC team. Need for institutional support
Welcoming with risk classification: what is this place??	Nurs Focus. 2016a; 7(2):52-6.	Rates HF, Alves M e Cavalcante RB. <sup>12</sup>	Case study	Need to strengthen communication. Fragility in the process of welcoming and qualified listening. Need for the empowerment of their duties (nurse).
Welcoming and	UFSM Nurs Journ	Lima Neto	Field study	Need for greater institutional

humanization of adult emergency care: perceptions of nurses.	2013 May/Aug; 3(2):276-86.	AV, Nunes VMA, Fernandes RL, Barbosa IML, Carvalho GRP. <sup>2</sup>		support. Lack of knowledge about the national humanization policy. Need for improvement of the WRC process.
Welcoming in an emergency service: perception of the users.	Bras Nurs Journ. 2013 Jan/Feb; 66(1):31-7.	Guedes MVC, Henriques ACPT, Lima MMN. <sup>13</sup>	Cross-sectional study	High demand for users, in large part, not urgent. Failures in the flow of care guidelines. Need for institutional support. Deficit in reference and counter-referral services.
Analysis of the demand served in emergency unit with risk classification.	Health Debate. 2015 July/Sept; 39(106):627-36.	Feijó VBR, Cordoni Júnior L, Souza RKT, Dias AO. <sup>14</sup>	Cross-sectional study	Devaluation of the population regarding basic health care services. Need for human and technological resources. Need to improve the flow of WRC.
Evaluation of the quality of the Risk Classification in Emergency Services.	Acta Paul Nurs. 2015b; 28(5):420-5.	Inoue KC, Belluci Júnior JA, Papa MAF, Vidor RC; Matsuda LM. <sup>15</sup>	Cross-sectional study	Lack of understanding of the WRC protocol. Need to improve counter-referral systems. Demand seeking service for non-serious cases.
Evaluation of the competencies of nurses for health promotion during pediatric emergency room visits.	Acta Paul Nurs. 2015; 28(5):467-74.	Veras JEGFL, Rodrigues AP, Silva MJ, Aquino PS, Ximenes LB. <sup>16</sup>	Cross-sectional study	Training for WRC activity is described as fundamental. The competencies with the greatest intensity of interobserver agreement were evaluation / diagnosis and partnership. Skills such as catalyzing change, leadership and execution were not performed in the study.
Legal competence of the nurse in the urgency / emergency	Nurs Focus. 2016; 7(1):18-23.	Morais Filho LA, Martini JG, Vargas MAO, Reibntiz KS, Bitencourt JVOV, Lazzari D. <sup>17</sup>	Documental research	Nurses showed insecurity. Tension between team and customer on the occasion of non-agreement in the classification. Need for professional experience and continuing education.
Management skills required of nurses in an emergency room.	J Res Fundam Care. online 2013. July/Sept;5(3):245-52.	Montezeli JH, Peres AM, Bernardino E. <sup>18</sup>	Field study	Leading competencies: leadership, decision-making, communication and teamwork. Need for lifelong education. Need for institutional investment.
Construction of the professional competence matrix of the nurse in emergencies.	Acta Paul Nurs. 2014; 27(4):373-9.	Holanda FL, Marra CC, Cunha IC. <sup>19</sup>	Bibliographic review	The matrix directs professional practice. Skills such as care performance, teamwork, leadership, communication, resolving, among others.
The work process of the nurse in the Reception with Risk Classification.	REME Min Nurs Journ 2016b; 20:e969	Rates HF, Alves M, Cavalcante RB. <sup>20</sup>	Case study	It reports on the influence of harsh and light technologies in the implementation of the WRC. Prioritization of high-risk clinical clients is highlighted as one of the purposes of the WRC. Clinical knowledge is cited as guiding work.
Professional nurse competency profile in emergencies.	Acta Paul Nurs. 2015; 28(4):308-14.	Holanda FL, Marra CC, Cunha IC. <sup>21</sup>	Exploratory field research	Profile constructed and evaluated by the authors forming eight basic skills, 56 associated competencies and 56 identifying questions.



Manchester protocol and user population in risk classification: nurse's view.	Baiana Nurs Journ. 2017; 31(2):e16949.	Roncalli AA, de Oliveira DN, Silva ICM, Brito RF, Viegas SMF. <sup>22</sup>	Case study	Among the basic skills: assistance performance, teamwork, leadership, proactivity, among others. Need for health education for clients on the role of the WRC. Main challenges: precarious physical facilities, overcrowding, disagreement of the CoR by the team. Lack of articulation with primary care. Continuous training was pointed out as improvement points.
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Figure 1. Particularities and main results of the articles found. Niterói (RJ), Brazil, 2017.

Among the 18 papers selected as the final sample, the prevalence of qualitative research with field research was determined through

semi-structured interviews, case studies or documentary analysis. As for the year of publication, it can be observed in figure 2.

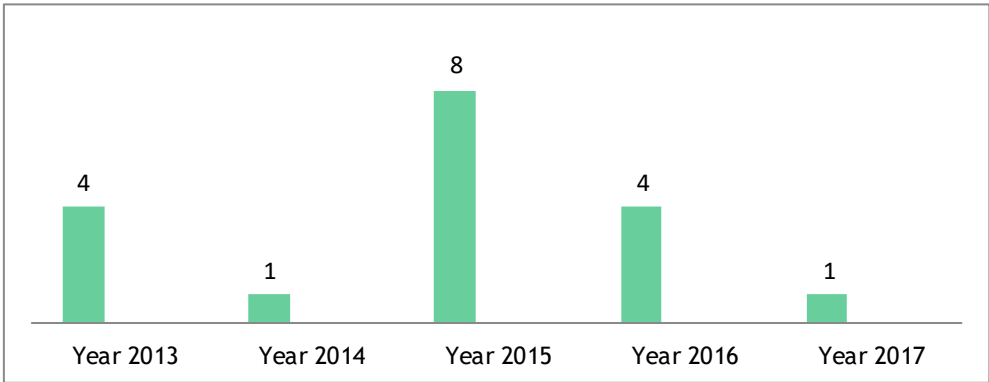


Figure 2. Distribution of periodicals according to year of publication. Niterói (RJ), Brazil, 2017.

It is added that there is a predominance of articles that directly address the host with risk classification pointing to topics such as the definition and objectives of risk classification, the physical structure of the sector, the characterization of the demand served in these units, the implementation of the Manchester protocol and, the perception of the nurse and the client of the emergency services. These questions point to the factors that potentiate or weaken the nurses' work process in the WRC.

The results were succinctly summarized in relation to the articles that articulated the competencies required by nurses for the classification of risk. It was pointed out technical and managerial competences that should be associated with each other and also associated with the characteristics inherent to the nurse to achieve the results in the approach to the client.

Finally, a proposal was made for the construction of a competency matrix for nurses to work in emergency services, taking into account the legal competencies and factors that influence WRC.

### DISCUSSION

We succeeded to the interpretative reading and thematic analysis of the potential bibliography when the following categories emerged: Nurses' competences in the classification of risk and Influencers of the WRC process.

#### ◆ Nurses' competencies in risk classification

Professional competencies were defined in certain professions, which means clarifying the real role of workers and outlining their field of action, as well as guaranteeing standards of training, work and conduct. With regard to health professionals, it is necessary to add to this definition the need to incorporate a prospective analysis of the practices of the profession in contexts of technological innovations, changes in health services and in the epidemiological profile and demographic pattern of the population.<sup>23</sup>

It should be noted that, in this sense, the Federal Nursing Council<sup>24</sup> makes clear that, within the scope of the Nursing team, the risk classification and prioritization of care in emergency services is a private assignment of the nurse. However, studies<sup>9,11</sup> show that in some health services, this activity is

performed by a mid-level professional, revealing the need to reformulate the staffing dimension and to rectify the responsibilities of each member of the multi-professional team so that the service becomes more efficient and effective prevention of damages and damages resulting from malpractice.

It is recommended that one of the duties of the nurse in the emergency units is the reception with evaluation and classification of risk and, for this, the training for this activity is fundamental, as well as the classification of the client in an appropriate way, being one of the competencies nurses working in this environment.

It is added that, among the necessary competences, the competence to catalyze change in which they indicate the professional's action in order to provide changes on the part of the user.<sup>16</sup> Such changes can be understood as the orientation to avoid certain situations that cause relapses in the emergency service and even the explanation regarding the objectives of risk classification, which has also been cited in other studies.<sup>8,13,22</sup> This results in a greater understanding on the part of the clients as to the classification given and lower levels of dissatisfaction regarding the time of service.

It should be stressed that this competence must be associated with the other important competence, which is knowing in use, that is, the capacity to act in a real situation to know the limits of its knowledge.<sup>16</sup> This competence was identified through the demonstration of knowledge theoretical evaluation by nurses during client orientation in which they demonstrated the capacity for self-assessment during professional practice, thus adopting competence-based practice.

It is evaluated that the development of these competences occurs concomitantly to the growth of the competency of care performance, which is described as the ability of the nurse to provide individualized assistance meeting the needs and expectations of clients in order to ensure a footwear care in their own scientific knowledge and procedures essential for a quality result.<sup>19</sup> Thus, the nurse will meet one of the purposes of the WRC: to prioritize the client who has high clinical risk avoiding that it worsens in the queue.

For the development of these and other competences, such as leadership, commitment, communication, proactivity, interpersonal relationship and listening, the use of hard technologies (instruments, norms and organizational structures) should serve only as support for action and not as

something indispensable. These competencies are discussed in several studies,<sup>12,18-21</sup> being even pointed out as managerial competencies. However, it should not be forgotten that these competences are intrinsic to the person of the nurse and are accentuated as the demand in their professional practice increases.

It should be noted, however, that these competencies must always be associated to ensure quality Nursing care and minimize fragility regarding the implementation and the flowchart of WRC care. Situations such as these are described in the studies,<sup>1,7,17</sup> which show the attendances not submitted to the protocol, the imprecision in the risk classification or the insecurity of the professionals regarding the use of the protocol for decision making.

Therefore, it is necessary that there is institutional support and engagement of the professionals involved in the WRC with regard to permanent education. The studies found<sup>2,7,9,11,15-8,22</sup> show permanent education as a continuous and real need in health institutions, given the weaknesses already described above. Other studies<sup>10,20</sup> also suggest the implementation of a training program that contemplates the development of skills including strategies to improve communication between team members, between the team and the user, and also with the family members.

It is understood that a training that follows this bias will prepare the multidisciplinary team involved in the WRC in the development of skills required for care and also in aspects consistent with the precept of humanization. This guarantees not only the prioritization of the most serious clinical cases, but, mainly, the resolution that the service proposes.

#### ♦ Influencers of the WRC process

It is understood that the nurse is responsible for the risk classification procedure, however, it is important to highlight the need for all professionals involved in the WRC to develop reception actions.<sup>9</sup> The nurse cannot assume for himself any responsibility of the process that, in order to guarantee the quality and humanization of assistance in the WRC, needs the proper functioning of the referral flows between the services. This can generate professional dissatisfaction with the results of the WRC, which are sometimes linked to issues that do not depend exclusively on the worker.<sup>10</sup>

Among these issues, we highlight the need for greater institutional support regarding, for example, the physical structure in which evaluation research<sup>9</sup> shows the inadequacy of

the physical plant for patients and professionals. Other organizational weaknesses already identified are the qualitative and quantitative lack of human resources; the precariousness or lack of equipment and materials, and the fragility of the referral and counter-referral system that undoubtedly undermines the service process in the WRC.<sup>2,13-4,18,22</sup>

It should be noted that, although the physical changes contribute to the humanization of care, it is also necessary to pay attention to the needs of comfort and safety for the companion. The changes in the physical structure that require changes in the civil construction can be difficult to execute, but it is possible to adopt less costly solutions for the fulfillment of proposals that go back to the adequacy of the place to guarantee greater comfort of the client and their relatives.<sup>15</sup>

Another point is the need for strengthening in reference and counter-referencing systems, which result in high spontaneous demand, overcrowding, and a decrease in the resolution of WRC. The results<sup>10,22</sup> show that overcrowding comes from factors ranging from lack of information on the population and effective communication of health systems, so that users know the real function of emergency care, to the fragilities of health facilities themselves.

It was found that the difficulty of referring patients with low complexity care needs to the Basic Health Unit interferes with the integral care to the client and is a recurrent problem because some clients seek resolution that should be given in the primary care services through emergency services. Fragility in the basic levels of the health network, such as lack of and / or delay in diagnostic support, delayed consultation in medical specialties or absence of a doctor, end up being resolved in the emergency service.

It is contributed, through these factors, alone or together, to the precariousness of the service and, also, to the frustration of the client and the feeling of impotence of the professional. In this regard, it is necessary to articulate the institution providing the emergency service, the primary care services and, especially, the municipal and state management according to the characterization of the population served in each region.

## CONCLUSION

The aim was to synthesize scientific knowledge about nurses' competences in risk

classification. The skills described are related to the technical and managerial skills that, associated, should help the nurse to provide quality care. The results found point mainly to the lack of preparation of the professionals, the fragility of the WRC flow and the need for greater institutional support.

It is understood that the WRC activity offers an opportunity for highlighting and valuing the nurse, however, it is necessary that the nurse is able to perform its functions in a safe way to the client. For this, continuous training and updating is necessary so that there is maximum understanding about the WRC protocol and the articulation with the other health professionals involved.

It is concluded that an effective strategy to close the gap of the professionals' lack of preparation and fragility of the WRC flow is to invest in the training of nurses since graduation through situations-problems that approach the reality that will be experienced in care practice. Thus, the nurse will have the opportunity to develop the critical sense concomitant with the skills and abilities necessary for effective and resolute care.

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