EMERGENCY NURSES' PERCEPTION ON THE PROFESSIONAL PERFORMANCE AND PREPARATION

PERCEPÇÃO DE ENFERMEIROS EMERGENCISTAS ACERCA DA ATUAÇÃO E PREPARO PROFISSIONAL

PERCEPCIÓN DE LOS ENFERMEROS DE EMERGENCIA SOBRE EL TRABAJO Y PREPARACIÓN PROFESIONAL

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ABSTRACT

Objective: to identify nurses-classifiers' perception on the embracement of elders with cerebrovascular disease and strategies to qualify it. **Method:** this is a qualitative, descriptive study, with 16 nurses. Data collection used the Focal Group technique, evaluating them through Content Analysis. **Results:** professionals do not feel secure to perform the reception with risk classification of the elderly person with suspected cerebrovascular accident, pointing to the importance of academic-professional training in the areas of urgency/emergency and gerontology. **Conclusion:** the lack of professional qualification is a weakness in this reference unit. Therefore, pre-requisites should be adopted to select and hire qualified nurses, as well as training strategies to act in reference services in the care of people with suspected CVA.

Descriptors: User Embracement; Emergency Medical Services; Aged; Cerebrovascular Accident; Professional Training; Nursing.

RESUMO

Objetivo: identificar a percepção de enfermeiros classificadores acerca do acolhimento ao idoso com doença cerebrovascular e de estratégias para qualificá-lo. **Método:** trata-se de estudo qualitativo, descritivo, com 16 enfermeiros. Utilizou-se, para a coleta de dados, a técnica de Grupo Focal avaliando-os por meio da Análise de Conteúdo. **Resultados:** revela-se que os profissionais não se sentem seguros para realizar o acolhimento com classificação de risco à pessoa idosa com suspeita de acidente vascular cerebral, apontando para a relevância da formação acadêmico-profissional nas áreas de Urgência/Emergência e Gerontologia. **Conclusão:** conclui-se que o despreparo profissional é uma fragilidade presente nesta unidade de referência. Torna-se imperativo, assim, adotar pré-requisitos para a seleção e a contratação de enfermeiros qualificados, bem como estratégias de treinamento para atuar em serviços de referência no atendimento de pessoas com suspeita de AVC. **Descritores:** Acolhimento; Serviços Médicos de Emergência; Idoso; Acidente Vascular Cerebral; Capacitação Profissional; Enfermagem.

RESUMEN

Objetivo: identificar la percepción de los enfermeros clasificadores acerca de la acogida para ancianos con enfermedad cerebrovascular y estrategias para su calificación. **Método:** este es un estudio cualitativo, descriptivo, con 16 enfermeros. Se utilizó, para la recopilación de datos, la técnica del Grupo Focal, evaluándose por medio del Análisis de Contenido. **Resultados:** revela que los profesionales no se sienten seguros para llevar a cabo la acogida con clasificación de riesgo de los ancianos con sospecha de accidente vascular cerebral, señalando la importancia de la formación profesional y académica en las áreas de urgencia/emergencia y gerontología. **Conclusión:** se concluye que la falta de preparo profesional es una debilidad en esta unidad de referencia. Por lo tanto, es imperativo adoptar requisitos previos para la selección y contratación de personal de enfermería calificado, así como las estrategias de capacitación para actuar en los servicios de referencia en el cuidado de las personas con sospecha de accidente cerebrovascular. **Descriptores:** Acogida; Servicios Médicos de Emergencia; Ancianos; Accidente Vascular Cerebral; Capacitación Profesional; Enfermería.

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INTRODUCTION

Cerebrovascular accident (CVA) represents a public health problem with a high incidence in elderly people, being the second largest cause of death in the world and the main in Brazil.¹ Its sequels include since neurological through physical complications, with impairment of perception, cognition, as well as sensory and communication aspects.² Qualified assistance in Emergency Units (EU) becomes essential, regarding the magnitude in epidemiological terms, and the implications of the CVA, particularly in the elderly population.

Since the EU admits users that require critical care, given their severity and imminent risk of death, it has specific characteristics, which require specific interventions.³ In relation to cerebrovascular diseases, it is import for the professional to possess scientific knowledge about the disease and its manifestations. In this direction, the international literature points out that the patient with acute CVA should receive priority and qualified screening, giving to the occurrences attention similar to other medical emergencies with high rate of mortality worldwide, as is the case of acute myocardial infarction.⁴

The nurse, specifically in the Risk Classification User Embrace (RCUE) for the elderly person with suspected CVA, needs to classify the patient according to his/her worsening and establish priorities in care, understanding the biological changes inherent to the age and comorbidities prevalent in the elderly population, in order to achieve agile and qualified approach.⁵

However, the care to the elderly person with CVA is precarious, as evidenced by its high rates of death, especially in places that lack an urgency and emergency care center directed to patients with this picture. In the state of Pará, for example, where these centers are not present, approximately half of the 3,795 individuals aged 60 years or more admitted with this diagnosis died.⁶ This datum represents an alert to the need of health services providing specialized support for this cause.

CVA is one of the main causes of morbidity and mortality in the United States and in the world.⁷ In this context, regarding CVA complications in the elderly person, the motor disability stands out, and study confirms that approximately 85.2% of CVA survivors presented with some degree of motor impairment and, as a result of motor sequel,

most cases present inability to perform basic activities of daily life.⁸

Given the magnitude of the problem, CVA specialized centers become extremely important, reference units for the care of this disease and that demonstrate relevance in prognosis, in mortality, in hospitalization length and in the degree of neurological sequels. In this way, the favorable impacts at these units result from the presence of a multidisciplinary team specialized for the treatment of CVA and the adoption of early hospital discharge.⁹

Nervetheless, the nurse' undergraduation is generalist and does not offer specific theoretical and practical knowledge encompassing the minutiae of care to people with cerebrovascular disease, particularly for the care of elderly people, considering the difficulty to identify the warning signs and the suspected diagnosis according to the comorbidities.⁶ In this sense, the study guiding question is: "What is the nurse-classifier's perception on his/her service in the RCUE of elderly people with suspected CVA and the strategies to qualify it?"

OBJECTIVE

- To identify the perception of nurses-classifiers on the embracement of elders with cerebrovascular disease and strategies to qualify it.

METHOD

This is a qualitative study, with 16 nurses-classifiers that work at the RCUE in a general hospital, reference for the care to patients with CVA in the Northeast region. The inclusion criteria were: fixed activities in the RCUE sector and at least six months of experience in risk classification.

Professionals were approached with the aid of the coordination of the RCUE sector. They were invited to participate in the research after presentation of its relevance, objectives and study method and, 16 of the 18 nurses agreed to cooperate with the study, since one was on leave and the other refused to participate. All of them signed the Informed Consent Form, an instrument including the detailed record of ethical issues involving the research.

Data were collected from Focus Groups (FG), a technique in which the researcher motivates and stimulates discussion of those involved regarding a specific topic.¹⁰ With the support of the coordination of the sector and considering nurses' monthly work rota, a list with the professionals' names was elaborated,

relating them to three distinct dates, so that they could choose the time for their participation. The following questions guided the data collection: What is your perception about the embracement of the elderly person with cerebrovascular disease? and What are the strategies to qualify it? Data collection occurred between May and June 2016, and the meetings, which lasted an average of two hours each, were recorded with the participants' permission, and later transcribed.

For the data systematization, the Thematic Content Analysis¹¹ was used, which consists of a set of techniques used in data analysis in order to establish the core sense of each speech. This technique is developed in three stages: pre-analysis, in which the floating reading and formulation of hypotheses occur; material exploration, step of codification and classification into categories; and treatment of the results obtained, subsidized by the method of reflection and interpretation.

The Research Ethics Committee (REC) of the Nursing School of the Federal University of Bahia approved the matrix project under the opinion 1.172.310 on 05/06/2015. The study complied with the guidelines and standards established by Resolution 466/2012 of the National Health Council (NHC), which regulates researches involving human beings, in order to obey the bioethical principles: autonomy, beneficence, non-maleficence and justice.¹² The participants were identified by the letter E followed by an Arabic numeral in order to ensure the criteria involving confidentiality of information.

RESULTS

The participants were nurses aged between 24 and 51 years, with predominance of women, mothers, who self-reported black, professional experience over one year, although expressing dissatisfaction with the outsourced type of employment. Only two research subjects reported statutory, also referring exercising multiple activities, with workload above 36 hours/week and income between two and six minimum wages.

Considering they work in a reference urgency and emergency service, whose users are often elderly people, less than half (seven) of the 16 interviewees attended specialization in the area of urgency and emergency; only six claimed having received training to work in the embracement with risk classification; only four reported having completed undergraduate curriculum component on the theme of health of elderly people, and, of the remaining 12, six claimed

having received information on the subject sporadically and six did not have any contact with the content.

Regarding the embracement for the elderly person with cardiovascular disease, the following categories express the perceptions of nurses-classifiers on their professional performance and strategies to qualify it.

♦ Felling of insecurity in the RCUE to the elderly person

This study points out that the nurses-classifiers feel insecure in the RCUE to the elderly person with suspected CVA, and such a feeling relates to the specificities of the EU in relation to its high complexity and the fact that the elderly population usually present with illnesses that sometimes confuse the warning signs of the cerebrovascular disease.

[...] I feel insecure to perform the risk classification in some severe cases of emergency. This gets worse when it comes to elderly patients with suspected CVA. (E6)

I get confused during the risk assessment in some clinical emergencies and, sometimes, I am afraid to act in the RCUE when the elderly person presents acute comorbidities. (E8)

It is difficult to embrace severities of this unit without being sure it is correct. (E7)

When it comes to elderly people, the situation is more delicate, because they have clinical manifestations similar to CVA, such as hypoglycemia, which can hinder the care priority with wrong option of risk color. (E2)

♦ Need for professional qualification for RCUE to the elderly person

The nurses-classifiers highlight the relevance of a professional training covering the areas of Urgency/Emergency and Gerontology in order to better prepare them for the embracement of elderly people with cerebrovascular disease. The following subcategories illustrate better such strategies.

♦ Urgency and Emergency areas

Nurses-classifiers pointed out the training in the urgency and emergency areas as essential to professional qualification in order to promote the proper user embracement in the EU. In this process, the interviewees recognize the importance of Sensu Lato Post-Graduation in Emergency and Urgency Nursing, as they are against the idea of hiring inexperienced professionals in this critical sector.

Today, I understand that I need theoretical and practical knowledge to act in the emergency. [...] it was my first professional experience, but I only had the college

knowledge, with little emergency content. Other professionals are also randomly placed in the user embracement. (E12)

The emergency unit requires theoretical and practical knowledge of the risk classification and preparedness due to the amount of serious cases we attend to daily. (E1)

I see specialization in the emergency area as an indispensable need to assume this sector. (E4)

◆ Gerontology area

In the interviewees' point of view, knowledge in the field of gerontology constitutes an indispensable tool in the training process of classifiers for the embracement of the elderly person with cerebrovascular disease.

To perform the classification, the nurse needs to know the specificities of the elderly person. It would be helpful if we had a training in the area of Gerontogeriatrics. (E13)

It would be great if we had a training to learn how to embrace the elderly person. We need this knowledge so that we would have a more adequate evaluation. (E4)

We needed some detailed course on the theme of the elderly person. This would make the risk classification easier. (E11)

DISCUSSION

In this study, in the perception of nurses-classifiers, the RCUE to elderly with cerebrovascular disease is permeated by the feeling of insecurity related to peculiarities of critical care and/or to the peculiarities of the elderly user. Studies show that, in health services, the nurse's technical knowledge is of extreme importance, since it allows identifying signs and symptoms of diseases that require care and immediate intervention.¹³

In relation to the work in the Urgency and Emergency Unit, which, in its own dynamics and specificity, this high-complexity care scenario determines the evolution of the patient's health-disease picture. The work process in this sector requires specific knowledge and training, as well as preparedness, once the service needs to be performed based on technical and scientific rigor, and should occur at appropriate time for intervention.¹⁴ In this perspective, the nurse working in the RCUE of an EU should be able to classify and reclassify, if necessary, as well as make accurate decisions before the identification and differentiation of patients regarding the care priority.¹⁵

However, this study reveals weaknesses in this process, once the nurses mentioned the need for greater theoretical and practical

knowledge in order to feel more prepared and qualified in the Urgency and Emergency areas. This corroborates a Brazilian research performed in health care institutions in the city of Florianópolis, which revealed that the professional nurse feel insecure, experiencing anxiety and anguish regarding the care for patients in units of greater complexity, which relate to the lack of adequate professional preparation and sufficient to assume the numerous activities and responsibilities.¹⁶

Furthermore, the feeling of insecurity in the RCUE process to the elderly person with CVA results from the lack of professional qualification regarding training in Gerontology, considering the prevalence of elderly people in the service. International studies show that the use of emergency services by elderly individuals varies from 12 to 21% of the total number of services;¹⁷ in Brazil, this percentage varies from 17 to 44% of the total number of services in the emergencies. In this context, the CVA is a disease that affects predominantly the elderly person, and, in Brazil, the elderly woman.¹⁸

In terms of care to the elderly person, the lack of professional training stands out considering the difficulty presented by nurses, due to the symptomatology of comorbidities in elderly people, to identify the warning signs for the disease. Since the elderly population is affected by numerous diseases often similar and hindering the correct suspected diagnosis, the criterion of waiting, in addition to the timely and adequate therapeutic conduct, become essential for intervention in cases of CVA.¹⁹ Moreover, through the nursing care in the RCUE, this population requires a peculiar direction and behavior and, to this end, the professional should be prepared to understand the aging process in its multiple dimensions.²⁰

Nonetheless, the professional knowledge in Gerontology is crucial for the care of the elderly person, since it clarifies and provides knowledge on this area, as also indicated by the collaborators of the study. With this, professionals feel prepared to provide a qualified care for the elderly population, acquiring scientific basis indispensable for the construction of this science.²¹

Given the relevance of professional training covering theoretical and practical knowledge in the Gerontology and Urgency/Emergency areas in order to qualify the classifiers for the RCUE of the elderly person, thinking about the training of the generalist nurse becomes necessary, because, in the context undergraduation, the proposed contents in the academic curriculum matrix provide basic and general theoretical and practical knowledge.²²

A study with 55 nurses from different states of the country shows the non-compliance regarding the need for professionals with specialized training for geriatric assessment in emergencies. However, another study reports the importance of nurses' qualification permeated by training programs of continuing education, in an attempt to meet the geriatric demand in the emergency services.²³ When considering that undergraduation should focus on local health issues and that the population is growing, the minimum contents should include Gerontology, and the HEI material should advocate it, in addition to national and international studies corroborating the insertion of health of the elderly person in the undergraduation, already recognizing this demand due to the increased life expectancy. Studies on gerontology and health of the elderly person should also be carried out to show the need for the subject in the undergraduate course, justifying it.

Nevertheless, the care of high complexity and in specialized areas represents a challenge for the nurse's qualified and competent work.²⁴ In situations of suspected CVA in the elderly person, the adoption of such criteria will allow for a better professional performance regarding the demands of urgency/emergency, RCUE and the particularities of this population. However, this study evidenced that, of the 16 interviewees, only three had a specialization in urgency/emergency and none in Gerontology. Therefore, this fact can constitute fragility in relation to the process of selection of skilled professionals, as well as lack of training of emergency nurses working in this scenario.

Furthermore, the importance of valuing contents focused on the cerebrovascular disease and the health of the elderly person emerges in relation to urgency/emergency areas, since the incidence of CVA from 60 years doubles each decade.²⁵ Considering that the emergency sector clearly constitutes a critical care unit and the high incidence of CVA in elderly people, there is need to implement initiatives and actions to hire qualified personnel in order to have prepared professionals in the EU, more specifically in the RCUE, aiming at a safe assistance, especially in cases of cerebrovascular disease in elders.

Regarding participants' characteristics, nurses' age varied between 24 and 51 years, with the majority composed by women, mothers, who self-reported black, professional experience over one year, although expressing dissatisfaction with the

outsourced type of employment. Only two research subjects reported statutory, also referring exercising multiple activities, with workload above 36 hours/week and income between two and six minimum wages.

Considering they work in a reference urgency and emergency service, whose users are often elderly people, less than half (seven) of the 16 interviewees attended specialization in the area of urgency and emergency; only six claimed having received training to work in the embracement with risk classification; only four reported having completed undergraduate curriculum component on the theme of health of elderly people, and, of the remaining 12, six claimed having received information on the subject sporadically and six did not have any contact with the content.

CONCLUSION

This research evidenced that nurses feel insecure to perform the user embracement with risk classification of the elderly person with suspected CVA, pointing to the need for professional knowledge and improvement in the Urgency/Emergency and Gerontology areas. A training directed to the specialties becomes a viable strategy to enable the professional to work in the sector aimed at service excellence.

During the nurse's academic path, he/she acquires basic contents resulting from the generalist curriculum matrix. The complex care and specialized areas, as depicted in this study, are little known scenarios, which leads to unsafe and mistakable behaviors in patient care and impairment of the service quality. Therefore, the knowledge and specific skills are crucial for the professional preparation and, consequently, for the offer of an effective specialized service.

Moreover, the research highlights the need for adopting pre-requisites for the recruitment of human resources paying attention to nurses' profile and knowledge about the dynamics and specificity of an emergency unit, in addition to professional qualification through courses and trainings that develop and qualify them. In this way, it should facilitate the provision of a judicious and resolute service.

The development of thi study occurred at a single reference service for patients with CVA because it is the only one in the city of Salvador-Bahia. Therefore, it constitutes a gap for this research, since it prevents comparing to other nurses working in the RCUE to the elderly person with suspected CVA. Thus, studies should be developed at other

reference units in order to raise data and more comprehensive information about this object and establish strategies to facilitate the professional preparation in national territory.

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