NOTE PREVIEW ARTICLE

COMMUNICATION BETWEEN MANAGERS AND TEAMS OF THE EMERGENCY UNITS* COMUNICAÇÃO ENTRE GESTORES E EQUIPES DAS UNIDADES DE PRONTO ATENDIMENTO COMUNICACIÓN ENTRE GERENTES Y EQUIPOS DE UNIDADES DE ATENCIÓN DE EMERGENCIA

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ABSTRACT

Objective: to describe how oral and written verbal communication happens between managers and teams of Emergency Care Units (24-hour ECUs). **Method:** this is a qualitative, descriptive study. The case study will be used as a method, having as a unit of analysis the four 24h ECUs of a municipality and the research participants will be the professionals who perform the management function in the 24h ECUs, including managers, medical and technical references based on data saturation criteria. Data collection will be performed through semi-structured interviews using a validated script. The content of the interviews will be analyzed using the Content Analysis technique. **Expected results:** it is intended to enable the development of a guiding instrument, based on health management technologies, to achieve effective communication between managers and teams of 24-hour ECUs. **Descriptors:** Communication; Health Management; Emergency Medical Services; Emergencies; Health Personnel; Communications Media.

RESUMO

Objetivo: descrever como acontece a comunicação verbal oral e escrita entre os gestores e as equipes das Unidades de Pronto Atendimento (UPAs 24h). **Método:** trata-se de estudo qualitativo, descritivo. Utilizar-se-á o estudo de caso como método, tendo como unidade de análise as quatro UPAs 24h de um município e os participantes da pesquisa serão os profissionais que ocupam função de gestão nas UPAs 24h, entre eles, gerentes, referências técnicas médicas e de Enfermagem, amparado nos critérios de saturação dos dados. Realizar-se-á a coleta de dados por meio de entrevista semiestruturada utilizando um roteiro validado. Analisar-se-á o conteúdo das entrevistas por meio da técnica de Análise de Conteúdo. **Resultados esperados:** pretende-se possibilitar a elaboração de um instrumento norteador, a partir das tecnologias gerenciais em saúde, para o alcance da comunicação efetiva entre gestores e equipes das UPAs 24h. **Descritores:** Comunicação; Gestão em Saúde; Serviços Médicos de Emergência; Emergências; Pessoal de Saúde; Meios de Comunicação.

RESUMEN

Objetivo: describir cómo ocurre la comunicación verbal oral y escrita entre los gerentes y los equipos de las Unidades de Atención de Emergencia (UPAs 24h). **Método:** este es un estudio cualitativo y descriptivo. Se utilizará el estudio de caso como método, tomando como unidad de análisis las cuatro UPAs de 24 horas de un municipio y los participantes en la investigación serán los profesionales que ocupan la función de gestión en las UPAs de 24 horas, incluidos los gerentes, las referencias técnicas médicas y de Enfermería, respaldadas por los criterios de saturación de datos. La recopilación de datos se realizará a través de entrevistas semiestructuradas utilizando un guión validado. El contenido de las entrevistas se analizará utilizando la técnica de Análisis de Contenido. **Resultados esperados:** está destinado a permitir la elaboración de un instrumento de guía, basado en tecnologías de gestión de la salud, con el fin de lograr una comunicación efectiva entre los gerentes y equipos de las UPAs 24 horas. **Descriptor:** Comunicación; Gestión en Salud; Servicios Médicos de Urgencia; Urgencias Médicas; Personal de Salud; Medios de Comunicación.

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INTRODUCTION

It is known that communication is the means by which the human being discovers, creates relationships, establishes bonds, contact and links with other beings; It is through communication that the being sends, transmits and captures messages also known as information.¹

The communication presents a confrontation with the constant technological advances that contribute to the transformation of human doing into an extremely technical act, with a marked appreciation of the procedure over a humanistic approach. The contemporary reality is dominated by the capitalist regime, which has led people to seek a limitless competitiveness, which ends up interfering in human relations, leaving the care impaired as it loses its dimensions of subjectivity.²

It is explained that in the context of health services, especially the urgency and emergency services, object of this study, the above aspects can also be observed, making it difficult to establish effective communication not only with users and their families, as among workers.³

The emergency sector is defined as the one that is intended to provide, within the opening hours of the health facility, assistance to patients with or without life-threatening health problems that require immediate care. Urgent care is considered to be that provided in situations of health problems, with imminent risk of death, which implies immediate medical care.³

It is reported that this service operates 24 hours a day and has observation beds, being a service with great demand for technical and administrative procedures, which require professionals, general and specific knowledge, as well as agility and dexterity in cases of urgency and emergency. Therefore, it is believed that, in this scenario, the various forms of communication are essential. It is ratified, however, that this study aims to investigate the forms of oral and written verbal communication.³

In Brazil, the Unified Health System (UHS) is the main gateway for urgency and emergency, and one of the components of the Emergency Care Network (ECN) are the Emergency Care Units (ECUs), which absorb much of the user demand for these services. These are intended to provide resolute and qualified care to patients with acute or acute clinical conditions and the first care to surgical and trauma cases, stabilizing the patients and carrying out the initial diagnostic investigation, in order to define the management necessary for each case, ensuring referral of patients who need care.⁴⁻⁵

As a theoretical framework for this study, the pragmatic functionalist paradigm will be used. It is detailed that this is based on positivism, with a focus on administrative and empirical research,

and its space of influence is the United States. It is understood that the purpose of the pragmatic functionalist paradigm is to try to understand society according to its exchanges and social relations between individuals and groups. In addition, the key concepts of the pragmatic functionalist dimension of prominence and importance to the communication process are: interaction, function, influence, the circular model of communication and relationships.⁶

In this sense, this study is justified mainly because it considers that 24h ECUs, for a quality and safe operation, need effective communication, especially by local managers, considering the dynamics and turnover of the professionals that make up the teams on duty. It is pointed out that, as a manager of the urgency and emergency municipal services, which daily experiences the problematic of fragile communication and filled with several gaps, a research with the potential to understand qualitatively how oral and written verbal communication occurs in these services is necessary.⁷

It is noteworthy that the Brazilian Network of Nursing and Patient Safety, in 2013, warned that ineffective communication is among the causes of more than 70% of errors in health care. Among the main causes, communication interruption and / or lack of teamwork can be listed, which are situations with the potential to cause adverse events and unsatisfactory results, as such failures may increase hospitalization time, cause damage to the patient and ineffective use of resources.⁸

It is recalled that given the scale of the problem and the range of processes involved in achieving safe care, the World Health Organization (WHO) launched the World Alliance for Patient Safety and, in partnership with the International Joint Commission. - Joint Commission International (JCI) has been encouraging the adoption of the International Patient Safety Goals (IPSG) as a strategy to guide best practices for risk reduction and adverse events in health services. Among these goals, it was established to improve effective communication between health professionals.⁸⁻⁹

It is mentioned that, in this investigation, the local managers of the 24h ECUs are the link between the central level of the Municipal Health Secretariat and the operational team, thus needing to rely on the communication process in constant adaptation to meet the dynamism and the distinct realities experienced in these services.

It is understood that this research will bring significant contribution, from the academic point of view, by elucidating facilitating and hindering factors in the communication of managers of 24-hour ECUs with the teams working in these

investigated services, focusing the research problem with possibilities of intervention and collective solution. From the organizational point of view, it is expected that the collected data will provide inputs for the planning of actions necessary for the management and organization of health care, signaling the necessary managerial competences to reach the desired results, which contribute to the strengthening of actions that promote patient safety. It is believed that, for society, the potential contribution will be to provide health professionals with information to better subsidize their work practice, culminating in better service to the population. This study could also contribute to the adoption of strategies by the management of the municipality in question, which aim to improve communication between managers of 24h ECUs and their teams.

Thus, one intends to answer the following research question: *“How does oral and written verbal communication happen between the managers of the 24h ECUs and the teams of these services?”*.

OBJECTIVES

- To describe how oral and written verbal communication happens between managers and 24-hour ECU teams;
- To identify facilitating and hindering factors in communication between managers and teams of 24-hour ECUs;
- To verify the management actions used to improve oral and written verbal communication with 24-hour ECUs teams.

METHOD

This is a qualitative case study research. The project was approved by the Research Ethics Committees of the Federal University of Minas Gerais and the Municipal Health Secretariat of the municipality where the investigation will take place under CAAE 11877419.6.0000.5149, in compliance with National Council Resolution 466/2012 of health.⁹

It is explained that respondents will be contacted, invited to contribute to the study and informed about the nature of the research and the legal and ethical aspects. Signing of the Free and Informed Consent Term (FICT) will be requested to formalize the acceptance of participation. Please note that the confidentiality of the participants' identity will be preserved.

The research will be carried out, as to the purposes, through a descriptive study in order to expose the characteristics of a given population or a given phenomenon or establishing relationships between variables. Correlations between variables can also be established and their nature defined, and the author further argues that there is no commitment to explain the phenomena she

describes, although they serve as the basis for such an explanation.

It is clarified that the descriptive research seeks to know the studied reality, its characteristics and its problems, therefore, it intends to accurately describe the facts and phenomena of a given reality, which justifies, consistently, this type of research for the work in question, as it will make it possible to identify facilitating and hindering factors in the communication between the managers of the 24-hour ECUs and the teams that work in these services.⁹

It is known that the four 24-hour ECUs of the municipality hosting them will be the unit of analysis. These will count on multi-professional teams acting around the clock. All 24-hour ECUs are provided with urgent and emergency medical clinic visits, and two of them also provide pediatric and general surgery, with an average of 29,000 visits per month in the four units.

Before this unit of analysis, it was necessary to define the research participants. This process will consist in valuing criteria of qualitative representativeness. Researchers can use the so-called “intentional samples” when designing samples, which are a small number of people who are intentionally chosen because of their relevance to a particular subject. In addition, the research participants will be the professionals who occupy a management role in the 24-hour ECUs of the municipality in question, including managers, medical and nursing technical references.

Inclusion criteria will be considered to be professionals with at least six months of experience in the selected unit of analysis and who are in a situation of effective exercise of managerial functions related to the position held. Professionals on sick leave, holidays or other forms of sick leave and the option to opt out of the survey will be excluded.

As it is a qualitative research, the delimitation of the number of participants is not relevant, and the criterion used to determine this number will be the saturation of the data in which there is no numerical requirement of the size of the group of respondents. Thus, the number of participants can be defined during the fieldwork in case of recurrence of information capable of reflecting the totality in the multiple dimensions. Data will be collected through face-to-face interviews, a methodology that allows dealing with complex topics that could hardly be adequately investigated through questionnaires, exploring them in depth because of their interactive nature.⁹

It is reported that the interview will be semi-structured and will use a validated script (adapted from an instrument) ¹⁰ with guiding questions that seek to answer the research problem of this study.

Interviews will be held in a place reserved at the service itself according to the preference and availability of the participant's day and time. The recording feature will be used to facilitate the conduction of the interviews and the subsequent transcription with literal and full registration. These interviews will be archived in a safe place for the protection of participants, as recommended by Resolution 466/2012.⁹

Data will be analyzed using the Content Analysis technique⁹ from the full transcription of the recorded interviews. According to this author, it is revealed that the Content Analysis presents the differential of imposing a cut between the institutions and the hypotheses that lead to more definitive interpretations, maintaining the rigor of a scientific work.

Thematic or Categorical Analysis is the type of technique most used by Content Analysis, in operations of breaking up the text in units (categories), according to analogical groupings, discovering nuclei of meaning that make up a communication. The following steps will be taken for the Thematic Content Analysis: pre-analysis, material exploration and treatment of results / inference / interpretation.⁹

The open grid will be used, with the units of analysis word, expression and phrase, with consequent definition of the categories. In the open grid, we identify categories of analysis as they emerge from the researcher, that is, there is a rearrangement of categories during the course of the research, establishing final categories of analysis. Finally, the analysis in interpretative procedures will be supported, comparing the results obtained with the theories that will support the research.⁹

EXPECTED RESULTS

It is believed that this study has the potential to enable the development of a guiding instrument, based on health management technologies, to achieve effective communication between managers and teams of 24h ECUs, presenting strategic actions that can alleviate the challenges encountered in work processes inherent to urgency and emergency services, and so that, in fact, these services meet the needs of users, with professionals more engaged and motivated in a humanized practice.

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