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ORIGINAL ARTICLE

CHARACTERIZATION OF NURSING STAFF IN URGENT AND EMERGENCY UNIT OF ADULTS

CARACTERIZAÇÃO DA EQUIPE DE ENFERMAGEM EM UNIDADE DE URGÊNCIA E EMERGÊNCIA DE ADULTOS

CARACTERIZACIÓN DEL PERSONAL DE ENFERMERÍA EN UNIDAD DE URGENCIA Y EMERGENCIA DE ADULTOS

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ABSTRACT

Objective: to characterize the nursing staff of the Emergency for Adults. ***Method:*** descriptive and exploratory study of quantitative approach, with 38 professionals of nursing staff of Emergency for Adults of the Clinical Hospital of the Federal University of Triângulo Mineiro. For the data collection, a questionnaire was employed and the data were organized into Excel® spreadsheets, and presented in tables. The research project has been approved by the Research Ethics Committee, under Protocol No 1994/11. ***Results:*** prevalence of females (68.4%), with ages between 25 and 35 years (42.1%), formed time between 6 to 10 years (44.7%) and time of performance in the unit (42.1%) between 1 and 5 years (34.2%) are in the Federal Legal Regime and (68.4%) have only one working link. As for functions, there is nurses (15.8%), nursing technicians (71%) and nursing assistants (13.2%). Furthermore, (76.3%) have courses and/or training in the area. All affirmed the desire to perform courses and training. ***Conclusion:*** the nursing team is a young team and longs for permanent training in the area. ***Descriptors:*** Nursing Staff; Emergency Medical Services; Training on Service.

RESUMO

Objetivo: caracterizar a equipe de enfermagem do Pronto Socorro Adulto. ***Método:*** estudo exploratório e descritivo de abordagem quantitativa, com 38 profissionais da equipe de enfermagem do Pronto-Socorro Adulto do Hospital de Clínicas da Universidade Federal do Triângulo Mineiro. Para a coleta de dados, foi empregado um questionário e os dados foram organizados em planilhas do Excel®, sendo apresentados em tabelas. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, sob o Protocolo nº 1994/11. ***Resultados:*** predomínio do sexo feminino (68,4%), com faixa etária entre 25 e 35 anos (42,1%), tempo de formado entre 6 a 10 anos (44,7%) e tempo de atuação na unidade (42,1%) entre 1 e 5 anos, (34,2%) estão no Regime Jurídico Federal e (68,4%) têm único vínculo de trabalho. Quanto aos cargos, têm-se enfermeiros (15,8%), técnicos de enfermagem (71%) e auxiliares de enfermagem (13,2%). Ademais, (76,3%) têm cursos e/ou treinamento na área. Todos afirmaram o desejo de realizar cursos e treinamentos. ***Conclusão:*** a equipe de enfermagem é uma equipe jovem e anseia por capacitação permanente na área. ***Descritores:*** Equipe de Enfermagem; Serviços Médicos de Emergência; Capacitação em Serviço.

RESUMEN

Objetivo: caracterizar el personal de enfermería de la Emergencia para Adultos. ***Método:*** estudio exploratorio y descriptivo con enfoque cuantitativo, con 38 profesionales del equipo de enfermería de la Emergencias para Adultos del Hospital de Clínicas da Universidad Federal do Triângulo Mineiro. Para la recolección de datos, se empleó un cuestionario y los datos fueron organizados en hojas de cálculo Excel ® y presentados en cuadros. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, bajo protocolo No 1994/11. ***Resultados:*** predominio del sexo femenino (68.4%), con edades comprendidas entre 25 y 35 años (42,1%), graduados entre 6 a 10 años (44,7%) y tiempo de funcionamiento en la unidad (42,1%) entre 1 y 5 años (34,2%) están en el Régimen Jurídico Federal y (68.4%) tienen sólo un vínculo de trabajo. En cuanto a los cargos, hay enfermeras (15,8%), técnicos de enfermería (71%) y auxiliares de enfermería (13,2%). Además, (76,3%) tienen cursos y/o entrenamientos en el área. Todos afirmaron el deseo de realizar cursos y entrenamientos. ***Conclusión:*** el equipo de enfermería es un equipo joven y anhela capacitación permanente en el área. ***Descriptores:*** Personal de Enfermería; Servicios Médicos de Emergencia; Capacitación en el Sevicio.

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INTRODUCTION

The urgency and emergency services have been characterized by significant increase in customer demand, leading to an accelerated rhythm and workload for health professionals. The immediate consequence is the overcrowding in the units, with customers that could be attended in primary care units or in ambulatory health care services.[1-3]

These services are pressed by the difficulties of access to other levels of the system. That question brings up related factors to the epidemiological transition characterized by aging of the population and to the significant increase of non-communicable diseases chronic degenerative, adding the number of attendances of acute frames. Another factor that changes the demand of these services relates to increased morbidity and mortality from external causes, resulting from the abuse of alcohol and other drugs, violence and the misuse of the emergency services and the entrance doors of high complexity services.[1-4]

The overcrowding of emergency services results in a fragmented hospital assistance, characterized by specific actions and immediate, disarticulated of the integral health care. Such practices generate excessive costs on the human, material and financial resources, causing the discontinuity of care, exacerbating the disease events, whether acute or chronic, which could be accompanied in primary care. All these facts lead to overcrowding of such services, where it is possible to observe workload situations generating conflict and dissatisfaction for users and health workers.[5]

Such practices lead to countless attendance difficulties, depreciating both assistance to patients and the health team. All this unstable dynamics of ER services generate extra costs by misuse of the human, material and financial resources.[1,5-6] In addition, entail the discontinuity of care, aggravate the disease events, whether acute or chronic, which could be accompanied in primary care. The reflection of this context along to workers and users, shown in situations of conflict and dissatisfaction.[5-7]

In seeking to reorganize emergency services, some advances were proposed providing the immediate service, as the host deployment with credit rating, because it represents a resource for direct access of the population to health services.[6,8] Added to these advances, it becomes important to highlight points regarding health workers as requirements related to productivity, quality and unstable and flexible labour market, broadening the requirements regarding the qualification of the workers and the implementation of education and management models based on professionals skills, constituting important components for healthcare.[9-10]

Such demands for workers culminate in work processes influenced by knowledge, equipment, standards and organizational structures with emphasis on biological aspects to interpretation of vital phenomena, related to the biomedical model organized in the division of tasks between the different agents.[11]

The nursing staff in ER services involves specifics and articulations, indispensable to the worker process in complex care of patients, requiring scientific enhancement, technological and human management, whose purpose assumes importance not only because of the complexity and particularities of actions in the handle, but also by the human and material resources deployed, in addition to the need to interface with other sectors of the hospital and local health system.[12]

In this context, aspects regarding the attendances of urgent and emergency grazing by interpersonal demands and of the workplace, setting up a tensioner environment of complex human, social, cultural and hierarchical relations. It is worth mentioning that the subject of this reality of work establishes a relationship of identities, conflict and mediation, compromising their quality of life and influencing directly on the results of the assistance.[13-4]

Given these considerations, we highlight the work of the nursing staff that, by its characteristic, is susceptible to occupational stress phenomenon, although this is also observed in those that are not blended in critical care areas.

The work of team nursing is considered an alternative to achieve effective results promoting quality in assistance, which is one of the multiple factors that thrusters transformations on the field of nurses. In this study, the view is released for nursing staff regarding the motivating forces for the work in the hospital environment, in particular the emergency room.

This study is justified due to the current movement of the Clinical Hospital of the Federal University of Triângulo Mineiro, which seeks to improve the performance of nursing teams in particular Emergency for Adults, with views to the possibilities of transformation of institutional performance by

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the offer of high quality services to the community.

OBJECTIVE

● To characterize the nursing staff of the Emergency for Adults.

METHOD

Exploratory and descriptive study of quantitative approach. At first, 47 subject of nursing staff have agreed to participate in the study, but nine were excluded because they did not have at least one year of service on the unit. Therefore, participated 38 nursing team professionals.

Data collection was performed in Emergency for Adults of the Clinical Hospital of the Federal University of Triângulo Mineiro, located in Uberaba/Minas Gerais. It was used the data collection instrument validated,[15] in which refers to socio-demographic data, beyond a question to inform participation in courses offered by the institution and its benefits to teamwork.

The data were collected in the period from February to April 2012 after the approval of the research project by the Research Ethics Committee of the Federal University of Triângulo Mineiro (UFTM-CEP), under opinion number 1994/11.

For the organization of data, was elaborated a Program Excel ® spreadsheet, corresponding to the variables of the profile of the subject, allowing analysis by means of simple frequency and percentage of variables.

RESULTS

In the tables, the main socio-demographic variables of the interviewed nursing workers are presented.

Table 1. Socio-demographic data of the nursing staff of the Emergency of the Clinical Hospital of the Federal University of Triângulo Mineiro-Uberaba, 2012 (N = 38).

Variables	Cathegories	n	%
Sex	Female	26	**68,4**
	Male	12	**31,6**
Age (years)	< 25	**3**	**7,9**
	25-35	**16**	**42,1**
	36-45	**13**	**34,2**
	46-55	**5**	**13,2**
	> 55	**1**	**2,6**
Total		**38**	**100,0**

Regarding to the age, the predominant age group is situated between 25 and 35 years (42.1%), indicating the formation of a relatively young nursing staff team.

According to Table 1, a total of 38 participating professionals nursing team, it was observed that the majority (68.4%) of workers was female; the rest (31.6%) were male

Table 2. Data relative tothe working life of the nursing staff of the Emergency of the Clinical Hospital of the Federal University of Triângulo Mineiro – Uberaba, 2012 (N = 38).

Variables	Cathegories	n	%
Profissão / Profission	Nurse	6	15,8
	Nursing technician	**27**	**71,0**
	Nursing assistant	**5**	**13,2**
Time in current profission	1-5 years	**13**	**34,2**
	6 -10 years	**14**	**36,8**
	11-15 years	**4**	**10,5**
	16-20 years	**3**	**8,0**
	> 21 years	**4**	**10,5**
Working time on unit	1-5 years	**23**	**60,5**
	6-10 years	**12**	**31,7**
	11-15 years	**1**	**2,6**
	16-20 years	**1**	**2,6**
	>21 years	**1**	**2,6**
Employment type	Legal Regime of Federal Employees	**13**	**34,2**
	Contract for a determined period	**25**	**65,8**
Education	High School	**21**	**55,3**
	Higher education complete	**11**	**28,9**
	Higher education incomplete	**6**	**15,8**
Works in another location	Yes	**12**	**31,6**
	No	**26**	**68,4**
Education time	1-5 years	**14**	**36,8**
	6 -10 years	**17**	**44,7**
	11-15 years	**4**	**10,6**
	16-20 years	**2**	**5,3**
	> 21 years	**1**	**2,6**
Time of operation in the hospital	1-5 years	**16**	**42,1**
	6 -10 years	**14**	**36,8**
	11-15 years	**3**	**7,9**
	16-20 years	**2**	**5,3**
	> 21 years	**3**	**7,9**
Designation for the Adult ER	Hierarchical display	**16**	**42,1**
	Own choice	**19**	**50**
	Others	**3**	**7,9**
Participation in training courses	Participate	**29**	**76,3**
	Does not participate	**9**	**23,7**

In Table 2, the surveyed subjects were nurses (15.8%), nursing technicians (71%) and nursing assistants (13.2%). As for the time of education, (44.7%) were graduated with 6 to 10 years. With regard to schooling, prevailed the high school, with 55.3% of the professionals. In relation to the length of service, 60.5% work 1 to 5 years in the area.

It is noted that the time of operation at the Clinical Hospital of the Federal University of Triângulo Mineiro (42.1%) was in a period of 1 to 5 years. This data can be related with the expansion of the service. With regard to employment, because it is a public institution, 34.2% of these professionals follow the Juridical Regime of Federal Employees, and 65.8% follow the Brazilian system of Consolidation of Labor Laws. It was observed that 31.6% of workers engaged in a double shift at work. Regarding to the designation for working in urgent and emergency units, 50% was by personal choice. About the participation in training courses, 76.3% reported having done some kind of training to operate in the area.

DISCUSSION

The findings have found the prevalence (68.4%) of women. These results are consistent with the trend shown by studies in the area, confirming that the nursing profession maintains female at all levels. This issue has been studied for some decades, noting a significant contingent of women, representing today more than 70% of the entire workforce in health.[16]

By analyzing the latest census data from Brazil, concerning to the health workforce, it is registered a significant increase of women with labor activities. In the category of nurses, the predominance of the female coincides with studies conducted in 2006, where it was found that approximately 90.00% of the total number of nursing professionals were female. In relation to technical level professionals and auxiliaries, the female presence is even more accentuated.[17]

According to the Federal Council of Nursing data,[18] nursing is the largest health workforce. Studies conducted on the subject report that, over the past 15 years, there has been an increase of 110.20% technical professionals/nursing assistants, female, due to the effective participation of women in the labour market in health.[16] These data corroborate other studies that characterize nursing as predominantly female profession, noting that the high number of female workers in the area has persisted since the beginning of its professionalization. In this sense, the female presence in the profession is considered as a positive factor, because women are considered comprehensive, engage in participatory leadership practices and tend

to encourage more their teams than men leaders.[16-17]

As for the age group, the highest prevalence lies between 25 and 35 years (42.1%). These data are backed up the findings found in literature, unveiling that most professionals lies in the most productive age group of life,[6,18] confirming another study about the nursing staff related to this subject, where the results may be due to have been carried out with economically active professionals.[19-20] Another relevant factor is the rate of work imposed by characteristics of urgent and emergency services that require professionals who work items such as: physical exertion, dynamism and agility.

In this scenario, the nursing staff is faced with occupational stress-related factors, including the workload, conflicts and ambiguities arising from industrial activities and the non-recognition of their skills expected for the performance of this professional practice. These factors are interacting directly on the physical and mental health.[21]

The surveyed subjects were nurses (15.8%), nursing technicians (71%) and nursing assistants (13.2%). The technicians/nursing assistants continue in majority on health team. This data can be related to the existence of a large number of training schools in Brazil, as well as the emphasis placed by the Federal Government to vocational courses, in particular to the Program of Professionalization of Workers in the Area of Nursing.[22] The workforce in nursing presents distinct values in the set of workers, producing different situations/recognition in the various occupational categories. This is not determined by vertical legislations or by wills of categories and professional associations.

It is worth registering that the dimensioning of nursing staff in Emergency Unit is based on COFEN Resolution No. 293/2004,[23] that defines parameters for units and health services. In that resolution, the emergency services are considered special units, composed of different functional sites. It should be noted that this resolution does not deals with clarity on the average time taken to patients for the different areas that make up the Emergency. Soon, this distribution is performed based on the experience and intuitively by the nurses.

As for the time of education, (44.7%) were between 6 and 10 years of graduates. Studies report that the professional with longer formed has a greater potential of experience, showing more confidence in the performance of their functions.[24]

In relation to the length of service, 60.5% worked from 1 to 5 years in the area. According to the legislation in force in our Country, three years is the minimum period considered for the professional stability.[25] It is noted that the time of operation at the Clinical Hospital of the Federal University of Triângulo Mineiro was 42.1% in the period from 1 to 5 years. This data can be related with the expansion of the service, held at the institution in recent years.

The time of work in a particular sector can be indicative of satisfaction at work. On the other hand, in studies about the emotional wear and tear and the labour sectors, it was found that the nursing professionals who worked in the emergency sector achieved the highest scores of professional wear. It is assumed, then, that this fact diminishes the anxiety factor of worker and raise their stress, which is inherently necessary to human existence.[26] It is observed that the shorter the time in the company, the greater the level of satisfaction at work and three years form the minimum considered for the professional stability in Brazil.[20,27]

With regard to employment, for dealing with a public institution, 34.2% of these professionals follow the Juridical Regime of Federal Employees, showing that, from the privatization of public services, were created arrangements for hiring by the Brazilian Consolidation of Labor Laws. This process is understood by the loss of quality in the labour market and their social consequences for the population, such as reduction of income and instability in the workplace.[28-29]

Despite the advances of the Unified Health System, the phenomenon of precarious work in health is registered as an issue relevant to most health services, whether local, state or federal level. In Brazil, this phenomenon has resulted largely by liberal reforms that accompanied the privatization and deregulation of labour, as well as the economic crisis that occurred in the years 1990.[28]

It is observed that the double workday prevalent in the categories of nursing workers constitutes a factor of precarious work; in this study, 68.4% have only one working link. It is attached to this finding, the situation in which the Health Ministry has been offering opportunities for extra shifts to health workers of teaching hospitals. This applies to all categories of nursing; thus, the professional interviewee does not have another job, but doubles or triples its weekly

working hours in the own investigated service.[29]

As the designation for working in urgent and emergency units, 50% of professionals have chosen to work in this sector. This fact corroborates with studies conducted in Brazil[18-19,25] about this subject.

About the participation in training courses, 76.3% reported having done some kind of training to operate in the area. These trainings are related to procedures and situations that require decision-making, readiness and skill/ability in front of critical situations, reinforcing the need for programs targeted for the development of skills in this area.[24] On this way, the realization of trainings and educational actions are managerial instruments used by nurses to qualify the care provided by nursing staff in the Emergency service for Adults.

The training required to act in urgent and emergency units is important for the exercise of nursing in these services, for dealing with patients/clients in imminent risk of life. The American Nursing Association, since 1983, has defined three levels of competence for this area: the first requires minimum competence for nurses provide care to the traumatized patient; in the second, the professional requires specific training in emergency nursing and, in the last level, the nurse must be well-defined area specialist and acting under pre- and in-hospital.[30]

It is worth registering that the nursing staff well trained, with available resources, acting in line with the activities and working in harmony, is able to exercise their role with efficient performance and solving of urgent and emergency care in hospital services and, consequently, an important role in the recovery and maintenance of the health of the individual.

CONCLUSION

This study made possible to characterize the nursing staff of Emergency Unit for Adults of the Clinical Hospital of the Federal University of Triângulo Mineiro. Consisted of 38 professionals, 68.4% female; the most frequent age group was between 25 and 35 years (42.1%), indicating the formation of a young nursing staff; (71%) are nursing technicians. Over education time, (44.7%) were in the age group between 6 and 10 years. 60.5% worked in the area of urgent and emergency and were acting for a period from 1 to 5 years; 34.2% follow the Juridical Regime of Federal Employees and 76.3% reported having done some kind of training to operate in the area.

The need for nursing staff goes through the pursuit of grants for improvement of working conditions and training policies structuring a quality service. It should be noted that this study had limitations with regard to socio-demographic data, data concerning the qualification of workers and data that they express the working conditions of nursing staff. Situation that opens space for new investigations.

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