65 - PREHOSPITAL CARE: CHALLENGES OF THE EMERGENCY MOBILE CARE SERVICE FROM THE VIEWPOINT OF NURSES

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INTRODUCTION

According to the Brazilian Ministry of Health, pre-hospital care may be defined as the assistance provided at a first level of care to patients with acute conditions of a clinical, psychiatric, or traumatic nature, when occurring outside the hospital environment and having the potential to cause sequelae or even death.

In Brazil, prehospital care (PHC) is provided by the Emergency Mobile Care Service (SAMU), which was established by "Portaria" 1,864/GM, in September 2003, from the Ministry of Health.

After the deployment of this service, there was a significant progress in prehospital mobile care, in terms of quality of care. The implementation of SAMU, with regulation centers which organizes the flow of care having the hierarchy of needs as a basis, has brought benefits to the Brazilian health care system (MINAYO, 2008). In order to ensure that this service is provided with a good quality, there is a need to gather trained professionals who meet the requirements of the nursing care which will be provided, both in PHC and during inter-hospital transfer, aiming at hospital prevention, protection, and recovery.

SAMU is currently structured in two modes: Basic Life Support Unit (USB), which consists in preserving life without invasive procedures, where the assistance is provided by professionals trained in first aid and working under medical supervision, and the Advanced Life Support Unit (USA), whose characteristic is performing invasive procedures, more complex, and, thus, this kind of care is exclusively practice by physicians and nurses (LIMA; RIVERA, 2010).

SAMU is included in the regional and hierarchical health care system, able to deal, within the region covered, with any kind of health problem, either clinical, traumatic, obstetric, or psychiatric, faced by the various age groups, both in urgency and emergency situations, being in charge of safe transportation and monitoring by trained professionals from the incident site to the hospital environment.

Thus, nurse's role is precisely related to provide the severe patient with direct care; she/he must be always updated in terms of scientific knowledge, being able and experienced to provide the care required. So, the nursing practice in PHC involves not only experience and expertise for providing the victim with care under various circumstances, but also physical fitness and emotional balance to face the challenges observed in this kind of assistance (RAMOS, 2005).

In this regard, some questions emerge about the care provided by SAMU, from the viewpoint of nurses, such as: "What are the main challenges faced by the nurse across with regard to PHC?"; and "Can the challenges faced in this service hinder the care provided to the victim?". These questions guide this research, whose aim is analyzing the main challenges faced in PHC from the viewpoint of nurses.

Given this context, this study is justified by the particularity of the service, regarded as a challenge by the staff; each occurrence is unique, due to the unpredictability of the kind of care which is going to be required. It is often needed to go to locations with difficult access and lack of safety, in addition to various problems involved in this service.

METHODOLOGY

This research consisted in an exploratory, descriptive, study with a qualitative approach. It was carried out in the SAMU in the town of Cajazeiras, Paraíba, Brazil. This scenario was chosen for convenience purposes.

The population consisted of 19 nurses working at SAMU. The inclusion criterion was working in this service for at least 6 months; the exclusion criterion was refusing to participate in the research.

For processing data collection, we used a questionnaire aimed at nurses who work at SAMU, who answered to a questionnaire arranged into 2 parts: the first with data for obtaining information on the identification of subjects and the second aiming to address the issues related to the objective proposed.

This study was approved by the Research Ethics Committee of Faculdade Santa Maria, under the Protocol 126,837; it complied with the criteria established by Resolution 196/96, from the Brazilian National Health Council, providing for the rights and duties with regard to the scientific community and the research subjects (ANDRADE, 2009). In order to ensure the anonymity of respondents, their names were replaced here by the letters "RS", which correspond to the term "research subject".

Data were collected in October and November 2012, in the SAMU, with date and time previously scheduled by the nursing coordination of this service.

We opted for the Content Analysis technique, which allows highlighting the theme and consists of 3 steps: pre-analysis, analytical description, and referential interpretation. Pre-analysis is the organization of material through the selection of documents; in the analytical description, documents undergo in-depth analysis through coding, classification, and/or categorization; and referential interpretation is the phase in which relations are established between the object under analysis and its wider context, reaching even reflections which set new paradigms in the structures and relationships studied (BARDIN, 2009).

RESULTS AND DISCUSSION

Major challenges faced by nurses in prehospital care

According to Thomaz (2000), nurses are active participants in the PHC team and she/he takes a shared responsibility for assisting the victims. She/he often works in physically constrained areas, sites hard to reach, and various environments, in situations involving lack of time due to the victim's condition, thus setting the challenges which must be addressed, since they require making immediate decisions based on knowledge and preliminary assessment. The testimonies below instantiate what 8 (50%) respondents regard as challenges in PHC.

> An unknown and unexpected situation when arriving at the site. (RS 7)
> An unexpected and unknown situation at the site. (RS 8)
> The main challenge is the unpredictability of the kind of care. (RS 9)

In these testimonies by the participants, we notice that nurses need to have a rescue profile, in order to provide a good quality prehospital mobile care, and this requires characteristics such as: agility, ability, attention, concentration, constant updating, emotional balance, scientific knowledge, willing to fulfill tasks, dexterity, physical capacity, expertise to deal with the unknown, initiative, and willingness to teamwork.

An effective operation of PHC depends on a good nursing training, since the nurse, according to legal provisions, is a crucial professional with regard to the provision of good quality care (VARGAS, 2006).

Regarding the use of protocols during care, they provide the nurse, as well as the staff assisting victims in PHC, with a quicker service, higher effectiveness, lower chance of errors, and guarantee of a good quality care. Thus, proper use of care protocols allows nurses to acquire new skills and feel better prepared to face these challenges, unlike that care provided within the hospital, due to stressful situations posed by the provision of care at the incident site, more interaction and closeness to the population and, often, the victim's family, assistance in restricted space and interaction with professionals who belong to other areas than health care (FIGUEREDO; COSTA, 2009).

On the other hand, 8 participants (50%) have different opinions from those described above, taking into account that a major challenge is still educate people about the proper use of SAMU:

> We need to raise population's awareness of the service procedures and routines. (RS 4)
> There is a need for educating the public about the proper use of SAMU. (RS 14)
> There is a lack of population's awareness. (RS 16)

The PHC services are designed as an obligation of the health care system, connected to a regulating center, with a staff and a vehicle fleet to provide the service, everything consistent with the population's health care needs, on a regional or municipal basis, according to the care plans applied to this area (BRASIL, 2006).

Population's cries for help are not always compatible with the nature of a service, sometimes it is difficult for the physician who is regulating the service to evaluate the situation. The lack of accuracy in the information provided leads to difficulties so that the regulating physician to make the right decision with regard to the allocation of the resources available.

Challenges faced in prehospital care which may affect the provision of assistance to the victim

Regarding this category, 12 participants (75%) expressed opinions confirming that the challenges faced in PHC may affect the provision of assistance, as we observe in the following testimonies:

> Yes, if the incident poses some risk staff's integrity, care, by law, should not be provided. (RS 3)
> Yes, when it is extremely difficult to reach the victim. (RS 14)
> Yes. Especially when there is some risk for the staff. (RS 16)

The existence of first aid implicitly situates the assistance to the victim at the very site where the incident occurred. Often, given the proportions and circumstances involving other events, some danger is posed for those who are providing the victims with care. If a victim, for instance, is exposed to electrical discharge, gases, or other toxic substances, flammable, explosive, or corrosive, the first measure to be taken is rescuing the victim. The rescuer should be able to identify the amount and nature of the risks involved in every situation and know how to solve the problem, avoiding to unnecessarily expose her/himself; thus, only when effectively rescuing somebody a PHC team may take the initiative to provide first aid. In contrast, 3 participants (19%) expressed opinions different from those above. Only 1 (6%) claim that the changes that challenges faced in PHC affect the care provided to the victim depend on the staff.

Relation of the Emergency Mobile Care Service team to the services supporting prehospital care

Participants report that their relation to the services supporting PHC, i.e. those whose professionals are not health professionals, such as firefighters, police officers, and road police officers.

The information below reveal that there is a good relationship between the SAMU team and the staff of services supporting PHC; 15 participants (94%) confirmed this information, and only 1 (6%) had mixed feelings about it.

> The services SAMU, Military Police, and Military Firefighters Corps are effective, whenever one asks for help from the other. (RS 4)
> We have a good relationship with supporting services, whenever asked we have a good response. (RS 9)
> The relationship, as a whole, is very good, the professionals are properly trained to provide PHC. (RS 11)

The National Emergency Care Policy states that, in addition to professionals from the health care field, SAMU relies on the assistance of other services which do not involve health care, such as firefighters, police officers, road police officers, and other professionals recognized by the public health manager, who should comply with the guidelines of the Emergency Medical Regulation of the Unified Health Care System (SUS), working in a connected way, as provided for by “Portaria” 2,048/GM, enacted on November 5, 2002 (BRASIL, 2002).

In emergency care situations, external causes or the patients who are at sites with difficult access, these professionals must take an agreed action, supplementary and connected, in order to provide actions involving safety, help, and rescue, including the provision of proper signaling at the site, the removal of crashed vehicles, the recognition and management of potential risks (fire, energized materials, and hazardous substances), thus obtaining access to the patient in order to provide her/him with the adequate life support.

Aspects in which the Emergency Mobile Care Service must improve to provide a better care

These aspects are highlighted in the statements below, representing the opinion of 11 participants (69%), who think there is a need for improving the service.

> Yes. The SAMU team, i.e. the managers, should provide training so that the professionals are always qualified to provide the population with the best assistance. (RS 1)
> Yes, to keep encouraging the professionals to get some training. And the professionals may also promote training at the SAMU, exchanging knowledge among themselves. (RS 11)
> Yes. SAMU should provide training for staff and provide a better care by managers (RS 16)

We observe that, with regard to this category, the professionals think there is a need for team training, although the service has human resources, ambulances in good use conditions and equipped with suitable materials. We may point out that there is a certain lack of effort on the part of service managers to provide the team with continued education, in order to provide assistance with a better quality.

Currently, there are many kinds of courses aimed at making the nurse able to face unexpected situations, where a high level of problem-solving ability is required for providing the patient with care. For working with PHC, nurses should seek, at the undergraduate level, to get properly prepared, either through specific courses or specialization, perfecting, outreach, and even MS and Ph.D courses, since the labor market in the area is increasingly more demanding (VARGAS, 2006).

Unlike the testimonies above, 5 participants (31%) claim that there is no need for improving the service, as stated below:

> No, because we have a team trained to provide any kind of assistance. (RS 2)
> No, because the SAMU in Cajazeiras offers classes on NEU [center for studies on emergency care], something which facilitates providing the professionals with continued education. (RS 4)
> No. Because the SAMU team is prepared. (RS 7)
> No. The team is 100%. (RS 8)

It is emphasized, by means of these speeches, that a minority of professionals who make up the SAMU team are really satisfied, stating that the service needs no improvement, impacting directly on the quality levels of teamwork. However, when it comes to public service, they never deny some improvement, they are always willing to receive financial support for improving the service quality and, thus, become able to care for the population in a better way.

The objectives of PHC are achieved only when the whole team is properly trained, having a deep knowledge and skill for recognizing the variables involved in the kind of care required, so that the service is able to take proper actions at the incident site (ROCHA; VELOSO, 2009).

FINAL REMARKS

SAMU has played a significant role in public health, providing the population with an important alternative to access health care services; this service consists of low complexity procedures which are practiced by professionals working at USB, as well as highly complex procedures practiced by professionals working at USA. The performance of such procedures requires assessment by the team which was assigned to provide this assistance, by means of scientific and technical knowledge under the light of protocols, enjoying autonomy and showing mastery of the kind of care being provided.

The nurses working with PHC show a strong relationship with the profession, which consists in a practice that requires improved and continued knowledge, as well as ability to deal with situations that pose challenges during treatment, because this is a job where the professional is very exposed to demands from the population and undergoes a frequent direct assessment with regard to her/his ability to fulfill the tasks concerned.

The challenges highlighted in this research indicate that PHC requires professionals who master general and specific knowledge, i.e. they know many techniques and pathologies, and they are able to take leadership and follow the service protocols; certainly, this work requires emotional balance, as these professionals face various kinds of health problem and they are constantly exposed to risk.

We think that the objectives pursued by this research have been achieved, however, it was found out that further study is needed with regard to the challenges faced in PHC, since there is a lack of scientific publications addressing such a complex theme.

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PREHOSPITAL CARE: CHALLENGES OF THE EMERGENCY MOBILE CARE SERVICE FROM THE VIEWPOINT OF NURSES

ABSTRACT

Objective: Analyze the main challenges faced in prehospital care (PHC), from the viewpoint of nurses. Methodology: Exploratory research, with a qualitative approach, carried out in the Emergency Mobile Care Service (SAMU) in the town of Cajazeiras, Paraíba, Brazil. The sample consisted of 16 nurses, among them 1 coordinator. Data collection took place in October and November 2012, using a questionnaire, after approval by the Research Ethics Committee of Faculdade Santa Maria, under the Protocol 126,837. The analysis was performed using the Content Analysis technique proposed by Bardin. Results: Participants discreetly expressed the way how they deal with challenges faced in PHC and this was identified by means of the following categories: Main challenges faced by the nurse with regard to PHC; Challenges faced in PHC which may affect the care provided to the victim; Relation of the SAMU team to the services supporting PHC; Aspects in which SAMU must improve to provide a better care. Final remarks: We found out that there is a need for further studies on this theme, in order to provide an adequate knowledge on the subject, given the small number of publications available in this area.

KEYWORDS: Pre-hospital care. Emergency Mobile Care Service. Nursing.

SOINS PRÉ-HOSPITALIERS: DÉFIS DU SERVICE DE SOINS MOBILE D'URGENCE DU POINT DE VUE DES INFIRMIÈRES

RÉSUMÉ

Objectif: Analyser les principaux défis à relever en matière de soins pré-hospitaliers (SPP), du point de vue des infirmières. Méthodologie: Recherche exploratoire, avec une approche qualitative, réalisée dans le Service de Soins Mobile d'Urgence (Samu) à la ville de Cajazeiras, Paraíba, Brésil. L'échantillon se composait de 16 infirmières, avec 1 coordinateur entre eux. La collecte des données a eu lieu en Octobre et Novembre 2012, à l'aide d'un questionnaire, après l'approbation par le Comité d'Éthique de la Recherche de la Faculdade Santa Maria, en vertu du Protocole 126,837. L'analyse a été réalisée en utilisant la technique d'Analyse du Contenu proposé par Bardin. Résultats: Les participants ont discrètement exprimés la manière comment ils traitent avec difficultés rencontrées dans les SPP et ceci a été identifié par les catégories suivantes: Principaux défis à relever par l'infirmière à l'égard des SPP; Défis à relever en matière de SPP qui peuvent affecter les soins prodigués à la victime; Relation de l'équipe du Samu avec les services d'appui des SPP; Aspects dans lesquels Samu doit améliorer pour fournir de meilleurs soins de santé. Remarques finales: Nous avons constaté la nécessité de nouvelles études sur ce thème, afin de fournir une connaissance adéquate sur le sujet, étant donné le petit nombre de publications disponibles dans ce domaine.

MOTS CLÉS: Soins pré-hospitaliers. Service de Soins Mobile d'Urgence. Soins infirmiers.

ATENCIÓN PREHOSPITALARIA: DESAFÍOS DEL SERVICIO DE ATENCIÓN MÓVIL DE URGENCIA DESDE EL PUNTO DE VISTA DE ENFERMEROS

RESUMEN

Objetivo: Analizar los principales retos en la atención prehospitalaria (APH), desde el punto de vista de los enfermeros. Metodología: Investigación exploratoria, con abordaje cualitativo, realizado en el Servicio de Atención Móvil de Urgencia (Samu) en la ciudad de Cajazeiras, Paraíba, Brasil. La muestra estuvo conformada por 16 enfermeros, entre ellos 1 coordinador. La recogida de datos se llevó a cabo en octubre y noviembre 2012, con utilización de un cuestionario, después de la aprobación del Comité de Ética en Investigación de la Faculdade Santa Maria, bajo el Protocolo 126.837. El análisis se realizó mediante la técnica de Análisis de Contenido propuesta por Bardin. Resultados: Los participantes expresaron discretamente la forma cómo afrontan retos en la APH y esto fue identificado por medio de las siguientes categorías: Principales desafíos afrontados por el enfermero con respecto a la APH; Desafíos afrontados en la APH que pueden afectar a la atención a la víctima; Relación del equipo del Samu con los servicios de apoyo a la APH; Aspectos en los que el Samu debe mejorar para ofrecer una mejor atención. Consideraciones finales: Se constató que hay una necesidad de más estudios acerca de ese tema, con el fin de proporcionar un adecuado conocimiento sobre el tema, dado el escaso número de publicaciones disponibles en esa área.

PALABRAS CLAVE: Atención prehospitalaria. Servicio de Atención Móvil de Urgencia. Enfermería.

ATENÇÃO PRÉ-HOSPITALAR: DESAFIOS DO SERVIÇO DE ATENDIMENTO MÓVEL DE URGÊNCIA NA VISÃO DOS ENFERMEIROS

RESUMO

Objetivo: Analisar os principais desafios encontrados no atendimento pré-hospitalar (APH), na visão dos enfermeiros. Metodologia: Pesquisa exploratória, com abordagem qualitativa, realizado no Serviço de Atendimento Móvel de Urgência (Samu) da cidade de Cajazeiras (PB). A amostra foi composta por 16 enfermeiros, dentre estes 1 coordenador. A coleta de dados ocorreu em outubro e novembro de 2012, com utilização de um questionário, após aprovação do Comitê de Ética em Pesquisa da Faculdade Santa Maria, sob o Protocolo n. 126.837. A análise foi realizada por meio da técnica de Análise de Conteúdo proposta por Bardin. Resultados: Os participantes expuseram de forma discreta o enfrentamento dos desafios no APH e isso foi identificado por meio das seguintes categorias: Principais desafios enfrentados pelo enfermeiro frente ao APH; Desafios enfrentados no APH que podem prejudicar o atendimento prestado à vítima; Relação da equipe do Samu com os serviços de apoio ao APH; Aspectos nos quais o Samu deve melhorar para prestar um melhor atendimento. Considerações finais: Constatou-se a necessidade de estudos mais aprofundados sobre essa temática, para proporcionar conhecimento adequado acerca do tema, tendo em vista o pequeno número de publicações disponíveis nessa área.

PALAVRAS-CHAVE: Atendimento pré-hospitalar. Serviço de Atendimento Móvel de Urgência. Enfermagem.