

A Patient Perception as a Nursing Care in Emergency Sector

ORIGINAL

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Abstract

The work process by nurses in the emergency sector is comprised of two complementary dimensions, managing and caring. Therefore, the aim of this study was Know the perception of patients to the support of the nursing assistance in Emergency sector. This is a field research, exploratory, descriptive qualitative approach. The survey was conducted in Dr. Luiz Milton Arêa Leão Hospital - Satélite, located in the city of Teresina - PI, Brazil, which caters exclusively by the Unified Health System, and reference in its coverage area. We interviewed thirteen (13) patients who remained in observation in the emergency sector in that hospital. For this study was used as a criterion for inclusion of service users who entered the emergency sector in the period March-April 2014 and who remained in the sector at the time of the interview. A pilot test was conducted with the instrument to validate and suitability for the target audience, which is excluded from the sample. Ethical aspects were respected, as provided for in Resolution 466/2012 of the National Health Council, Brazil (2013). In this sense, we observed through the reports of the participants carrying out a qualified nursing care, where it identified a good conduct of professionals to provide the necessary assistance. A nursing care and systematic termination during the stay of patients in hospital was evidenced. It is perceived that there is a satisfaction from patients and the care of the nursing team, which is performed through actions inherent to these professionals, such as goodwill, the act of providing a welcoming atmosphere, with technical scientific background, and ability in dealing with conflict situations and ethical.

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Introduction

the work process by nurses in the emergency sector is comprised of two complementary dimensions, managing and caring. The managing comprises actions that enable the transformation of the labor process, organizing and coordinating activities, with the goal of meeting the needs from care; the care is characterized by activities performed at the bedside, relating to direct patient care. The two dimensions are interdependent, quality of care, manage and care should be jointly developed [1].

The work of nurses in the emergency sector requires the attendance profile of knowledge, allowing an organization accordance with the frequent cases, it is possible to direct the capacity building of workers, provide units with adequate human resources and materials, facilitate coordination with the other services health, specificities and joints necessary for the care management of patients with complex needs, requiring scientific improvement, technological management and extensive humanization for family members, by the unexpected impact of a situation that endangers the life of a loved one [2].

The urgency and emergency service is characterized by patient care in acute situations, and are at risk of death or severe suffering. In this regard, it is pertinent to differentiate two basic concepts, and emergence as finding of health problem conditions implying the imminent risk of death or intense suffering, thus requiring immediate treatment, and urgency as the occurrence of unexpected health problem with or without potentially life risk whose carrier needs to mediate assistance [3].

Health assistance is crafted differently in the urgency and emergency sector, where decisions are established in a short time [4]. According to Furtado e Araujo Junior [5], the urgency and emergency units are places with great demand, where users look for solution to their health needs, whether emergencies or not, which is a severe problem by observing their specific problems could be met in primary care.

In these services there is an accelerated routine care contributing to an environment of much tension and stress, where professional of the nursing team are involved the anxiety and distress of patients, assessing risk criteria referencing and directing to other levels of the assistance, ensuring resolvability of care, providing quality and access to the hospital structure through the use of clinical protocols [6].

It is known that the urgency and emergency in hospital, besides being the gateway of the institutions, are great consumers of human and material resources, in need of care in the sector and the satisfaction of users and professionals were created reception with risk classification in these sectors, in order to prioritize care, without leaving any unattended user. Thus, the host with risk classification establishes the humanization between users and health professionals, providing an integral approach, qualified and problem-solving [7].

The National Humanization Policy brought with a holistic care, which visualizes the needs and the problems presented, front of the exposed frame of that patient, aiming humanized care and resoluteness, using ethical principles that respaldem and sustain the same time seeking the understanding of the services applied in health services. The goal of the national program of hospital care humanization is, improve the relations of health professionals, both among themselves, as the hospital to the community [3].

Analyze the perception of patients about the care offered at the emergency sector during nursing assistance, it becomes necessary due to the accelerated dynamics in the urgency sector, where the nursing team professionals often perform a mechanical way approach during this permanence individual in the observation sector, and thus establish assessment criteria of quality of nursing care, contributing to the improvement of these professionals and opening a new range of scientific approach regarding the quality of nursing care from the humanization principle of this service. Therefore, the aim of this study was

Know the perception of patients to the support of the nursing assistance in Emergency sector.

Method

This is a field research, exploratory, descriptive qualitative approach. According to Minayo [8], the research of a qualitative nature, is the way of thought to follow. It consists of study to understand the relationships of beliefs, perceptions, opinions and interpretations of men regarding your way of positioning, think and review, that is, a universe of meanings that correspond to more complex processes and phenomena that can not be reduced.

The survey was conducted in Dr. Luiz Milton Arêa Leão Hospital - Satélite, located in the city of Teresina - PI, Brazil, which caters exclusively by the Unified Health System, and reference in its coverage area. We interviewed thirteen (13) patients who remained in observation in the emergency sector in that hospital. The sample was defined by data saturation technique, where interviews were considered saturated after the notorious categorical repetition of respondents' answers.

For this study was used as a criterion for inclusion of service users who entered the emergency sector in the period March-April 2014 and who remained in the sector at the time of the interview. Patients were excluded with level of consciousness of relegation and altered psychological conditions. Participants were invited by reading and signing the Free Consent Term and Informed - consent form, delivered in two ways, getting a route with the person another and with the researchers, supported the participants about the anonymity and ensuring the refusal or withdrawal at any time without damage or injury to it.

The interview was conducted individually, after reading and signing the consent form by the participants in a health unit office through a semistructured instrument. A pilot test was conducted with the

instrument to validate and suitability for the target audience, which is excluded from the sample. According to Marconi and Lakatos [9] the interview is a meeting between two people with the aim that one acquires information on a particular subject. To Minayo [8] the interview script corresponding to open and closed questions where the interviewee can speak freely on the issue addressed, not arresting to the formulated question.

For the record of the interviews a voice recorder was used in order to reproduce reliably the responses provided by the subjects during the interview for later transcription and analysis of data. For transcription of the cutouts of the talks of the participants were used pseudonyms in order to maintain the anonymity of the same. For analysis and interpretation of the collected data, we used the thematic analysis of content proposed by Minayo [8].

The technique has the theme as a central concept, ie allows greater understanding of the text, giving rise to the main idea, secondary, units and subunits of thought, their relationship and the way in which this occurs [9]. According to Minayo [8] phases that make up the thematic analysis comprise the pre-analysis, consisting of a comprehensive reading of the selected material, the exploitation of the material, this time in the researcher operates, namely portions distributes, phrases or analysis of text fragments to extract the core meaning and finally, we have the use of the results / inference / interpretation that objective an interpretive summary, discussing the results as widely as research, working on the production of knowledge and trying to assign a degree of signification to the analyzed content.

Ethical aspects were respected, as provided for in Resolution 466/2012 of the National Health Council, Brazil. As for the legal aspect, the research is part of a greater project entitled as: quality of nursing care at the emergency sector of a public hospital of Teresina, which was subjected to approved by the Research Ethics Committee of the Unified Education

Center of Teresina with register No. 13643/2013 protocol and the Hospital Foundation of Health (Teresina-PI), registered in No. 025.0.031.400/13 protocol.

Results

The participants were 13 participants aged between 21 and 90 years and eleven (11) were female and 02 (two) males. Regarding educational level four (04) claimed to be illiterates, 05 (five) have concluded elementary school, 03 (three) completed high school and 01 (one) incomplete higher education. As for length of stay in the emergency sector one (01) remained between 31-60 min, 01 (one) between 2-3 hours, one (01) between 5-6 hours and ten (10) remained for more than six hours in the sector.

According to the data obtained through interviews and analysis thereof, four central themes have emerged from inferences and interpretation of information. In the first category was discussed on the perception of patients regarding the quality of care provided by nurses at the emergency room and in the second category discussed the importance of holistic and humanized care at the emergency sector.

The perception of patients regarding the quality of care provided by nurses at the emergency sector.

Through cuts down the statements of the participants were able to identify patient satisfaction as the care provided by the nursing team. The quality of care provided to patients should occur in all stages of the development of the nursing process, aiming at the systematic and resolute care.

[...] is a quality care, it is also when the nurses came here looking and deal patiently [...] (Deponent 7)

[...] is good, not why I was there in the chair and I came here now then the service was all there and attending good [...] (Deponent 10)

[...] is great, they meets us when we need some help, come ask if we need anything, comes to carefully [...] (Deponent 12)

The first care of the nursing team seek to enhance human dignity, emphasizing the attention paid at the time. In this sense, we observed through the reports of the participants carrying out a qualified nursing care, where it identified a good conduct of professionals to provide the necessary assistance.

[...] here I like it to, the service is cool, it is cool. And I think so, as if attending all right, but as attending all right [...] (Deponent 2)

[...] a good service, because they give a good attention to us [...] (Deponent 7)

[...] I think it is good, so they come all right and attending [...] (Deponent 11)

The actions developed by the nursing team during the service, the quality of assistance rendered to the patients at the emergency sector is essential, so that they feel is properly cared. The interviewees reveal contentment with the attention paid during their hospital stay, contemplating their satisfaction and revealing the quality of assistance through the following lines:

[...] The way they did, the doctor told me to take the serum then they observed the plug had doubts and asked to another nurse, so I think that is a part of responsibility when you have doubt they ask for anything that wrong [...] (Deponent 1)

[...] the way of care, the team work, I think it's a positive point for good care [...] (Deponent 4)

The professional / patient relationship is proportionally linked to quality of care, that is, if there is no connection among the subjects, consequently, there is no good service. By analyzing the interviews, was possible to pinpoint an effective interconnection which the depositions unanimously to point out that there is a proper care during the stay at the emergency sector.

Thus, it is clear that with quality care requires a differentiated service, bringing respect and ethics, which exists only when the health professional shall

be responsible for each other with a view to meet the health needs of patients, making the treatment and provided an adequate improvement in the patient's recovery process.

The importance of holistic and humanized care at the emergency sector.

The holistic and humanized care involves respect and individual attention of the human being, which the professional is able to understand himself and the other, extending this knowledge in the form of action, becoming conscious of the values and principles that guide this action. A nursing care and systematic termination during the stay of patients in hospital was evidenced.

[...] It is a holistic care, hearing and understanding the problems of each patient, and it can be looking for ease pain and suffering. (Deponent 5)

[...] is a nursing team care that will ta evaluating priorities and analyzing the principal causes of the problem of each patient, to see if they can identify the best way to solve problems. (Deponent 8)

The image treatment binds to all terms present in the central core in a positive way, considering that care requires responsibility and knowledge, as well as the terms urgent / emergency treatment demand in order to safeguard the lives, or stabilize a clinical picture. It was possible to identify a welcoming service, with easy access to professionals, permeated by the bond and familiarity, which leads again to the attention:

[...] their work is important, it is a very good thing because they see, brings the doctor to look at us, is always here and accompanying, here comes here to know if you can help in any way [...] for those who are already old, it is good attention they give, is good for us. (Deponent 6)

[...] treating patients, dealing with education, come when you call. (Deponent 12)

In the testimonies it is noticed, about the humanization of nursing care the relationship between team and users, directly related to the process of construction of integral health care. In addressing is-

sues related to professional-user interaction perceives a healthy and fulfilling relationship, marked by attention and respect, through a qualified hearing, and accountability for complaints, this treatment resulting in comprehensive care.

[...] the humanized treatment not only treat the patient so aimlessly have that patience, have the attention, care. (Deponent 3)

[...] provide humanized care for that to be an environment that is bad enough so we must have all such assistance [...] and they give us such assistance. (Deponent 8)

Thus, the interviewees consider that the role of nurses in the emergency sector, is the act of caring holistically, which provide humanized care through its own humanization, favoring the development of their sensitivity and competence, with changes in professional practices in order to recognize the uniqueness of patients, finding, with them, strategies that facilitate the understanding and confronting the moment experienced, it is essential that the team has a good clinical knowledge and know make decisions, classifying and prioritizing users who require care in short time.

Discussion

This study analyzed the perceptions of patients and the nursing care provided in hospital emergency sector. The results analyzed in the different categories have highlighted the humanization and the quality of the nursing staff of the care provided to patients, ie, the provision of holistic care, individualized and systematized and resolution of the health needs of patients.

According to Baggio, Callegaro and Erdmann [10], the term care as an essential element in human relations for the well being of a person, health maintenance, and life itself is a link between care beings and beings caregivers, which strengthens and enhances the recovery process in the health-

disease condition, interrelating the other dynamic processes manifested in the act of caring.

The quality of nursing care has three dimensions: the technique, which refers to the application of scientific and technical knowledge to solve client's health problems; interpersonal, the relationship between the service provider and the client, and environmental, for the comfort and well-being. The quality in nursing is a continuous journey in search of possible consensus, revised, standardization of procedures and constant adaptation of its use, meeting the needs of customers [11].

Assistance with quality requires a reflexive process on the values and principles that guide professional practice, assuming besides treatment and care dignified, supportive and welcoming by health professionals to their main work object, a new ethical posture permeates all professional activities and institutional work processes [12].

Klock et al [13] affirm that nursing is shown as a complex work, engage and share multiple actions in an environment of various social actors. In addition to setting several structures, being more recognized caring for investigating, educating and managing the thinking and doing, integrating different modes of care. It is believed that professionals working with human beings should treat each other as human, that is, equally, approach, trying to do the best, respect him and accompany him [14].

Nursing has skills in observation, perception and communication skills, which helps the service and facilitates interaction between health professional and user. A good service, and good reception, satisfy the user, even if your health problem has not been settled [15].

For Ricci et al [16] the general user satisfaction with the service provided at the emergency sector, is dependent on the patient's relationship with the team that attends. Professional performance is evaluated by the user through the interest shown during the service, the questions asked, and given guidelines as well as in solving the ducts. According

to Barbosa e Silva [17] the satisfaction is through facial expressions, gestures or body postures, showing feelings. In that sense, the importance of professional pay attention to the nonverbal cues, and try to understand them, since these signs complement what is expressed verbally.

The principle of National Humanization Policy derives from the valuation of different stakeholders in the health production process by establishing networks, ties and responsibility between user and professional, involving different actions, knowledge and practices, seeking the assurance of a comprehensive care, resolute and humane [3].

Humanization care in hospitals, exists in a social context, in which some factors have contributed to the fragmentation of the human being as someone understood purely biological needs: technology, the vision of which is the health team holds all the knowledge, and not have the perception of the integrity of the human being are examples of these factors [17].

See the human being as someone who is not just a being with biological requirements, but as a biopsychosocial and spiritual agent with rights to be respected and should be secured their ethical dignity, it is essential to start walking toward the humanization of health care [17].

So that actions directed at promoting quality to happen, it is necessary that nurses to engage in development assistance, focused on user satisfaction, which can be considered as one of the evaluation components of the quality of health services, therefore, the degree of satisfaction determines adherence to drug treatment, preventive measures and determines the return or not to that service [18].

As the emergency sector is a very stressful environment, you can not be neglecting the team. For this team to perform a service within ethical values, beyond the knowledge of the techniques and technology used in the sector, professionals should also recognize that users are human beings, and thus provide a support for the treatment performs with humility [19].

Therefore, authors such as Farias et al [20] show that in critical care units, nursing team suffers emotional changes during the call, due to wear and stress themselves of the assistance activity, especially in those units where there is high level requirement, ability and the need for immediate responses in emergency situations.

Face of these questions, you can see that is non existent, according to reports from users, the problems related to stress because of the nursing staff in the institution's emergency department, but the professionals are subject to the risk of stress depending on working conditions involves the team.

It is believed that among the existing limitations, plan nursing care in this perspective may prove to be an alternative to the inclusion of this practice of humanization in daily work. The true dimensions of care - ethical, subjective, technical and institutional should be clear for the planning of care humanization. This can be thought of as host that allows reflection and collective creations with commitment of those involved, and you can start the rescue of the meaning of nursing as a profession of care [21].

Limitations

We can identify some existing methodological limitations in the study. Because it is a qualitative methodology, we can not generalize the results. The facts might not have happened specifically as reported by patients, since they are still hospitalized, might have occurred the fear of not continuity of care if they were revealed dehumanizing of facts by professionals. Despite the limitations, the reliability of the study takes place in the unanimous reports of patients where it was possible to count on a significant number of participants for the type of study and the correct and effective implementation of the data saturation process observed in the categorization of results.

Conclusion

This study points to satisfaction and contentment of patients, for the actions and attitudes of nursing staff throughout the scope of care during hospitalization, at the emergency sector.

It is perceived that there is a satisfaction from patients and the care of the nursing team, which is performed through actions inherent to these professionals, such as goodwill, the act of providing a welcoming atmosphere, with technical scientific background, ability in dealing with conflict situations and ethical; identified during the exploration of the interviews.

The situations presented in two categories emerged in this study lead us to reflections on situations in which the nursing professional should be interlocutor and facilitator, so as to continue the holistic treatment of the patient during his stay, requires total care through their emotional fragility in because of the pathology suffered without becoming invasive of privacy of the patient.

For emergency service user, it is understood that during nursing care throughout the whole, seeks to biopsychosocial well-being of the individual, not only the feeling of healing, but rather seek to understand the priority healthcare needs, providing a holistic service, meeting the health needs of patients and introducing humanization continuously, which is much needed in hospital emergency routine.

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