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NURSES' PERCEPTIONS ABOUT THE OPERATIONALIZATION OF THE NURSING PROCESS IN AN EMERGENCY ROOM

Percepções de enfermeiros sobre a operacionalização do processo de enfermagem em um pronto-socorro

Percepciones de las enfermeras sobre la operacionalización del proceso de enfermería en una sala de emergencias

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ABSTRACT

Objective: to describe nurses' perceptions about the implementation and implementation of the Nursing Process in an emergency room. **Method:** a descriptive study with a qualitative approach, developed with 10 nurses from a philanthropic hospital in the West of Santa Catarina. Data collection was carried out in July 2021, through a semi-structured interview. Data from the interviews were audio-recorded and later fully transcribed and submitted to Bardin's content analysis. **Results:** after the analysis, three thematic categories emerged: "Factors that hinder the implementation and implementation of the Nursing Process in the emergency room"; "Opportunities for qualification of assistance with the Implementation and implementation of the Nursing Process" and "Implementation and implementation of the Nursing Process in the emergency room: how we would like it to be". **Conclusion:** the development of strategic actions to overcome the existing difficulties for the implantation and implementation of the Nursing Process in urgent and emergency services is emerging.

DESCRIPTORS: Nursing process; Emergency medical services; Standardized nursing terminology; Emergency nursing.

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RESUMO

Objetivo: descrever as percepções dos enfermeiros acerca da implantação e implementação do Processo de Enfermagem em um pronto-socorro. **Método:** estudo descritivo de abordagem qualitativa, desenvolvido com 10 enfermeiros de um hospital filantrópico do Oeste Catarinense. A coleta dos dados foi realizada no mês de julho de 2021, por meio de entrevista semiestruturada. Os dados oriundos das entrevistas foram audiogravados e, posteriormente, transcritos na íntegra e submetidos a análise de conteúdo de Bardin. **Resultados:** após a análise, emergiram três categorias temáticas: "Fatores dificultadores para a implantação e implementação do Processo de Enfermagem no pronto-socorro"; "Oportunidades de qualificação da assistência com a Implantação e implementação do Processo de Enfermagem" e "Implantação e implementação do Processo de Enfermagem no pronto-socorro: como gostaríamos que fosse". **Conclusão:** é emergente o desenvolvimento de ações estratégicas para superar as dificuldades existentes para implantação e implementação do Processo de Enfermagem nos serviços de urgência e emergência.

DESCRITORES: Processo de enfermagem; Serviços médicos de emergência; Terminologias padronizadas em enfermagem; Enfermagem em emergência.

RESUMEN

Objetivo: describir las percepciones de los enfermeros acerca de la implantación e implementación del Proceso de Enfermería en un servicio de urgencias. **Método:** estudio descriptivo con abordaje cualitativo, desarrollado con 10 enfermeros de un hospital filantrópico del Oeste de Santa Catarina. La recolección de datos se realizó en julio de 2021, a través de una entrevista semiestructurada. Los datos de las entrevistas se grabaron en audio y luego se transcribieron por completo y se sometieron al análisis de contenido de Bardin. **Resultados:** después del análisis, surgieron tres categorías temáticas: "Factores que dificultan la implementación e implementación del Proceso de Enfermería en la sala de emergencia"; "Oportunidades de calificación de la asistencia con la Implementación e implementación del Proceso de Enfermería" y "Implementación e implementación del Proceso de Enfermería en la sala de emergencia: cómo nos gustaría que fuera". **Conclusión:** se perfila el desarrollo de acciones estratégicas para superar las dificultades existentes para la implantación e implementación del Proceso de Enfermería en los servicios de urgencia y emergencia.

DESCRIPTORES: Proceso de enfermería; Servicios médicos de urgencia; Terminología normalizada de enfermería; Enfermería de urgencia.

INTRODUCTION

Hospital urgency and emergency services are fundamental components of the healthcare system and represent a complex healthcare scenario in Brazil and in other countries. These services offer highly specialized care for people with genuinely critical and urgent health conditions.[1] Nurses stand out in these scenarios, whose work process is focused on the health care of clinically severe patients who require complex and dynamic care. This care involves technical, operational, and evaluative dimensions, requiring the continuous interrelation of the managerial and care dimensions.[2]

Thus, the work of nurses in emergency rooms is considered vital to the quality of care provided, seeking to meet the physical, psychosocial and relational needs of patients.[3] However, the work process of nurses in these sectors is permeated with challenges that negatively affect the provision of quality care. Among the main obstacles are overcrowding, an inadequate physical structure, a shortage of professionals, an excess of tasks, and insufficient materials and equipment for care.[4]

The nursing professional is one of those responsible for the first patient care, managing cases that are often severe and require speed and efficiency. The efficient assistance given to patients is the main focus of emergency care. In these situations, the nurse's quick thinking and technical ability make all the difference when dealing with a patient with several injuries.[5]

In this sense, to systematize the care given to patients in the emergency room, we have the Nursing Process (NP), which guides nurses' work, aiming to qualify it.[6] It is a methodological approach used by nurses to provide individualized care to users, whose use has a positive effect on the results of the care given to patients.[7-8]

The nurse is responsible for making decisions and implementing the NP, obeying the limit between the nurse's activities and those that can be delegated to nursing technicians.[9] Recording the NP in the patient's medical record is what allows continuity of care, provides parameters for evaluation throughout the hospitalization period, and guarantees legal support for nursing professionals, since it proves its realization or execution.[10]

Given the above, considering the benefits of applying the NP in the emergency department, as well as the challenges in the practice of professionals working in this service, knowing the perception of nurses about the operationalization of the NP can provide support for nursing managers who are committed to the qualification of care in urgent and emergency services.

Thus, this study seeks to answer the following research question: What are the perceptions of nurses about the deployment and implementation of the NP in the emergency department? Therefore, we aimed to describe nurses' perceptions about the deployment and implementation of the NP in an emergency department.

METHOD

A descriptive study of qualitative approach, developed with nurses working in an emergency department of a philanthropic hospital in western Santa Catarina, Brazil. The consolidated criteria for reporting qualitative research (COREQ) were followed to guide and verify the research information.

In this institution, at the time of the present study, the NP is already implanted and implemented in most sectors, beginning in the radiotherapy and Intensive Care Unit. However, due to the specificity of the emergency department, up to the moment of the present study, the NP had not been implemented in this sector. The implantation and implementation were conducted after the creation of the Nursing Process Commission (COMPEnf), composed of care nurses and managers, along with professors from three higher education institutions. We chose to use the standardized language systems Nanda International (NANDA-I), Nursing Intervention Classification (NIC) and Nursing Outcomes Classification (NOC), with the NP anchored in Wanda de Aguiar Horta's Theory of Basic Human Needs.

Inclusion criteria for the study were: to work as a nurse in the emergency department of the hospital where the study took place, for a minimum period of six months. Nurses who were on leave of absence during the period established for data collection were considered ineligible for the study. During this period, there were 12 nurses working in the sector, and 10 were eligible to participate in the study. Thus, the sample size was defined by the data exhaustion criterion, from which the end of data collection occurs when all eligible individuals participated in the study.[11]

For data collection, a semi-structured interview was used, using an instrument for demographic and professional characterization, with closed questions, and a script with main and anchor open questions, related to the perception of professionals about the possibility of deployment and implementation of the NP in the emergency department. The interviews were previously scheduled and conducted individually in the nurses' work environment, with the consent of the nursing coordination, in a reserved room to ensure the participants' privacy and data confidentiality.

The interviews, conducted by a researcher with experience in data collection techniques, took place in July 2021, in the morning, afternoon and evening periods, with an average duration of approximately 20 minutes. They were audiorecorded, seeking to guarantee reliable material for analysis, and transcribed in full within 24 hours, using a text editor program. A field journal was also used, in which the researcher wrote down information she considered relevant about the object of study. The field notes were recorded right after the end of the interviews.

For the analytical process, we used the methodological reference of Content Analysis, thematic mode, proposed by Bardin, applying its stages of pre-analysis, investigation of the material, and treatment of the results obtained.[12]

The pre-analysis consisted of organizing the material and reading the interviews, observing the relationship between the content and the proposed objective. In the second stage, the investigation of the material, intensive readings took place and the textual fragments were grouped, by semantic similarity, into broader categories. In the results treatment stage, the inference and interpretation of the main findings were based on the presentation of the speeches in descriptive charts, in which inferences about the content were added according to the pertinent and current literature about the theme.

All the recommendations of Resolution No. 466/12 of the National Health Council, which deals with research with human beings, were followed. The project was submitted and approved by the Ethics Committee on Research Involving Human Beings of the Santa Catarina State University, under opinion 3.948.170/2020. To preserve the anonymity of the participants, flower codenames were used.

RESULTS

Regarding the demographic characteristics of the participants, it is noteworthy that most were female (90.0%), with a mean age of 36 years. Regarding professional characteristics, it was found that 70.0% had specialization or residency, and the majority (80.0%) had more than 10 years of training. Nurses from all work shifts were interviewed, 40.0% were from the night shift, and more than half (60.0%) had worked in the emergency room for more than five years.

The data from the interviews gave rise to three thematic categories: "Hindering factors for the deployment and implementation of the Nursing Process in the emergency room"; "Opportunities for qualification of care with the deployment and implementation of the Nursing Process" and "Deployment and implementation of the Nursing Process in the emergency room: how we would like it to be", which will be presented below .

Barriers to the implementation of the nursing process in the emergency room

The lack of time is considered a unanimous hindrance to the operationalization of the NP in the emergency room, according to the nurses' perception. The overload of activities and the lack of time to perform even the basic records, such as nursing notes, are strongly expressed in the statements. This situation worsens at peak times, when there is a need to provide care to several patients simultaneously. This scenario makes professionals feel that it is not possible to meet this demand, at least with the current number of professionals in the sector.

> [...] *it is no use saying: ah, I have the process implemented here in my unit* [...] *if I can't do it because of demand.* (Kalanchoe)

> *I think that there are not enough people, because the NP is done by the nurse and there are not enough nurses in the sector. So there is no time, because the emergency room is quiet one hour, and the next we never know what is coming, so we will have to stop doing the bureaucratic part to attend the patient first.* (Anthurium)

In addition to the reduced number of nurses, the high turnover of patients and the high occupancy rate in the emergency room, combined with the complexity of care that patients require, generates a high demand of work for nurses. For these professionals, the aforementioned aspects make it impossible to perform a detailed and individualized assessment for each patient, which would be necessary to perform the NP.

Today, while you were waiting for me to conduct the interview, how many patients did I see? I saw more than 20 patients in two hours of work. These 20 patients are all serious patients, there are another 30, 40 patients in the sector that I didn't even look at, I don't know what they are about. Of these 20 patients that I saw, I only put out fires, I don't know their history, I don't know their comorbidities, I don't know their family situation [...]. (Azalea)

The researcher waited for two hours to interview the above participant. It was possible to observe the constant arrival of emergencies brought by the SAMU and many patients complaining due to the long waiting time for care (Notes from the field diary).

Other peculiarities of the emergency room, such as the short period of stay of some patients in the sector, as well as the frequent performance of tests and procedures, are used to justify the difficulty in organizing and planning the operationalization of the NP.

The patients stay very little time here in the emergency room. They arrive, are seen, classified, seen by the doctor, medicated, have exams collected, and the procedures are defined. Of course, sometimes it takes longer, there are some more serious patients that take a little longer, but they stay relatively little time here. (Rosa)

I think that it is very complicated for us to do the NP in the emergency room, because there are patients that I haven't even seen, because they came directly with SAMU or with the fire department, they came in for a motorcycle accident and finally, they had X-rays and were released. So for these patients I think it will be very complicated to perform the NP. (Kalanchoe)

Other relevant aspects that emerged from the speeches are related to the professionals' lack of knowledge to perform the NP and the sector's managerial weaknesses, such as the absence of well-defined professional attributions, and structured care protocols and flows.

There are many nurses who still have no notion of what the NP is! (Kalanchoe)

I think that we could have a little more organization, because, currently, we play a coordinating, assisting, technical role in our shift. So, if we had a standardization and could do only the nurses' role, the patient would be better assisted, we would be able to register our work processes. But for this to happen, there has to be a lot of change, in structure, in the number of collaborators, in dynamics. (Azalea)

Opportunities to qualify care with the implantation and implementation of the nursing process

According to the nurses, the implementation of the NP in the emergency department would provide some benefits that would directly impact the nursing work process, such as: time optimization, professional satisfaction, improvements in nursing records and work organization. In addition, the NP would serve as a guide for the activities, providing support in the nurse's performance and qualifying their actions with scientific basis.

The organization of the professional, of the sector, the standardization, also of the flows, I find this very interesting, it is very important [...]. (Orchid)

It [NP] helps to organize, systematize care, define priorities for the patient to be discharged more quickly. (Violet)

Besides the benefits generated to the professionals themselves, it is possible to glimpse potential gains to the patients seen in this sector, such as safe and quality care, greater confidence of the patient in the nursing team, greater contact of the nurse with the patient, and greater resolutivity of the cases, which could impact in less time spent in the sector.

It would have many benefits [...] *here in the emergency room, the patient is very well assisted, his instability is evaluated, but the patient needs to be seen as a whole. From the moment that the NP is performed, you are going to evaluate him better! He is better evaluated in every way!* (Samambáia)

Implantation and implementation of the nursing process in the emergency room: how we would like it to be

The nurses unanimously mention that the implementation of the NP in the emergency department should be gradual, with constant discussions and training with the nurses. They also mention that it should be started by patients with more severe conditions and longer stay in the sector.

I think that before we implement it, we should have a whole process, a whole training program, because we can't implement it just like that. In other sectors the NP is already implemented, we know it exists, that it works, but the implementation was gradual, by steps. (Rosa)

I think that we should gather nurses from all shifts and discuss, as was done in Compenf, because each one has a different opinion, so it would be very interesting to have these group discussions. (Kalanchoe)

I think that we have to start with the more severe patients and then start with all possible patients. Or it could be the

most severely ill patients and those who are hospitalized, who stay here with us the longest.)

There were also divergences among nurses about the implementation of the NP in inpatients. Some professionals see the need for a more accurate clinical look at these patients. However, a group of nurses argues that the implementation of the NP with inpatients would become an obstacle to their transfer to other sectors, since they should not remain long in the emergency room waiting for a vacancy.

We have inpatients here who are allocated for lack of beds. This generates overcrowding! If we were to institute the NP in inpatients, knowing that they shouldn't be here, we would be embracing another cause that shouldn't be embraced! (Kalanchoe)

DISCUSSION

Nurses perceive the intrinsic value of the NP, to the extent that they consider that its deployment and implementation can provide opportunities for optimization of time and work process, better satisfaction of patients and professionals with the care provided, more reliable records, adding quality and safety to care. On the other hand, they visualize a series of difficulties, such as the low number of personnel, the sector's own characteristics and the profile of patients cared for in this sector. In this sense, they point to the importance that the NP be gradually implemented, involving all nurses in the sector and prioritizing the most severely ill patients.

Corroborating the findings of this study, the literature shows that urgency and emergency services are considered one of the most complex areas for the implementation of the NP, because it is a dynamic service, with rapid response, short stay and, consequently, high turnover of patients. These characteristics contribute to the work overload of professionals, who face difficulties such as recording information in the patient's medical record and developing the NP.[10]

In this sense, a study carried out with nurses working in an emergency service in Recife showed that about 73% of the participants considered it important to keep records related to the NP. However, only 55% understood that this methodology facilitates the work process, denoting a discrepancy between theory and practice.[13]

The workload, lack of time and knowledge about the NP revealed by nurses in this study are also obstacles to the implementation of the NP pointed out by nurses in other national and international investigations.[7-8,14] In this sense, the technical-scientific knowledge is one of the pillars for the implementation of the NP.[15] Therefore, one way to increase its application is the training of nurses who understand its philosophy and know how to apply it properly.[16]

From this point of view, a randomized controlled study developed with nursing students in Taiwan showed that an educational program on NP based on simulation increased the students' understanding of its implementation,[17] demonstrating the need for active learning strategies.

Moreover, developing continuing education actions aimed at training the nursing team, regarding the development of the NP in their respective sectors, is an essential strategy to increase the knowledge and adherence of these professionals.

Some difficulties pointed out in the literature for implementing the NP in urgency and emergency services such as emergency rooms involve operational issues, such as lack of personnel and team preparation, work overload, task model of work division and high turnover of nurses. The low number of professionals in emergency services seems to be common in Brazil, being one of the first factors pointed out by nurses as hindering the implementation of the NP.[6,10,18]

The statements of the participants and information from the field diary of the study reveal peculiarities of the service, such as patients being admitted continuously and nurses being requested at all times by physicians, nursing technicians, patients and their companions.

In addition to the aforementioned obstacles, the nursing practices identified in urgency and emergency services do not corroborate what is recommended by the taxonomies of the profession's own field of knowledge. It is common for professionals to report a lack of knowledge and ability to handle the official taxonomies, due to gaps in academic training and the fast-paced routine of the service. Still, they recognize that the NP strengthens and gives autonomy to the profession.[19]

The scientific literature has shown that professionals feel outdated in relation to the NP, also highlighting the lack of training and continuing education of the team.18 In this perspective, studies developed in teaching hospitals in Nepal and Nigeria also pointed to the lack of training as barriers to the non-implementation of the NP.[7-8]

Despite the difficulties pointed out by the participants for the implementation of the NP in the emergency room, their statements reveal that it could qualify the care, from improvements in nursing records, for example. The adequate record through the implementation of the NP provides legal support to nurses and recognition of their professional practice.[14]

Professional satisfaction and work organization are also cited by nurses as benefits of implementing the NP, with direct implications for the qualification of care provided to users in this sector. In line with these findings, a study that aimed to understand the meaning of the NP for the construction of nursing professionals' identities also shows its relevance as an organizer of the nursing work process, generating satisfaction, professional visibility and qualification of care.[20]

A study conducted in three emergency care units in three cities of the state of Paraná, verified that some elements can motivate the realization of the SNA and NP, highlighting the perception of higher quality of care, since when nurses are familiar and experienced with the NP, care is provided in a more agile manner. Other aspects pointed out as motivators were the

greater appreciation of the nursing work by patients and companions and improvement in nursing records.[18] These findings are in line with the perceptions of the participants of this study, showing that there are several motivational factors that can contribute to the deployment and implementation of the NP in the emergency department.

A strategy pointed out as positive in the implementation process of the NP in emergency services refers to the incorporation of technologies, starting with the electronic medical record. A study conducted with nurses in an emergency department in Paraná revealed that nurses have difficulties in implementing all steps of the NP. As a main alternative to solve the problem, nurses suggest the adequacy of the electronic record, ensuring greater practicality in registration.[10]

Considering the Brazilian services that make up the Emergency Care Network, such as emergency rooms, emergency care units and pre-hospital services, the difficulties to perform the NP seem to be very similar and corroborate the results found in this study.[6,10,18,19] It points to the need for the management of services to consider analyzing more carefully the number of nursing professionals needed to ensure a resolutive assistance, based on the dimensioning of nursing staff established by Resolution n. 543/2017 of COFEN.

Other strategies that have proven effective refer to the use of electronic medical records and investment in continuing education activities, including nurses and nursing technicians, focusing not only on theoretical and scientific aspects, but also on professional awareness regarding the use of this important tool for care.[20]

This study brings as contributions to the practice the deepening of knowledge about the deployment and implementation of the NP in the emergency department in the perception of nurses, revealing the main obstacles encountered. On the other hand, it highlights alternatives that can be considered by the service management to overcome them, favoring the planning of actions for the deployment and implementation of the NP, aiming at the qualification of care. Although the study corroborates data from other investigations about the implementation of the NP, it has limitations due to the fact that it was developed in a specific emergency department, making it difficult to generalize the results.

FINAL CONSIDERATIONS

The nurses of the emergency department participating in this study perceive numerous difficulties for the implementation of the NP, such as lack of organization of the sector, low number of employees, especially nurses and high flow and turnover of patients. They also report difficulties in making records, prioritizing nursing notes.

However, the professionals see the need for substantial changes for the implantation and implementation of the NP. Among these, they point to the expansion of the number of nurses, organization of the sector by priority ranking of patients, training and gradual implementation, with active participation of all nurses. Thus, it is hoped that the NP can add quality to nursing care, supporting the professional practice of nurses who work in emergency rooms.

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