



RESEARCH

HUMANIZATION AND RECEPTION IN HOSPITAL EMERGENCY: CONDITIONING FACTORS UNDER THE LOOK OF NURSES

HUMANIZAÇÃO E ACOLHIMENTO EM EMERGÊNCIA HOSPITALAR: FATORES CONDICIONANTES SOB O OLHAR DOS ENFERMEIROS

HUMANIZACIÓN Y RECEPCIÓN EN EMERGENCIA DE HOSPITAL: FACTORES CONDICIONANTES BAJO LA MIRADA DE ENFERMEROS

Alcides Viana de Lima Neto¹, Vilani Medeiros de Araújo Nunes², Rafaella Leite Fernandes³, Ilcarla Mayara Lopes Barbosa⁴, Gysella Rose Prado de Carvalho⁵

ABSTRACT

Objective: to identify factors those facilitate and make difficult the practice of hosting in a humane way in an adult emergency department (PSA). **Method:** a descriptive and an exploratory study with qualitative approach. Data were collected using a structured questionnaire and a semistructured interview with the PSA nurses of a state hospital. **Results:** the analysis of the questionnaire data allowed profiling the nurses: 86% are women with an average age of 38 years old. There was identified that the physical structure and insufficient human resources are among the main factors those make difficult the practice of welcoming. Already as facilities it could identify the willingness of professionals and risk rating. **Conclusion:** it is necessary to pay greater attention on the part of the state authorities towards the health institution where this research was developed. **Descriptors:** Humanization of care, Hospitality, Emergency medical services.

RESUMO

Objetivo: Identificar os fatores que facilitam e dificultam a prática do acolhimento de forma humanizada em um pronto-socorro adulto (PSA). **Método:** Estudo descritivo e exploratório, com abordagem qualitativa. Os dados foram coletados através de um questionário estruturado e uma entrevista semiestruturada com enfermeiros do PSA de um hospital estadual. **Resultados:** A análise dos dados do questionário permitiu traçar o perfil dos enfermeiros: 86% são mulheres com idade média de 38 anos. Foi identificado que a estrutura física e os recursos humanos insuficientes estão entre os principais fatores que dificultam a prática do acolhimento. Já como facilidades pode-se identificar a boa vontade dos profissionais e a classificação de risco. **Conclusão:** Torna-se necessário uma maior atenção por parte dos gestores estaduais para com a instituição de saúde na qual foi desenvolvida esta pesquisa. **Descritores:** Humanização da assistência, Acolhimento, Serviços médicos de emergência.

RESUMEN

Objetivo: Identificar los factores que facilitan y obstaculizan la práctica de la recepción de una manera humanizada en una sala de emergencias para adultos (PSA). **Método:** un estudio descriptivo y exploratorio con un enfoque cualitativo. Los datos fueron recogidos mediante un cuestionario estructurado y una entrevista semiestruturada con las enfermeras del PSA de un hospital estatal. **Resultados:** El análisis de los datos del cuestionario permitió perfilar las enfermeras: 86% son mujeres con una edad media de 38 años. Se identificó que la estructura física y los recursos humanos insuficientes se encuentran entre los principales factores que dificultan la práctica de dar la bienvenida. Ya como facilidades pueden identificar la disposición de los profesionales y la clasificación de riesgo. **Conclusión:** es necesario prestar una mayor atención por parte de las autoridades estatales a la institución de salud donde se desarrolló esta investigación. **Descriptor:** Humanización de la atención, Hostelería, Servicios médicos de emergencia.

¹Nurse graduated from the Educational Excellence of Rio Grande do Norte (FATERN). Actions Associated Fellow at the Federal University of Rio Grande do Norte (UFRN). Address: Street of Roses, S/N, Block 08, Apartment 102, Postal Code: 59159-445, Nations Park, Melbourn-RN. E-mail:alcides.vln@gmail.com. ²Nurse, Master's Degree in Nursing from the Graduate Nursing Program at the Federal University of Rio Grande do Norte(UFRN); PhD in Health Sciences (UFRN). E-mail: vilani.nunes@gmail.com. ³Nurse, Master's Degree in Nursing from the Graduate Nursing Program at the Federal University of Rio Grande do Norte (UFRN). E-mail: perrequeel@yahoo.com.br. ⁴Nurse graduated from the School of Educational Excellence of Rio Grande do Norte (FATERN). E-mail: ilcarla_mayara@hotmail.com. ⁵Nurse, Master's Degree in Nursing from the Graduate Nursing Program at the Federal University of Rio Grande do Norte/UFRN. Professor at the Faculty of Sergipe (FASE). E-mail: gysella.carvalho@yahoo.com.br.

INTRODUCTION

The humanization of health care is a current and growing demand in the Brazilian context that emerges from the reality in which users of health services complain of mistreatment and lack of adequate services to human needs.¹

This theme leads to many discussions and raises some questions for people who seek assistance. The press has shown some emergency services and emergency approaches problematic, eg, delay or even inadequate care by health professionals, inadequate physical area, lack of disposable materials, equipment and human resources.¹

The National Humanization Policy (PNH) deployed in 2003 by the Ministry of Health (MOH) said that humanization is the valuation of the different subjects involved in the process of health production: users, workers and managers.²

Importantly, PNH guidelines that serve as general guidelines and are expressed in the method of adding users, workers and managers in the management of health services, through practices such as: expanded clinical, co-management services, the enhancement of work, the host, the defense of the rights of the user, among others.³

The host, placed as one of the guidelines of the HNP is understood and characterized as a mode of operating work processes in health in order to meet all seeking these services, listening to their requests and assuming a posture capable of receiving, listening and agreeing more appropriate responses to users.⁴

In this context, the emergency service in emergency care hospital that often is part of a complex structured and organized in various sectors, needs a welcoming policy, since that sector more explicitly the emergency room, the door is entrance and reception of individuals who seek care.

J. res.: fundam. care. online 2013. out./dez. 5(4):519-28

Services and emergency prevailing in Brazil demanded the need to implement a policy guaranteeing the principle of universality which is part of the set of principles of the Unified Health System (SUS) Brazilian guaranteeing all citizens access to services health.

The host then arises with the use of evaluation and risk classification device characterized as a change in the work of care and health production, represented by a dynamic process of identification of patients that require immediate treatment, according potential risk, health hazards or degree of suffering.⁴

The main purpose of risk classification is to end the numerous existing queues in the areas of emergency care by assessing care needs of each user.⁴

The nurse is the professional indicated to classify patients according to their clinical status after specific training for that function. He must be guided by standardized protocols by the institution.⁵

In this sense, it is clear that as a leader, the nurse is a key player in assisting in emergency services and emergency. Taking into consideration that he is the only top-level professional nursing staff and therefore responsible for it, will be the focus of this work, because we understand that the team is his reflection.

The need for research in the area of reception and humanization emerged through the completion of an internship is not mandatory offered by the State Health Secretariat of Rio Grande do Norte (SESAP - RN) in a state hospital located in the city of Natal, RN, who has care and emergency adult and pediatric.

During the course of the stage, it was noted that there are many weaknesses, challenges and needs regarding the implementation and practice of a protocol for risk classification in large hospital as well as some issues related to the humanization and reception.

In this context, there are some questions that prompt and motivate this research work: what factors influence the practice of hosting services in a humane and emergency hospital?

From then on, you can analysis and discussion on the theme and can contribute as a source for further research in this area, besides representing a mirror of reality service researched the perspective of humanization and the host put into practice by nurses that there act, which may also reflect the reality of other services with similar characteristics.

Therefore, this study aims to identify the factors that facilitate and those that hinder the practice of the host in a humane way adult emergency from the perceptions of nurses.

METHODOLOGY

This is a descriptive study with a qualitative approach, performed in a state hospital located in Natal, RN. This hospital is a public health institution managed by SESAP - RN, considered large; it has 220 beds distributed in six wards. Was selected to be an important health institution with reference to urgent care and emergency in the north of Natal and cities in the metropolitan region, as well as being the location where the lived experience that motivated the development of this research.

After prior personal contact with the management of the institution in which it was delivered the letter requesting permission to conduct the survey and developed an explanation about the objectives, was signed statement of consent authorizing the development of the study.

Inclusion criteria for subjects participating in the research were adopted as follows: nurses who worked predominantly in the Emergency Room Adult (PSA) for over six months; nurses who were, during the study period, the working range of the PSA. Were excluded from the

study nurses who worked predominantly in non-PSA; nurses working in PSA, however, during the study period were not on the roster of that sector and nurses who were on vacation or away from work for other reasons.

Given that the institution has 58 nurses in its professional staff, only 18 were scheduled for the PSA during the study that gave the months of July, August and September 2011. Of the 18 nurses, 14 framed on the inclusion criteria for the study, therefore, the sample was made intentionally.

There were used as instruments of data collection a structured questionnaire with open and closed questions to characterize the sample. In this questionnaire, it was requested that the nurse chose a code name in a list available for it to be kept confidential identification. The list of aliases is composed of materials and equipment used in emergency services and emergency. After completing the questionnaire, we performed a semi-structured interview conducted by a pre-established. The same was recorded digitally.

After transcription of digital files, was held to analyze the data, using the technique of content analysis proposed by Bardin appraises the same as:

[...] A set of analysis techniques to obtain communications through systematic and objective procedures to describe the content of messages, indicators (quantitative or not) that allow the inference of knowledge concerning the conditions of production / reception (variables inferred) of these messages.^{6:37}

The texts of the interviews after the initial reading were categorized according to the themes of the speeches and then, faced with the available literature on the subject here treated.

Throughout the research process it took into account the principles of Resolution No. 196/96 of the National Health Council (CNS), which is responsible for approving the guidelines and rules for research involving human-beings⁷.

Neto AVL, Nunes VMA, Fernandes RL *et al.*

Humanization and reception in...

Was approved by the Ethics Committee of the Federal University of Rio Grande do Norte (CEP - UFRN) through the opinion number 267/2011. All participants read and signed the Term of Free and Informed Consent (ICF).

2008 and another in 2010, being the first sector to the PSA which were attributed to continuing the research period.

RESULTS AND DISCUSSION

Socio-demographic sample

Regarding gender, there was a predominance of female class (86%). Importantly, several studies point that the predominance of nurses are female.⁸⁻⁹

The group studied showed characteristic young with an average age of 38 years, in accordance with similar studies that show the age group of nurses working in the emergency room.¹⁰⁻

11

With regard to the variable status, the highest percentage was in the single category (a), 43%, confirming that a study conducted by interviewing a population of nursing home residents found that 93.8% were single.¹²

As for the number of children, a predominance of non-existence of maternity or paternity (57%). This is similar to that found in a study conducted in a university hospital, where 40.9% of the subjects had no children. It follows that this fact can be the result of the irregularity, and the availability of personal and professional to commit to raising children.¹³

The nurses interviewed reported having mostly, 64%, only one job, unlike a study, which found that 53.3% of the sample had two employments.¹⁴

The higher vocational education took place mostly for over four years. 50% of the sample have Postgraduate *Latu Sensu* (Expertise).

On questioning about the experience in emergency care, the highest percentage was the category with between 2-4 years (42.86%). A considerable amount of respondents was admitted to the hospital from a public competition held in J. res.: fundam. care. online 2013. out./dez. 5(4):519-28

The above data are similar to a study on job satisfaction of nurses in an emergency department of a general hospital. The authors found that the average time working of the professionals was 5 years and 3 months and time to work on it for 3 years and 11 months.¹⁵

Factors that influence the practice of a humane hosting

In general, several difficulties have been reported in relation to the practice of accommodating humanized form by nurses PSA studied as follows:

If I say it so much. (Thermometer).

It's much wrong that I see here. If I were to speak I would stop talking the night the day. (Polifix)

Appointed as the main difficulty, the poor physical structure makes difficult or impossible to carry out care tasks. Research showed, by studying the working conditions in an emergency medical service, the physical environment needed improvements and further investments.¹⁶

A similar situation was found at the site of this study, confirmed with the following excerpts:

[...] Their own physical structure. Today the ER [...] has no physical structure, does not involve getting all the calls we receive here daily. (BIC)

[...] I think the main factor is the physical structure, because nowadays, we are under renovation a while ago and the ER is summarized as a runner and an infirmary. (Polifix)

The physical structure of the emergency services can be a source of stress for working professionals. You need a reception area to allow the insertion of the patient and providing information to caregivers and families. In addition, physical dependencies should be reserved for professionals and for companions to

Neto AVL, Nunes VMA, Fernandes RL *et al.*

Humanization and reception in...

allow immediate location.¹⁷ This idea was exposed by nurses:

The person ends up stressing by several factors [...]. (Defibrillator)

[...] We have to be nurses and doctors who were a ward of the surgical clinic which was shut down to accommodate these professionals, bathroom in poor condition; you cannot take off her clothes to take a bath. (Laryngoscope)

The services of PSA have several organizational problems due to lack of financial resources which implies local needs of the physical structure and human resources.¹⁸

In a study whose objectives were to identify the perception of nurses regarding the humanization of health services in a city in the countryside of Rio Grande do Sul and point out the difficulties in the realization of humanized care for users and nurses of these units, the physical structure was classified as bad. The lack of materials was also present within one of the categories, similar to that location above the nurses in this study.⁸

It is worth noting that it was well reported by the nurses interviewed the problem of lack of material resources.

[...] The lack of material in the industry, we cannot answer as they deserve to be treated, not able to work [...]. (Plaster)

The question of material we work often without a needle without a syringe with basic things missing glove, missing the collector for a urinary catheter, then it disrupts the service too. (BIC)

The process of the nurse's work in the areas of hospital emergency involves, in everyday life, one in which specific attention should be given importance not only to the complexity of the actions of care, but also to material resources.¹⁹

The findings of this research show that the lack of human resources is also part of everyday life that permeates the work process in the studied area. The nurses made the following

quotes about the sizing of staff, not only nursing, but also other categories:

[...] We have an attending physician to [...] about 300 thousand inhabitants. (Vial)

[...] Is only one and sometimes two nurses to cover the overcrowded ward, the rating is for us to do surveillance, but we give priority to what is most urgent, a small surgery, emergency child resuscitation and that sometimes two stop while [...]. (Laryngoscope)

The issue of personnel dimension, we do not work with a number of professionals appropriate to give good nursing care [...]. (BIC)

The excerpts above agree with research that identified in one of its dimensions personnel deficit in public hospital emergency departments in the state of Rio de Janeiro. In addition to this result, the researchers identified the existence of various types of bonds, including temporary contracts that do not resolve an emergency demand quantitative professionals.²⁰ Despite this reality be similar, there are only analyzed the PSA the effective professional staff of SESAP - RN.

Even with regard to professionals, it is also important to highlight the training for these routines and emergency. Unlike other productive sectors, the labor force in human health has not yet been replaced by machines or robots that can ensure patient care. Various technologies have been developed assisting in closer monitoring of the patient's clinical signs and act with precision in therapeutic interventions, generating the need for more professional training to incorporate them without impacting the reduction of employees needed to operate them.²¹

This theme was made present during the interviews, perceived with the following excerpts:

[...] Unqualified nursing staff, medical team disqualified, has medical professional has professional nurse, nursing technician who is not prepared to work in an emergency room [...]. (BIC)

[...] Public service should invest more in training the employee, since the ASG to the doctor. I think it should be trained and

Neto AVL, Nunes VMA, Fernandes RL *et al.*

Humanization and reception in...

is not. We usually played at the service. You make the contest arrives and ready. Nobody calls you will pass your probationary period and this has to be that way. (Ambú)

Currently, it is indispensable to professional training in most organizations through a reflective and participatory education. The improvement and empowerment occur concurrently with work most of the time and therefore depends on concessions institutions, motivation and personal availability for this ²². In this sense, one of the respondents gave the following report:

[...] Have difficulty making this work in relation to other activities of the professionals. We cannot, it is difficult to gather. Ai meets everybody vents, speaks whatever, think you have to be, we do, but do not walk. (Ampola)

As stated earlier, there is the difficulty in availability for meetings, studies, discussions and other factors related to the work process and improving the place where this research.

Another important point to be discussed is related to the demand for care. Nurses reported that one of the main difficulties that occur in the practice of care in a humane and appropriate assistance is high demand.

[...] Demand lot of patients into overcrowded hospital, so you do not end up giving it proper care [...]. (Agulha)

The high demand here because as a hospital vacancy zero always has to receive. [...] It has to be here and ready because here has nowhere to go. Then because of this there is overload of sectors, professionals and this hinders you give better care. (Ampola)

This point is identified according to several recent studies that show the high demand and overcrowding of hospital emergency units throughout Brazil.²³⁻²⁴⁻²⁵

The situation is aggravated also by problems of reverse flow service, ie, the primary is not working as gateway to health services as express the following statements:

J. res.: fundam. care. online 2013. out./dez. 5(4):519-28

[...] Has some [users], for example, are outpatients, almost 90%, 85%, then they come to do some basic medication that could be held in a PSU or a clinic, so we have to clarify [...] here is not the place skillful. (Desfibrilador)

[...] The majority of care here, 80-90% of the care that is done here in the ER would be a service to be done in a clinic, outpatient is [...]. (Polifix)

As shown, the demand is increased with the high number of patients that should be treated by primary care and are not. A survey shows that the number of patients attending in a spontaneous emergence of a pediatric hospital is very close to that of patients referred for basic units, revealing that the perpetrators seek first the emergency services than the basic units.²⁵

A study, to conduct interviews with members of an emergency service, identified that these retained a preference for this type of service due to some favorable features such as greater availability of hours of service to the public, that there is no limit to the number of attendance, the presence of medical experts and the possibility of immediate realization of research diagnostic procedures, the presence of more sophisticated and greater access to hospitalization.²⁶

The subjects to be interviewed about the risk factors, most often showed up thoughtful, could not give precise answers and comments led to a negative side. They pointed out that there was not much in favor of the work process in a humane way, and that would make it easier, it would be the opposite of the reported difficulties, as we can see in the following excerpts:

[...] When we have nothing to facilitate, only that it is difficult. (Vial)

What would help would be the exact opposite so if I say that the reverse happens, I'm not being compatible with the reality that I inserted [...]. (Laryngoscope)

When environmental conditions are suitable and professionals become facilitating

Neto AVL, Nunes VMA, Fernandes RL *et al.*

Humanization and reception in...

factors for humans exercising their creative potential and humane way. The institution is one that has humane in its physical, technological, human and administrative conditions that value and respect the human being, be it patient, family or the worker himself, ensuring conditions for a qualified service.²⁷

Despite the prevalence of difficulties were cited some factors available in the industry that allow an audience in a humane and welcoming. It is noteworthy that not only structural, but also part of each professional, such as the goodwill that they have to provide a quality service. The goodwill was placed as the main facilitating factor, making it clear that predominate factors that hinder the process of hosting a humane way.

[...] The good will is what makes it and sometimes when you have a doctor or other which is quite helpful, [...], what we say: the patient is feeling pain he goes there, because the times each talk: send the escort to come here with the role. Do not look neither to the patient [...]. (Thermometer)

Do not even know if it would be a facilitating factor, but I think if I can say that it is [...] I think the goodwill. (BIC)

In a study carried out with the objective to investigate the perception of the partner about the humanization of care provided to the client in the emergency department of a public hospital in Fortaleza-Ceara, it was realized that the humanization, in view of the companions, can be achieved through actions like willingness of professionals, warmth, staffed, functioning and adequate equipment and trained professionals.¹

Thus, were highlighted as favorable issues like agreeing with the aforementioned study:¹

The way you get to the patient, regardless of being overcrowded or not, come, give attention to that patient, I think that now facilitates humanization. (Needle)

More sophisticated equipment in case it facilitates the handling even at pressure check because it was already a long time.

The staff complained of pain in the hands [...]. (Desfibrilador)

The location of this study was under renovation for nearly two years because policy issues and management of the executive of the state. Many employees crave and create expectations of improvements as to the completion of this reform, as reproduced:

We are under renovation and we will now be included in the delivery in August with a room just for the reception and classification. (Desfibrilador)

As was posted earlier, risk rating, which will be awarded an exclusive space for this purpose was also identified as one of the facilitating factors. It enables the prediction of need for hospitalization and the amount of hospital resources required during emergency room visits, which is paramount in any service there is overcrowding.²⁸ Therefore, there is references to risk classification as a facilitating factor:

I think the issue of same severity classification that helps, waiting time, see who can expect to wait less and the question of how to steer this situation. (ECG)

[...] To see the state of health of the patient is what will facilitate closer. It is the state of health of the patient. If it is urgent we will soon have to meet the urgency, then it is easier. [...]. In case the risk classification facilitates. (Plaster)

Nursing care humanized and cozy is not composed only of limits and difficulties. As presented, although few, the facilitators are also present in everyday human care and are as important motivating elements of the care team.

CONCLUSION

With the development of the theoretical framework for the development of this study it was observed that the PNH, created and disseminated by the Ministry of Health, states that users should receive services in a humane and welcoming. However, there is much difficulty in

Neto AVL, Nunes VMA, Fernandes RL *et al.*

Humanization and reception in...

implementing such a policy, since many services do not offer conditions for holding the same, and also require the need for professional training.

The nurse, considered a major health professional and therefore a potential user and implementer of the practice of hosting a humane, must possess skills and abilities to work in a sector and emergency. Such service demand and the need for specific training professional possessing critical and reflective thinking and be able to make immediate decisions.

The venue for the development of the research made it possible to experience during their visits to collect the data a reality, which is similar in many other institutions cities belonging to Brazilian states as reveal some references used here.

It can be highlighted as the main factors that hinder the practice of hosting a humane way to inadequate physical structure, lack of material resources, insufficient human resources and difficulties in professional training.

When talking about factors that facilitate this practice, it became clear that the goodwill that each has to develop their work in a way that the user is satisfied is an important facilitating factor.

In this context, it is necessary to pay greater attention on the part of state authorities towards the health institution where this research was developed. Measures to promote structural and organizational improvements need to be made so that the service fits with the criteria and be in accordance with PNH.

Humanization and the host should permeate not only the reception of those seeking treatment but continue until the output of that individual's health unit. Therefore, there are still many challenges to overcome and constant deepening and improvement of existing policy are needed and should involve managers,

professionals and users for the consolidation and improvements are made.

REFERENCES

1. Andrade LM, Martins EC, Caetano JA, Soares E, Beserra EP. Atendimento humanizado nos serviços de emergência hospitalar na percepção do acompanhante. *Rev Eletr Enf.* [periódico on line] 2009. [citado 23 jan 2011]; 11(1): [aprox. 7 telas]. Disponível em <http://www.fen.ufg.br/revista/v11/n1/v11n1a19.htm>.
2. Ministério da Saúde (Brasil). Secretaria Executiva. Núcleo Técnico da Política Nacional de Humanização. *HumanizaSUS - Política Nacional de Humanização: a humanização como eixo norteador das práticas de atenção e gestão em todas as instâncias do SUS.* Brasília: Ministério da Saúde, 2004.
3. Santos Filho SB, Barros MEB, Gomes RS. A Política Nacional de Humanização como política que se faz no processo de trabalho em saúde. *Interface comun saúde educ.* [periódico on line] 2009. [citado 05 fev 2011]; 13(1): [aprox. 11 telas]. Disponível em <http://www.scielo.br/pdf/icse/v13s1/a12v13s1.pdf>.
4. Ministério da Saúde (Brasil). Secretaria Executiva. Núcleo Técnico da Política Nacional de Humanização. *HumanizaSUS - Acolhimento com avaliação e classificação de risco: um paradigma ético-estético no fazer em saúde.* Brasília: Ministério da Saúde, 2004.
5. Souza CC, Toledo AD, Tadeu LFR, Chianca TCM. Classificação de risco em pronto-socorro: concordância entre um protocolo institucional Brasileiro e Manchester. *Rev Latinoam Enferm.* [periódico on line] 2011 fev [citado 07 jun 2011]; 19(1): [aprox. 8 telas]. Disponível em <http://www.scielo.br/pdf/rlae/v19n1/05.pdf>.
6. Bardin L. *Análise de Conteúdo.* 3. ed. Lisboa: Edições 70, 2004.
7. Ministério da Saúde (Brasil). Conselho Nacional de Saúde. Resolução 196 de 10 de outubro de 1996. Aprova as diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Brasília (DF); 1996. [citado em 07 jun 2011]. Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/cns/1996/res0196_10_10_1996.html.
8. Beck CLC, Lisboa RL, Tavares JP, Silva RM, Prestes, FC. Humanização da assistência de enfermagem: percepção de enfermeiros nos serviços de saúde de um município. *Rev gaúch enferm.* [periódico on line] 2009 mar [citado 18 set 2011]; 30(1): [aprox. 8 telas]. Disponível em

Neto AVL, Nunes VMA, Fernandes RL *et al.*

Humanization and reception in...

<http://seer.ufrgs.br/index.php/RevistaGauchadeEnfermagem/article/view/5102/6561>.

9. Romanzini EM, Bock LF. Concepções e sentimentos de enfermeiros que atuam no atendimento pré-hospitalar sobre a prática e a formação profissional. *Rev latinoam enferm.* [periódico on line] 2010 mar-abr [citado 18 set 2011]; 18(2): [aprox. 7 telas]. Disponível em http://www.scielo.br/pdf/rlae/v18n2/pt_15.pdf.
10. Martino MMF, Misiki MD. Estados emocionais de enfermeiros no desempenho profissional em unidades críticas. *Rev Esc Enferm USP.* [periódico on line] 2004 [citado 18 set 2011]; 38(2): [aprox. 7 telas]. Disponível em <http://www.ee.usp.br/reeusp/upload/pdf/107.pdf>.
11. Menzani G, Bianchi ERF. Stress dos enfermeiros de pronto-socorro dos hospitais brasileiros. *Rev eletrônica enferm.* [periódico on line] 2009 [citado 19 set 2011]; 11(2): [aprox. 7 telas]. Disponível em <http://www.fen.ufg.br/revista/v11/n2/v11n2a13.htm>.
12. Franco GP, Barros ALBL, Martins LAN, Zeitoun SS. Burnout em residentes de enfermagem. *Rev Esc Enferm USP.* [periódico on line] 2011 mar [citado 19 set 2011]; 45(1): [aprox. 7 telas]. Disponível em <http://www.scielo.br/pdf/reeusp/v45n1/02.pdf>.
13. Carvalho GRP. Sofrimento Psíquico: representações dos enfermeiros em ambiente hospitalar [dissertação]. Natal (RN): Programa de Pós-Graduação em Enfermagem, Universidade Federal do Rio Grande do Norte; 2008.
14. Castro CB Dimensões da liderança: um estudo de características individuais e profissionais do enfermeiro na instituição hospitalar [dissertação]. Rio de Janeiro (RJ): Programa de Pós-Graduação em Enfermagem, Universidade do Estado do Rio de Janeiro; 2007.
15. Carvalho G, Lopes S. Satisfação profissional do enfermeiro em uma unidade de emergência de hospital geral. *Arq ciênc saúde.* [periódico on line] 2006 out-dez [citado 20 set 2011]; 13(4): [aprox. 5 telas]. Disponível em http://www.cienciasdasaude.famerp.br/racs_ol/vol-13-4/Famerp%2013%284%29%20ID%20210%20-%2017.pdf.
16. Silva NR, Macagnani CC, Kano FG. Estudo descritivo sobre as condições de trabalho em um serviço de emergência médica e a ocorrência de sintomas psicossociais. *Salusvita.* [periódico on line] 2008 [citado 10 out 2011]; 27(2): [aprox. 15 telas]. Disponível em http://www.usc.br/biblioteca/salusvita/salusvita_v27_n2_2008_art_04.pdf.
17. Menzani, G. Stress entre enfermeiros brasileiros que atuam em pronto socorro [dissertação]. São Paulo (SP): Mestrado em Enfermagem, Universidade de São Paulo; 2006.
18. Rossetti AC. Carga de trabalho de profissionais de enfermagem em pronto socorro: proposta metodológica [dissertação]. São Paulo (SP): Programa de Pós-Graduação em Gerenciamento em Enfermagem, Universidade de São Paulo; 2010.
19. Coelho MF. Caracterização dos atendimentos de urgência clínica em um hospital de ensino [dissertação]. Ribeirão Preto (SP): Mestrado em Enfermagem, Universidade de São Paulo; 2009.
20. O'dwyer G, Matta IEA, Pepe VLE. Avaliação dos serviços hospitalares de emergência do estado do Rio de Janeiro. *Ciênc saúde coletiva* [periódico on line] 2008 set-out [citado 15 mai 2011]; 13(5): [aprox. 7 telas]. Disponível em <http://www.scielo.org/pdf/csc/v13n5/27.pdf>.
21. Magalhaes AMM, Riboldi, CO, Dall'Agnol CM. Planejamento de recursos humanos de enfermagem: desafio para as lideranças. *Rev bras enferm.* [periódico on line] 2009 ago [citado em 11 out 2011]; 62(4): [aprox. 5 telas]. Disponível em <http://www.scielo.br/pdf/reben/v62n4/20.pdf>.
22. Ferreira JCOA. Caracterização do perfil de capacitação profissional do enfermeiro de um complexo hospitalar de ensino [dissertação]. São Paulo (SP): Programa de Pós-Graduação em Enfermagem, Universidade de São Paulo; 2007.
23. Ywata GCC, Danski MTR, Mingorance P, Pedrolo E, Lazzari LSM. A prática do enfermeiro assistencial em um serviço de pronto atendimento adulto. *Cogitare enferm.* [periódico on line] 2009 out-dez [citado 11 out 2011]; 14(4): [aprox. 6 telas]. Disponível em <http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/view/17863/11655>.
24. Soares BAC; Scatena JHG; Galvao, ND. Acidentes e violências na grande Cuiabá: o que retrata a demanda dos serviços de emergência. *Epidemiol serv saúde* [periódico on line] 2009 set [citado 11 out 2011]; 18(3): [aprox. 12 telas]. Disponível em <http://scielo.iec.pa.gov.br/pdf/ess/v18n3/v18n3a09.pdf>.
25. Salgado RMP, Agüero FCM. Perfil dos pacientes pediátricos atendidos na emergência de um hospital universitário. *Pediatria* [periódico on line] 2010 [citado 11 out 2011]; 32(2): [aprox. 8 telas]. Disponível em <http://www.pediatrasiapaulo.usp.br/upload/pdf/1338.pdf>.

Neto AVL, Nunes VMA, Fernandes RL *et al.*

Humanization and reception in...

26. Oliveira LH, Mattos RA, Souza AIS. Cidadãos peregrinos: os "usuários" do SUS e os significados de sua demanda a prontos-socorros e hospitais no contexto de um processo de reorientação do modelo assistencial. *Ciênc saúde coletiva* [periódico on line] 2009 dez [citado 12 out 2011]; 14(5): [aprox. 10 telas]. Disponível em <http://www.scielosp.org/pdf/csc/v14n5/35.pdf>.

27. Backes DS, Lunardi FWD, Lunardi VL. O processo de humanização do ambiente hospitalar centrado no trabalhador. *Rev Esc Enferm USP* [periódico on line] 2006 jun [citado 12 out 2011]; 40(2): [aprox. 7 telas]. Disponível em <http://www.scielo.br/pdf/reeusp/v40n2/09.pdf>.

28. Albino RM, Grosseman S, Riegenbach V. Classificação de risco: uma necessidade inadiável em um serviço de emergência de qualidade. *ACM arq catarin med.* [periódico on line] 2007 [citado 11 out 2011]; 36(4): [aprox. 6 telas]. Disponível em <http://www.acm.org.br/revista/pdf/artigos/523.pdf>.

Received on: 17/11/2012

Required for review: no

Approved on: 22/03/2013

Published on: 01/10/2013