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PROFESSIONAL PERFORMANCE IN URGENCIES/EMERGENCIES ON BASIC UNITS OF HEALTH

Atuação profissional nas urgências/emergências em unidades básicas de saúde

Actuación profesional en las urgencias/emergencias en unidades básicas de salud

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ABSTRACT

Objective: The object of this study it is to know the health professional's perception and their performance in the face of an urgent situation within basic care, as well the facilities and difficulties in this action. **Methods:** It is an exploratory study, descriptive and qualitative, developed with nine actuators in two primary attention units, in the central region of Rio Grande do Sul. The data were collected in the months of April and May 2017, through a semi-structured interview they were submitted to thematic content analysis. **Results:** Four categories emerged: Urgency/emergencies situations attended in primary care units; Deficit in urgency and emergency education during vocational training; Deficit of material resources; Importance of continuing education and protocols to improve urgency and emergency assistance in primary care. **Conclusion:** It is necessary to invest more about the issues related to urgency, emergency and trauma care for primary care professionals.
Descriptors: Primary health care; Emergencies; Nursing; Health professional.

RESUMO

Objetivo: Conhecer a percepção dos profissionais de saúde e a sua atuação frente a uma situação de urgência/emergência dentro da atenção básica, bem como as facilidades e dificuldades nessa atuação. **Método:** Trata-se de um estudo exploratório, descritivo, qualitativo, desenvolvido com nove profissionais atuantes em duas unidades de atenção primária, da região central do Rio Grande do Sul. Os dados coletados nos meses de abril e maio de 2017, por meio de uma entrevista semiestruturada, foram submetidos a

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análise temática de conteúdo. **Resultados:** Emergiram quatro categorias: Situações de urgência/emergências atendidas nas unidades de atenção primária; Déficit no ensino de urgência e emergência durante formação profissional; Déficit de recursos materiais; Importância da educação permanente e protocolos para aperfeiçoar o atendimento de urgência e emergência na atenção primária. **Conclusão:** Torna-se necessário maiores investimentos acerca das questões relacionadas ao atendimento de urgência, emergência e trauma para profissionais da Atenção Primária.
Descritores: Atenção primária à saúde; Emergências; Enfermagem; Profissional de saúde.

RESUMÉN

Objetivo: Conocer la percepción de los profesionales de la salud y su actuación frente a una situación de urgencia/emergencia dentro de la atención básica, así como las facilidades y dificultades en esa actuación. **Método:** Se trata de un estudio exploratorio, descriptivo, cualitativo, desarrollado con nueve profesionales actuantes en dos unidades de atención primaria, de la región central de Rio Grande do Sul. Los datos recogidos en los meses de abril y mayo de 2017, a través de una entrevista siniestradas, fueron sometidos a análisis temáticos de contenido. **Resultados:** emergieron cuatro categorías: Situaciones de urgencia/emergencias atendidas en las unidades de atención primaria; Déficit en la enseñanza de urgencia y emergencia durante la formación profesional; Déficit de recursos materiales; Importancia de la educación permanente y protocolos para perfeccionar la atención de urgencia y emergencia en la atención primaria. **Conclusión:** Se hace necesario mayor inversión sobre las cuestiones relacionadas con la atención de urgencia, emergencia y trauma para profesionales de la Atención Primaria.
Descriptores: Atención primaria a la salud; Emergencias; Enfermería; Profesional de salud.

INTRODUCTION

The S*istema Único de Saúde (SUS)* [Brazilian Unified Health System] is a public policy that has been in existence for a decade and a half. In those years, a solid health system was built in Brazil that offers services to the Brazilian population.[1] Health care in Brazil, since the SUS implementation, as determined by the 1988 Constitution and regulated through the Law 8,080 and the Law 8,1420 in 1990, proposes a model of care based on actions of promotion, prevention, protection, recovery and rehabilitation.[2]

Primary Health Care (PHC) is characterized by a set of health actions, at the individual and collective level, which covers health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation, harm reduction and maintaining health to develop comprehensive care that impacts on people's health and autonomy, as well as on the health determinants and conditions of communities.[3]

Moreover, PHC has as its objective to provide the first assistance to urgencies and emergencies, in an appropriate environment, until the transfer/referral of patients to other points of care, when necessary.[4] By urgency, it is understood as unforeseen situations of health problems either with or without risk potential of life, where the person needs immediate assistance. Emergency, on the other hand, is the verification of imminent risk of life or intense suffering, then requiring immediate assistance.[5]

According to the Policy of the Urgency Care Network in the SUS, meeting spontaneous demands, especially urgency and emergency ones, involves actions that must be carried out in all health care points, including PHC services.[6] Urgencies and emergencies have been daily evidenced in the PHC field, requiring apparatuses and supplies, such as an observation room and insertion in a tripartite management approach, with the municipalities being co-responsible, according to the Operational Norm of Health Care (ONHC) of the SUS.[7]

Health professionals have a duty to provide the first assistance, but in order for them to be able to provide it, it is necessary to have the theoretical/practical knowledge that allows them to recognize the situation of urgency and emergency, intending to correct performance in these situations. Nonetheless, there is the unpreparedness of some professionals, as well as a deficit of infrastructure in PHC scenarios to meet urgency and emergency cases.

Bearing in mind the aforesaid, the following questions came about: How do the PHC health professionals feel while facing both urgencies and emergencies? How do you perceive yourself for such performance? What are the strengths and weaknesses of your performance during practice? In an attempt to answer the explicit question, the objective was to know the health professional's perception and their performance while facing an urgency/emergency situation in PHC, furthermore, to identify both facilities and difficulties during this action.

METHODS

It is a descriptive-exploratory study with a qualitative approach,[8] which was carried out in two health units, of which one was a Family Health Strategy (FHS) and one was a Community Health Agents Strategy (CHAS), both located in a city from the central region of the *Rio Grande do Sul* State, seeking to investigate different realities with their peculiarities. The selection of such units was because both are fields of practical action for academics from the institution to which this research is associated.

The research was carried out from March 2016 to June 2017, with the health professionals who make up the teams of the aforesaid health units. It was established as inclusion criteria for the participants: To be linked to one of the health units as a health professional (physician, nurse or nurse technician). Professionals holding a medical certificate of discharge, license or vacation were excluded.

Initially, visits were made to health units to invite professionals to participate in the study. With those who accepted, the best day and time for data collection was agreed. Nine professionals met the inclusion criteria, forming the corpus of this study, of which five from the FHS and four from the CHAS.

Data were collected in April and May 2017 through a semi-structured interview, covering two stages. In the first part, it was pursued the participants' characterization; and in the second, the following questions were asked: "During your professional training, have you been informed about

dealing with urgency and emergency cases?", "At the moment, do you feel able to provide care to a person undergoing an urgency and/or emergency situation?", "Is the team able to provide urgency and/or emergency care?", "Is the health unit in adequate conditions to perform urgency and/or emergency care?", "Do you see the need for any change or strategy to improve urgency and/or emergency care?".

The data were submitted to Thematic Content Analysis, which unfolds in the pre-analysis, exploration of the material or codification and treatment of the obtained results/interpretation. The pre-analysis stage comprises floating reading, constitution of the corpus, formulation and reformulation of hypotheses or assumptions. Still in the pre-analysis, the researcher proceeds to formulate and reformulate hypotheses, which is characterized by being a process of resuming the exploratory stage through an exhaustive reading of the material and the return to the initial questions.[9]

During the exploration of the material, the researchers sought to find categories through expressions or meaningful words according to which the content of the speeches were organized. The categorization consisted of a process of reducing the text to meaningful words and expressions. From this stage, the researchers proposed inferences and performed interpretations, interrelating them with the theoretical framework designed initially, as well as the opening of new theoretical and interpretive dimensions, suggested by reading the material.[9]

The ethical and legal precepts that involve research with human beings were considered, according to the Resolution No. 466/2012 from the Ministry of Health (Brazil).[10] The participants signed the Informed Consent Form (ICF), in two copies, one remaining with the participant and the other with the researcher. The Project was approved by the Research Ethics Committee from the *Centro Universitário Franciscano* by the Legal Opinion, the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appreciation] No. 61576816.6.0000.5306. Aiming to maintain the participants' anonymity, they were identified by the letter P (Professional), followed by a numeric number (P1, P2... P9) and the identification of the place they work, Unit I (UI) and Unit II (UII).

RESULTS

At the UI, two nurses, two physicians and one nurse technician were interviewed, of these three were women and two were men. Concerning the training time, it ranged from five to 31 years; one professional held specialization in family health, one in family medicine and one in internal medicine. At the UII, four professionals were interviewed, one being a nurse, one physician and two nurse technicians, among them, three women and one man, with training time between one and 23 years; one professional held specialization in collective health.

The analyzed data resulted in four categories, as follows: Urgency/emergency situations assisted in primary care units; Deficit in urgency and emergency education during professional training; Deficit of material resources; Permanent Education (PE) and protocols to improve urgency and emergency assistance in primary health care.

Urgency/emergency situations assisted in primary care units

When questioning the team of both units that were the target of this research, about the types of emergencies that are assisted in PHC, some situations were listed, among which, hypertensive crises, hypoglycemia crises and asthmatic crisis stood out.

> *"Daily, situations like hypertensive crises and hypoglycemic crises often appear."* (P2, UI)

> *"We experienced few emergencies here at the unit, such as severe asthma attacks, episodes of diabetic coma and hypoglycemia."* (P3, UI)

> *"Higher pressure, asthma attack, high blood glucose, we eventually see them here."* (P3, UII)

> *"Hypertension, cases of decompensated diabetes, chest pain, respiratory emergencies as well, such as asthma attacks."* (P4, UII)

It can be seen in the report of a participant that in addition to situations previously mentioned, there were already situations of care for people with chest pain. It is reported by the interviewed professionals that urgency/emergency cases are received in their health units, less frequently, where only the first service is performed by the team and then the user is referred to a more complex service. From the point of view of these professionals, the PHC unit is not the most suitable place to receive serious cases.

> *"There are a lot of emergencies, but the unit as a CHAS does not include emergency cases, because those are always assisted in the emergency room."* (P1, UII)

When a user enters the PHC, it is the team's responsibility to categorize their situation and if classified as an emergency. It is the user's right and duty of the team to provide adequate and immediate treatment. It is important to provide the first service at the point of care where these users came in, requiring the preparation of the PHC to act in these cases. Users classified in situations of low urgency and non-urgency should receive treatment at the health unit.

Deficit in urgency and emergency education during professional training

Some professionals reported that during the training process, whether in nursing, medicine or technical nursing

courses, the content covered on Basic Life Support (BLS) was succinct. Therefore, some of these professionals sought first aid courses to improve their knowledge.

"We just had the emergency basics." (P3, UI)

"[...] only basic life support. I did the first aid course by my own." (P5, UI)

"During graduation I tried to take courses for improvement." (P1, UI)

"In the technical course, they give us a view, but I took complementary courses to better prepare myself." (P2, UI)

"Each one trains according to their own interest, looking for first aid and refresher courses." (P4, UII)

It was also highlighted by the professionals that there is no difference between the BLS care of the PHC for hospital care. The protocol is unique, regardless of where the emergency occurs, what differs are the resources available to carry out this type of assistance.

"You have to be prepared to provide care anywhere, even on the street." (P1, UI)

"The protocol for emergency care is the same, whether in the PHC or the hospital, what changes are the equipment and resources that the unit does not have. Here we do the first assistance and refer to places that have more resources." (P4, UI)

Deficit of material resources

Most professionals, participating in the study, reported that their unit does not have the basic supplies for urgency and emergency care, nor do they believe that their unit can provide this type of care.

"We need to have more drugs, basic supplies." (P2, UI)

"We do not have minimum structure to reverse more serious cases, we just have time to stabilize and the person has to be taken to a more advanced unit." (P3, UII)

"There is no structure, appropriate medication, or room available." (P2, UII)

"There is a lack of materials, medications, if you need to intubate a patient, there are no things [...] the Artificial Manual Breathing Unit I have, but almost no medication." (P1, UI)

It is reported by professionals that to assist in emergency cases in PHC, a crash cart must be provided, with all necessary material, as well as contained in hospital units. Moreover, it is listed the need to contain in the unit some devices such as: electrocardiogram (ECG), cardiac monitor and defibrillator.

"I believe that we need to have a crash cart, with everything that is needed, we need to have what a hospital has. In addition to the crash cart, I also needed an electrocardiogram." (P1, UI)

"We need to have a defibrillator and basic medications like furosemide, captopril, acetylsalicylic acid, isosorbide mononitrate, insulin. Sometimes there are some ampoules of furosemide, sometimes it doesn't, it depends a lot, there have been cases where I had to call the Mobile Care Service for Emergencies to administer a regular insulin because there was no unit. We can count on adrenaline only." (P3, UI)

"A cardiac monitor, defibrillator. I think the most important thing is the team and also basic medicines." (P4, UI)

It is reported that the structure of PHC units is more focused on disease prevention than treatment and cure. Due to this fact, basic medicines and materials for use in cases of possible urgency/emergency care are not offered.

"The structure that the municipality offers us is more focused on prevention, so we have some limitations in terms of material resources. We do not have medications for hypertensive crisis, we do not have ECG or defibrillator, because it is not the focus of the essential health unit; nonetheless, we still receive people under this situation, because for the community, it is the closest help, and sometimes we are unable to provide immediate assistance." (P4, UII)

Permanent education and protocols to improve urgency and emergency assistance in primary health care

It is important that, in addition to basic inputs, the PHC team must remain updated and trained to provide adequate care in situations that are out of their daily routine, such as urgency and emergency situations, for instance. It is necessary that the team understands how to manage the patient in serious condition, even working in the PHC, considering that under these situations the correct and immediate care is essential for a better prognosis and quality of life for users.

We would need an update, because since I got here, we haven't had anything like that; there was a training session,

but only the theoretical part, nothing practical. The practical part is missing. (P5, UI)

I think this qualification is needed to any employee. (P1, UII)

Other professionals disagree with previous reports, as they state that the team is prepared, but it is necessary to implement a protocol to better organize the PHC team for services that are out of their routine.

"Very prepared, because most of the staff has already worked in emergency care." (P1, UII)

"I believe that people are trained, but it is different if you have a protocol, where everyone knows what to do. In fact, as we are not on high demand, we had mild emergencies (epilepsy, seizure, syncope, dehydration, being run over) and in these cases, we were never subjected to a life-threatening situation. Until today at least there has never been any type of emergency more serious so that I can analyze the performance of the team." (P3, UI)

"I think you have to have training, because we never had since I'm here, as we don't have this routine and we don't have enough training, it would be necessary to have training at least once a year to remember what we have to do; we even know, but as it is not routine, it gets complicated. There had to be this training for adult, child, pre-hospital care as well." (P3, UII)

"The professionals are trained; they know what must be done." (P4, UII)

"*The unit must have permanent education, because all the care we provide here was necessary. We always provide care in the best way, otherwise we would call the Mobile Care Service for Emergencies to do so.*" (P5, UII)

DISCUSSION

Urgency and emergency situations can occur anywhere, even on the street or at home. The way people react in the initial care to an emergency determines how the victims will recover and can mean the difference between life and death.[11]

So, it is important that the whole community knows how to provide the first service and activate the Mobile Care Service for Emergencies or similar. Preventive educational actions are the responsibility of everyone, but mainly health professionals, who must be sensitized to recognize risk situations in their coverage area.[12]

Herein, the participants reported some emergency care in the PHC, among which stood out hypertensive crises, hypoglycemic crises, and asthmatic crises. Similar data were evidenced in a study carried out with 27 FHS professionals from the Campina Grande city, Paraíba State, where it was evidenced that among the main emergencies assisted by the professionals, hyperglycemia or hypoglycemia, arterial hypertension and fever were mentioned.[13]

Thus, it is evident the importance of preparing PHC professionals to provide care in urgency and emergency situations. The ONHC, published on 01/2017, is one of the first official documents to list the urgencies in the PHC, defining its responsibilities and activities. However, it only proposes the control of Diabetes and Hypertension, by first assisting to crises and complications.[14] These activities are not clearly described, as a hypertensive or diabetes crisis (hyperglycemia or hypoglycemia) can evolve seriously soon. Therefore, there must be resources capable of stabilizing the framework for possible transfer. These actions require careful planning and adequate local support.[14]

The health units of the PHC, such as the FHSs, CHAS, specialized outpatient clinics, diagnostic and therapeutic services, and Non-Hospital Emergency Care Units, according to the Ministry of Health (Brazil) Ordinance No. 2.048, November 5th, 2002, make up the network of Fixed Prehospital Care recommended by the National Policy for the Attention to Urgencies addressed in the Ministry of Health (Brazil) Ordinance No. 1.863.[15] Accordingly, the PHC is framed in the health sectors that must provide the first assistance in urgency and emergency situations, as it is perceived as gateway to the community.[15]

Nevertheless, the participants in the present study state that the PHC unit is not the most appropriate place to receive serious cases. A similar data was evidenced in a study carried out with 70 professionals, 36 physicians and 34 permanent nurses from the FHS teams of 46 teams from 15 units and health centers in the urban area of the Southeastern region of the *Teresina* city, *Piauí* State. In the above-mentioned study, some professionals reported that urgency and emergency care should not be performed at the Family Health Unit, since the objective is to prevent the patient from becoming ill and not to assist to emergency situations.[16]

However, it is understood that urgency and emergency care should be carried out at any level of health care, including in the PHC, since essential health units and FHSs are classified as fixed prehospital care, and the professionals who work there must, to be able to promote qualified and specialized assistance to assist and refer them to the Advanced Life Support units. Such data were also found in a study carried out with 27 professionals from FHS teams in the *Campina Grand*e city, *Paraíba* State, which aimed to analyze the reception and resolvability of urgency situations within the scope of the FHS.[13]

Considering the team preparation to assisting urgency and emergency situations, the participants have converged about it. Part of them referred to the need to update and train the team to provide an adequate service to these situations, as they consider that they are not prepared, since this type of service is not daily. Other professionals

reported that the team is prepared, but it is necessary to implement a protocol to better organize the PHC team for the appointments. A study performed with physicians and nurses of the FHS addressing their capacities to assist urgencies and emergencies, also showed divergence among the participants.[17]

In the aforesaid study, 44.8% of the interviewees have acknowledged the fragility of the system, stated that their team was not adequately prepared for care in urgency and emergency situations; 81.6% of professionals stated that they were able to recognize the levels of urgency and emergency and considered their actions adequate, but did not describe them correctly, nor did they know the national emergency care policy.[17]

Ordinance No. 2.048 also states that it is the training institutions that offer insufficient preparation to face the urgencies. Thus, it is common for health professionals, when faced with an emergency situation, to have the impulse to quickly refer it to a unit of superior complexity, without making a previous assessment and the necessary stabilization of the clinical condition, due to insecurity and ignorance.[15] This reality was evidenced in the present research, since the professionals mentioned that during the academic training only the basics of the BLS were taught and that some professionals seek to qualify on their own during graduation or after training, with a view to expanding their knowledge.

These data are in line with the findings of a review of the scientific literature related to regulatory ordinances, which showed that it is necessary to pay attention to the training of professionals about the knowledge related to the conducts while assisting to urgencies and emergencies of any nature, which in general, is insufficient. So, most professionals of the PHC, when faced with urgencies and emergencies, do not perform the care due to insecurity or lack of knowledge, therefore, they transfer the patient to more specific health services.[18]

In the PHC, it is noticed that there is a fragility of the emergency care service by the professionals involved, low training of professionals, as well as the low infrastructure of the essential health units and lack of human and material resources/inputs.[19] In this area, the Ordinance No. 2.048 recommends that every health unit should contain the basics of supplies and medications to be able to provide adequate care to various situations, including urgency and emergency situations.[15]

The participants of this research have reported the importance of having permanent education and protocols in the PHC network so that professionals can improve their knowledge about urgency and emergency care. Professionals understand that through protocols they will be able to act safely in these situations. Permanent Health Education, through Ordinance No. 1.996, from August 20th, 2007, proposes to adapt the training and qualification of health workers to the needs of the population, thus contributing to the *SUS* development. This strategy is characterized by education in everyday life and envisages transforming daily situations into learning, reflexively analyzing the problems of practice and valuing the work process itself in its intrinsic framework.[20]

CONCLUSION

The accomplishment of this study is considered satisfactory, since it was possible to comprehend the health professional's perception and their performance while facing an urgency/emergency situation within the essential health service, furthermore, to identify both facilities and difficulties during this action.

Some difficulties permeated the construction of this study, including the incompatibility of schedules for data collection. Nevertheless, realizing that difficulties are part of every study, the researcher and the interviewees have (re)adapted themselves and the meetings were cleared and rescheduled a few times until the research was accomplished. As a potentiality, it is emphasized that the study allowed the participants involved (researcher and interviewees) to ponder upon the performance regarding the service and to instigate the consideration of possible strategies for improving the investigated reality; among these, the implementation of PE to professionals and appropriate materials for care was underlined.

The professionals participating in the study reflected on the need for knowledge to assist in urgency and emergency situations, as they have already treated people in this condition, even if in less complexity. Some consultations were highlighted, such as: cases of hypertensive crises, hypoglycemia, and asthmatic crises. Some professionals also mentioned that during graduation they received only basic knowledge, not enough to meet needs in urgency and emergency situations. Other professionals feel that the team is able to provide this type of care, as they report that several professionals have already worked in emergency and/or because they trained on their own. Another stressed point was the lack of materials and supplies to be able to provide care to urgency and emergency situations, as well as the need for PE in the service.

Hence, it is necessary to invest more towards solving the issues related to caring practices of urgency, emergency and trauma for primary care professionals, because as identified here, those situations might occur at any time and in different places, such as home. As contributions of this study, it is argued that it can be considered as a local diagnosis regarding the lack of knowledge and appropriate materials in the investigated realities. Thus, it will be able to assist in the construction of new work proposals and stimulate the need for PE with these professionals, as well as rethinking professional training in the health field, which sometimes has not offered this knowledge in a satisfactory manner.

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