

Atuação do enfermeiro em um serviço de atendimento pré-hospitalar privado

Nurse performance on a private prehospital assistance

Actuación del enfermero en un servicio de atención prehospitalaria privada

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ABSTRACT

Objective: to know the perception of health workers performing as nurses on a pre-hospital care service. **Method:** descriptive exploratory study with a qualitative approach, which was carried out on a Prehospital private assistance in the northwest of the State of Rio Grande do Sul. The participants were doctors, nurses and nursing technicians. Data collection was conducted in February and March 2016, through semi-structured interview. The analysis followed the assumptions of a so called Content Analysis. **Results:** The nurses develop managerial and assistance activities requiring technical and scientific knowledge, skills, and teamwork. Autonomy, good relationship and scientific knowledge were identified as factors that facilitate the job. However, lack of knowledge, relationship difficulties and bad weather are factors that hinder the work. **Conclusions:** The nurse is a very important front for the team, when performing their duties with suitable skills and great knowledge.

Descriptors: Nursing; Nurse's Role; Emergency Medical Services.

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RESUMO

Objetivo: conhecer a percepção de trabalhadores de saúde sobre a atuação do enfermeiro em um serviço de atendimento pré-hospitalar. **Método:** estudo exploratório-descritivo, com abordagem qualitativa realizado em um serviço de Atendimento Pré-hospitalar privado do noroeste gaúcho. Participaram da pesquisa médicos, enfermeiros e técnicos de enfermagem. A coleta de dados foi realizada nos meses de fevereiro e março de 2016, por meio de entrevista semiestruturada. A análise obedeceu aos pressupostos da Análise de Conteúdo. **Resultados:** os enfermeiros desenvolvem ações gerenciais e assistenciais requerendo conhecimento técnico científico, habilidade, e trabalho em equipe. A autonomia, bom relacionamento e conhecimento científico foram apontados como fatores que facilitam o trabalho. No entanto, a falta de conhecimento, dificuldades de relacionamento e as intempéries climáticas são fatores que dificultam o trabalho. **Conclusões:** o enfermeiro é de grande importância frente à equipe, desempenhando suas funções com habilidade e conhecimento. **Descritores:** Enfermagem; Papel do profissional de Enfermagem; Serviços Médicos de Emergência.

RESUMEN

Objetivo: conocer la percepción de trabajadores de salud sobre la actuación del enfermero en un servicio de atención prehospitalaria. **Método:** investigación exploratoria descriptiva, con enfoque cualitativo realizada en un servicio de Atención Prehospitalaria privada del noroeste gaúcho. Participaron de la investigación médicos, enfermeros y técnicos de enfermería. La recolección de datos fue realizada en los meses de febrero y marzo de 2016, por medio de entrevista semiestruturada. El análisis obedeció a las hipótesis de Análisis del Contenido. **Resultados:** los enfermeros desarrollaron acciones gerenciales y asistenciales requiriendo conocimiento técnico científico, habilidad, y trabajo en equipo. La autonomía, buena relación y conocimiento científico fueron apuntados como factores que facilitan el trabajo. No obstante, la falta de conocimiento, dificultades de relación y las intemperies climáticas son factores que dificultan el trabajo. **Conclusiones:** el enfermero es de gran importancia delante del equipo, desempeñando sus funciones con habilidad y conocimiento. **Descriptorios:** Enfermería; Rol de la Enfermera; Servicios Médicos de Urgencia.

INTRODUCTION

The Mobile Emergency Care Service is a fundamental care service for the qualification of actions in a prehospital environment, allowing an interaction with the hospital environment.¹ The objective of this service is to provide care for people in clinical or traumatic emergency/urgency situations, minimizing the sequels of the patient who needs this type of care.

Thus, this care must begin on the site where the patient is located.² For accomplish this, the professional's performance must begin as soon as the patient's alterations can be detected, allowing a qualified care and better life and health conditions for the citizen.

In this context, the mobile Prehospital Emergency Care (PHEC) is carried out by means of two procedures. The first is the "basic life care", described by the absence of invasive techniques. The second is the "advanced life care", which,

in turn, allows the execution of ventilatory and circulatory invasive support techniques.

Thus, the PHEC comprises all actions carried out before the patient arrives at the hospital, which may have positive consequences such as the decrease of the trauma or violence morbimortality rates. In this sense, the qualified care provided on the location of the patient's accident, his transport and premature arrival at the hospital are vital for increasing his survival rate. These actions may determine not only his degree of interference in everyday life activities as well as its duration, but also the outcome of the patient's life.³

A recent study⁴ shows that men are responsible for 78% of the automobile accidents, and 29.9% of them aged between 25 and 34 years. The highest number of accidents occurred at weekends (53.9%), at night (25.9%) and the most frequent collision type was motorcycle crash (35.8%). The most frequent lesions were excoriations (28.7%) and polytrauma occurred in 34.1% of the victims.

The professionals of the health care team who work in PHEC services are essential for providing care, and they must have certain attributes such as: expertise, motor skill and sensibility.⁵ The nurse is an active participant of the health team and have an important role in delivering health care with quality; they also prevent complications, evaluate risks and manage the health care process safely.⁶ The nurse's performance must have scientific basis, which results in respect and trust among the professionals of the nursing team and among the population, which receive this health care.

This research is justified by the possibility of intensifying discussions about the importance of the nurse's performance in a private PHEC service in a city located in the inland region of the State of Rio Grande do Sul. These discussions may produce opinions about the health care services offered to patients, as well as about professional work, work conditions, and daily challenges experienced by emergency nurses. Also, the lack of studies about the emergency nurse's importance and valorization within the nursing team is another subject that promote development of this research, which contributed to the discussion about forming individuals to provide health care with quality and fulfill the needs of this area.

In this context, it is believed that this theme is relevant, since it is fundamental know the health care team's perception of the nursing professional, considering that his presence during the PHEC is essential. Thus, the health care work proceeds cleanly, since the nurse becomes a leader, managing actions in accordance with the multiprofessional team and with the patient receiving health care.

As a result, the following research question was developed: "what is the health care workers' perception of the nurse's performance in private PHEC services?"

METHODS

A descriptive-exploratory study with a qualitative approach was conducted in a private PHEC service of the Northwestern State of the Rio Grande de Sul. Physicians, nurses, and nursing technicians that worked in this service participated in this study.

The inclusion criteria were, among others: health care professionals (physician, nurse and nursing technician), and professionals who work in this service for at least six months. The exclusion criteria were, among others: professionals taking a service leave during data collection.

Data collection was carried out from February to March 2016 by means of semi-structured interviews. The participants were interviewed individually in a private room of the health care service, and they were encouraged, by means of open questions, to describe their perceptions of the nurse's performance in the PHEC. The interviews were recorded using a digital recorder, thus guaranteeing a rich and reliable material. After this, the interviews were transcribed and stored in a file through a text editor software. The participants were labeled via a code composed of the first letter of the profession's name and a random number, which describes the interview order that was carried out randomly. For example: P1 (Physician), N2 (nurse), and NT3 (nursing technician). Content Analysis was used to interpret and analyze the collected data.⁷

This study was approved by the Research Ethics Committee, CAAE nº 51492115.8.0000.5322, and strictly followed research ethics as stated in the guidelines and norms regulating research involving human beings.⁸ As a result, the study population's anonymity was preserved, and the participants were instructed to be aware that this study's aims are only for scientific ends. Moreover, the participants signed two copies of the Free and Informed Consent Term, being one for the interviewee and the other for the interviewer.

RESULTS AND DISCUSSION

Four physicians, two nurses, and four nursing technicians were interviewed. They aged from 31 to 62 years, with an average of 45.6 years. Six interviewees are married, three are divorced, and one is single.

The length of professional experience varied between 4.5 and 34 years, with an average of 45.6 years. The average length for nurses was 17.16 years. In addition, the length of professional experience in the PHEC was 9.7 years. Among the ten professionals interviewed, six have higher education, three have high school education, and one nursing technician is enrolled in a graduation course.

Information obtained from the interviewees was grouped according to Minayo Analysis.⁷ Thus, it was possible for grouping the results in three different themes: "Daily work in PHEC services", "Nurse's performance in PHEC services" and "Factors that hinder the nurse's performance in PHEC services".

Daily work in PEC services

When investigating the interviewees' daily work, several relevant factors were found within the PHEC context. The nurses are interacting constantly with the other professionals, building professional relationships based on multi-professional experiences.

The daily work in the PHEC is based on technological instruments and relationships among professionals from many knowledge fields, who provide care together, especially for car crash victims.⁹ The interviewees pointed out details of their work routine and how the multi-professional team is organized, as stated by the following testimonials:

"My job here is in the form of shifts. They are daytime shifts of six hours and night shifts of 12 hours" (M3).

"I have an eight-hour workload and I'm on call for any problem the technicians can have so they can call us to help them to solve more critical problems" (E1).

The nurse's work in the Mobile Urgency Care Service (MUCS) [*Serviço de Atendimento Móvel de Urgência*] is dynamic, without routine, and deal with unexpected situations during the carrying out of nursing procedures, as well as during care management, which makes the nurse a key piece of the PHEC team.¹⁰ Also, this situation was observed on the following testimony:

[...] "I arrive at 15 hours and leave at 23 hours, from Monday to Friday. When I arrive, I check all the ambulances and I stay ready to leave for some assistance. I'm ready for whatever they need. Even for removals within the city" (T2).

In addition, it was observed among the interviewees that the questions about the professional interactions and the established relationships within the team are based on trust, since on team member relies on the others, and one team member helps the others with he knows, stabilizing patients fast and in an organized way so that they can continue to receive health care.

[...] "I came to the base, look for alterations on the notebook, or some message. After this, I'm going to check the ambulances to know if there's something missing, and if there's oxygen, materials, and instruments" (T1).

"I work 12 hours a day on alternate days. Upon my arrival, a checklist of materials of the ambulance and those which will be used is carried out" (T3).

“When I’m on my duty, I carry out the checklist: medication, materials, PPE (personal protective equipment), ambulance, fuel. I check the “0800” (emergency telephone service), material, equipment in the base, board, cervical collar, and medication. And then we are ready for starting the care service” (T4).

“I begin at eight o’clock a.m., and then we monitor the care process, the nursing technicians and whatever they need” (E2).

During the PHEC, the paramedics involved in assisting the victim must have knowledge of a set of techniques and be skilled at performing them. Among these techniques, the most important are: airway clearance, cervical spine immobilization, victim’s rolling, Kendrick Extrication Device (KED) positioning, stretcher immobilization when the victim is standing or lying down, fracture immobilization and bleeding control.⁹

Considering the emotional factors in the PHEC professionals’ everyday work, the MUCS teams, when providing health care for victims, share not only technical knowledge of urgency or emergency, but also anxiety and sorrow, among other emotions.¹⁰ These professionals spend 12 hours of the day together providing patient care or staying in the base waiting for a call, sharing their doubts and yearnings and discussing about happiness or sorrow found in a previous patient care executed.

Moreover, hierarchy relationships within the PHEC were observed:

“We made ourselves available for external emergency or urgency calls. The call goes to the nurse, who makes the triage, and then goes to the doctor, who describes the situation as an emergency or urgency one and then we go out for patient care” (M2).

The PHEC team has knowledge hierarchy. The physician, who examines the patient and prescribes the correct treatment for him, coordinates the entire advanced assistance. After the team evaluate the patient’s condition and the required interventions for his care and stabilization, it can proceed with other care actions.⁹

However, urgency and emergency care proceed automatically when there is teamwork because every team member knows his own role and the role of his co-workers, which reflects the lack of hierarchy.¹⁰ Some of the interviewees expressed that they feel good when they work in a well-coordinated and well-trained nursing team:

“My satisfaction degree in working is very high. I like what I do. I always liked it. I have satisfaction when I’m working here with a cohesive, well-coordinated, and well-structured nursing and medical team (M2).

“I feel very satisfied. This is a job I like to do, which makes the difference in the final result of patient care. The great satisfaction in working with a trained team and able to do this work” (M4).

“My satisfaction degree is very high. I always liked nursing and urgency care. I worked in intensive care and later in emergency care. After this, I came to work in prehospital care. I’m satisfied with I do” (E1).

“My professional qualification basically is related to the urgency and emergency care, and it’s a great satisfaction because my everyday activities are part of it” (E2).

“My satisfaction degree in my work is great since we work with qualified physicians and nurses, so this brings safety for the driver and paramedics and helps during the patient care a lot” (T4).

Working in an interesting and pleasant area produces motivation to carry it out, which is a satisfaction impulse to obtain personal development. Professional satisfaction is linked to a set of feelings about work expressed by professionals, and the more satisfactory factors, the more qualified is the assistance, optimizing the patient care quality. Thus, motivation leads to satisfaction. In other words, when a professional has a disposition and will for working productively, he is impelled to feel satisfied with his own work, producing personal development.

Nurse’s performance in PHEC services

The Article I of the Resolution n° 375/2011 of the Federal Nursing Council (COFEN, 2011) describes the obligation of nurses to be present during nursing care provided by Nursing Technicians and Nursing Auxiliaries, in the mobile PHEC units. In known or unknown risk situations, nursing care can only be performed under direct nurse supervision, which reinforces the importance of knowing their assistance and management activities in this area.

It is understood that the professionals participating in this research hold this knowledge. As such, they recognize the nurse’ value and why his presence is required for PHEC teams:

“I see it as fundamental. He has to be present in the situations where there’s a nursing technician, who needs supervision. There’s a doctor, but we know the nurse has to be present” (E2).

The nurse has a fundamental role, acting as an articulator and facilitator of teamwork, often potentiating changes, advances and achievements for the formation of interdisciplinary teams.⁹ Qualified and skilled nursing

professionals are needed in PHEC services for decision making, dealing with stressful situations and working with the team during the interventions.⁶

The PHEC service studied in this research had nurses who developed management and care actions. It can be seen from the interviewees' testimonies that the nurses' management activities stood out from those related to patient care, as in the following report:

"In addition to organizing the entire service to make it work, shopping, scales, keeping units in order, training. The law says that the nurse's presence is mandatory in basic life support. In Brazil, this isn't done because of costs (E1).

The nurse coordinates nursing activities, supervises and dominates the work dynamics, and evaluates patients during its care in order to select and transfer those in more critical conditions.¹¹ Thus, he is a link between the physician work and the rest of the team.

The nurse is responsible for the patient's direct care, along with the physician and paramedics. This assistance aims the patient's resuscitation and stabilization at the incident location and his transportation until he arrives at a hospital. Thus, the presence of the nurse and the physician in the ambulance is justified by the need to perform complex techniques as well as invasive interventions.¹²

Regarding patient care, the value of nurses' knowledge and their care skills are reported as follows:

[...] "He is the person who has the knowledge to approach the patient, the capacity they have to verify vital signs. Regarding immobilization, the nurse is fundamental" (M2). The doctor knows it, but when comparing his patient knowledge with that of the nurse, the doctor knows almost nothing. The nurse is important upon his arrival and for characterizing the transport type (M4).

It was also possible to notice, in this research, the importance attributed to the nurse's administrative and managerial activities as fundamental for the service development itself, considered as essential or the basis of the service's organization, in order to provide adequate care for the patient and stabilize it:

[...] "the nurses' value resides in their organization and the structure they provide for making patient care possible" (M2).

"The nurse's role in prehospital emergency care is helping to coordinate urgency and emergency actions on the road, in the city, and even in residences" (M3).

"The nurse's presence in teams is very important, not only for coordinating and organizing the service but also for qualifying the patient care directly at the event scene" (M4).

Consequently, the value of administrative actions given by PHEC professionals and also by nurses is evident, as they recognize the importance of carrying out administrative activities. Safety and trust issues in the nurses' work were also observed in this research, according to the following statements:

"I think the nurse is very important during patient care because without him the technician and the driver are limited. If the nurse could always stay with us, it would be excellent. The nurse certainly has more autonomy and gives more safety to the technician" (T2).

"The nurse give us security. He and the doctor do the advanced care. A well-organized team during patient care will flow without causing trauma to the victim" (T4).

"He is fundamental because the nurse's role in patient care makes the difference, both to provide safety for the staff and safety for the technician under his supervision" (E2).

Nurses who work in emergency situations must have scientific knowledge and skills, so that they can transmit safety to the staff, acting in an objective and synchronized manner.¹³ In this context, the permanent education's value of PHEC professionals is observed, since the need for knowledge and the organization of educational demands are generated in the work process. There is a need for an educational approach for the team and under this approach, the work is not conceived as an application of knowledge, but in its organizational and organizational context and resulting from the work culture itself.¹⁴

Permanent formation through the post-graduate programs is also a factor highlighted by the interviewees, in the expectation of obtaining updated knowledge offered by PHEC courses, and more skill and safety in developing care actions for patients in critical conditions.

[...] then I did many courses. I did all possible urgency and emergency care courses: advanced prehospital emergency care life support, advanced cardiac emergency life support, urgency and emergency specialization, advanced life support for physicians. The last one I did was about a catastrophe subject. Everything that seems to bring certification, and I know it's recognized as a part of the MUUCS curriculum, is actually our guide. What I need for having basic prehospital care training is the Resolution 2048 that governs the public service, so we as private workers have to rely on everything that is there. I've been

trying to follow it to expand my horizons because it's a different knowledge (E1).

[...] I did some urgency and emergency courses, and as the prehospital care course was new, I went to get something in that direction and found it in a graduation course. ATLS, PHTLS, ACLS and trauma courses. There are post-graduation courses (urgency and emergency specialization) too (E2).

Currently, training nurses so that they achieve technical expertise, knowledge of politics and other subjects, sensitivity to life and society issues in order to act in complex situations.¹⁵ In this sense, the nurses' PHEC qualification must be based in a constant research for knowledge and experience so that this professional work in various situations that may arise in urgency and emergency patient care.

Therefore, nurses need advanced knowledge, provided by specialization courses, for working in emergency and emergency patient care and skills acquired through previous professional experiences. There are several courses, including Advanced Cardiac Life Support (ACLS), Prehospital Trauma Life Support (PHTLS), Basic Life Support (BLS), and Advanced Trauma Life Support (ATLS). The objective of these courses is training nurses for unexpected situations during patient care, which require speed and agility:

[...] Among all the specialization courses available to nurses, the one that has more responsibilities are those related to prehospital care. We work in a hostile environment; we never know what we are going to find; you have what the literature describes, but many times improvisation is necessary because we know things are different in practice, so the prehospital care nurse has to be different in the sense that he has to study and improve himself (E1).

Thus, permanent qualification emerges from unexpected and new situations in patient care, as expected in the PHEC structure. When facing these situations, nurses may take actions, which is a great challenge for professionals who seek a quality care service. In addition to the search for permanent qualification, it should be emphasized that the nurses' knowledge becomes visible through work, where they expose their knowledge and apply their skills to problems and events in their everyday work, acting in a critical and unique way.¹⁶

Nurses' daily work details arise in patient care and are related to social problems and accident location, such as active streets, clusters, and violence locations.¹⁰ These professionals experience weather changes and territorial and social conflicts, facing the unexpected and unknown.

PHEC objectives are achieved when the whole team is well-trained; all of its members must have skills and

knowledge of this work. Moreover, the team must be able to make fast decisions and maintain a good relationship among its members, respecting the personality, work functions, and knowledge of each of them in order to perform correct interventions throughout patient care.

The nurse's performance is essential for PHEC, from the event prevention by means of health education to the PHEC professionals' qualification.⁶ In this sense, nursing knowledge already made this profession acknowledged due to teaching licensed nurses, nursing masters and doctors; the addition of the nursing graduation course in higher education; and the notable advance of the nursing care delivered to the population.¹⁷ However, this profession lacks social acknowledgement:

"When I think about all urgency and emergency institutions I worked in, the nurse should be more valued. Both nurses and nursing technicians have to have more value" (M3).

Because of this, the nurse seeks social and political acknowledgment, fighting against historical, cultural and work-related problems.¹⁰ The nurse, in order to provide patient care, must have the required knowledge and qualification for this work, and he also must share this knowledge among the PHEC team, so that patient care can be achieved through teamwork, which is the main objective.

Teamwork and team organization, which have many degrees, are necessary for obtaining a successful and qualified PHEC care service. It is highlighted that the result of PHEC depends on each of the team member's actions, in accordance with his knowledge and specific practice, respecting the responsibility and expertise of other members.⁹ In addition, teamwork produces reciprocity and interaction among the team members, establishing the PHEC objective during patient care until the hospital arrival, decreasing sequels and making possible a better prognostic. In teamwork, there is space for dialogue, reflection and all decisions are made collectively, assuring a service quality in patient care. Communication and interaction are powerful work tools, which produce changes in power relationships among professions.¹⁸ This partnership and teamwork reciprocity relationships were highlighted by the study participants:

"Without the nurse, nursing technician, and physician, I wouldn't see this service working. In the scene, we complete ourselves. A well-organized team is the first parameter for work success" (M1).

"Prehospital care have been changed a lot in the last years with the formation of well-organized teams. This causes a greater advance with more determination and better patient prognostic" (M4).

Although each profession has its own objectives, all professionals are equally needed in the field, and one fills the gaps left by the others, which highlights the health care collective nature, often shadowed by professional technical autonomy and isolated actions. Thus, the interviewees expressed his opinions about collective performance and the why supplement the others' work:

I think interesting that the prehospital care team is cohesive. Who's going to lead the care is the one with the greatest tranquility. So, both the technician and doctor, regarding advanced life support, have important responsibilities. So, even if the technician feels safer, he will lead the team and so on. And then we have teamwork (E1).

As a result, patient care management is recognized as a function that could be executed by any team member. Nonetheless, due to a hierarchy built throughout history, the physician is the leader. The leadership is transferred to a nurse or the most qualified nursing technician only when the physician is absent, according to this hierarchy.⁹

"I think the nurse's presence is very important because he and the doctor are the ones who's going to start the care by giving instructions so that everything goes on without problems or restrictions" (T4).

The PHEC service performs interventions in urgency and emergency situations which require knowledge of several qualification levels for acting in a coordinated and coupled way. Furthermore, teamwork plays a key role in PHEC in such a way that the team actions are so well-coordinated that there is no need for verbal communication.⁹ Being part of a well-structured team benefits the whole team since one member relies on the others' work, and patient care proceeds in a synchronized way:

[...] Being part of a team encourages me to study more so that I can do my best to get the job done in the best way possible" (M1).

"It's very important that the multi-professional team, composed of nurses, nursing technicians, and physicians, works with harmony. This makes a great difference for this country health" (M4).

According to the previous testimonials, it is emphasized that when each team member has qualified skills and acknowledges the other members' skills through patient care, there is tranquility even in the most stressful care situations.¹⁰ Therefore, all team members must know all PHEC procedures and have expertise in practicing them, and they must be prepared to take any role during the patient care.

Factors that hinder the nurse's performance in PHEC services

The factors that hinder or facilitate the nurse's performance in PHEC were studied individually for better understanding them. Among the facilitator factors, the knowledge of PHEC is highlighted, as stated by an interviewee:

[...] "One thing I can tell is the prehospital care is very important. It's the most listened, the most respected, and where you can work better" (E1).

Nurses have autonomy and freedom for carrying out his procedures in patient care since there is nobody who could be his immediate leader.⁹ Acting with freedom and autonomy is nurses' right, and this is regulated by the Nursing Code of Ethics.¹⁹ For them, autonomy is acting under the law, which they treat this concept as a synonym of independence and freedom. Considering this, nursing practice is established by ethical and legal foundations that guide the generally guide the actions.²⁰ However, as being free requires accept the rights, responsibilities, and duties, the nurse cannot act with total spontaneity in relationships with patients or other professionals, nor disrespect the legal limits that determines their expertise area.²¹

Another nurse's work facilitator factor pointed out by the interviewees was the knowledge of available materials and how to use them, as stated in the following testimonials:

"A facilitator factor would be a cohesive team, equipment at hand, a well-done checklist, when you know where are the materials and medicine before the care, and permanent and previous training. At the time of patient care, it's going to make the difference" (E1).

"Handling the material or the patient... You can't do a thing alone; you become limited. The wider knowledge of the nurse... A good relationship with the team facilitates the work" (T2).

"An ambulance well-equipped with good material and a qualified team" (T3).

Technical-scientific knowledge of urgency and emergency care is required from nurses, as well as knowledge of how to handling equipment available at the service, such as using the electric defibrillator, blackboards, and stretchers with dexterity.¹⁰

The nurses' performance is more noticeable. Due to being a PHEC service, this performance is carried out in many unfavorable locations that often expose the professionals to risks capable of hinder it:

“A factor that makes it difficult is the environment. We never know what we’re going to face and the environment makes it difficult a lot” (E1).

Nurses need to take immediate decisions when they are working with the mobile PHEC team in all environmental types, for example, those with physical and time limitations. These decisions must be based on protocols, knowledge and rapid evaluation of the situation and patient.²²

In another recent study, it was possible to observe that the PHEC professionals’ decisions about transferring patients to other services depend on the demand regulation of these services and the patient’s waiting time. Moreover, these decisions may be negatively affected by unnecessary routing and the professionals’ vision about the care system.²³

In this context, weather, environmental changes, and local risks were identified as the PHEC negative points. Those factors tend to hamper the team to access the victim’s location since they demand more physical effort from the team.²⁴⁻²⁵ Crowds around the care location also may be a hindrance, as described as follows:

“During the patient care, the presence of the media is a situation that makes it difficult a lot. The media have a negative opinion about it. Previously, we hadn’t Facebook, Whatsapp, nor cameras filming. Many times we know the difficulty we have during the patient care, and because of this you often become exposed, and many times the team is criticized by someone who’s not at the care location. Another situation is the lack of training, one of the main factors that hinder the care, and the lack of knowledge of the professionals, who aren’t prepared to provide care” (E2).

Working in an open place, such as avenues, highways, clusters, and residences exposes the professionals to social risks, such verbal, physical, and social violence.¹⁰ In this context, the unnecessary exposure to location and population-related risks, and the PHEC team organization make the nurses’ work more difficult.²⁵

As stated previously, the team exposure to social violence that may occur when patients are receiving care in highways are considered negative aspects of the PHEC work. There is no way for the team members become completely prepared beforehand due to the unpredictable nature of each scene, which is influenced by local factors. The following testimony confirms this argument:

[...] “Nothing in prehospital care is easy. It’s a hostile service. Every time we face a different situation and we have to improvise” (E1).

In a study,¹⁰ the interviewees described the scenes as shocking for any person. In these scenes, the nurse has to deal with unpleasant situations seeking the patient recovery.

Other PHEC unfavorable points were the relationship among the team members, considering that the nurse is the multi-professional team leader, and the lack of material compared to the lack of competent nurses, according to the following testimonials:

[...] “If the teams aren’t cohesive, it’s another matter. We have to work together. The bad interpersonal relationship in the teams hinders not only the prehospital care but the whole health care service” (E1).

“The lack of material can hinder the work. And without good relationships in the team, the care doesn’t continue, or even it goes backward” (T2).

“The lack of material and a bad team” (T3).

“A nurse unprepared, without deep knowledge of patient care, makes it difficult, and you have to have a good relationship with the team, or else the care doesn’t work” (T4).

Therefore, nurses exert themselves obtain a professional practice with autonomy, deep knowledge and its use for expanding their performance area, since patient care demands more than techniques and procedures for carrying it out.²⁶ Nurses need practical training, and theoretical foundations in order to obtain more control of the techniques and equipment used, or else the care is hindered, considering that more time and expertise from the most qualified paramedic will be required to carry out this care, since he continue to provide care alone.⁹

Again, regarding the good relationship among the team members, which is understood as of great importance to facilitate the team members’ work and achieve the final objective, which is to provide a resolute care, stabilizing the victim until referring him to receive hospital care:

“If you have a good relationship with the nurse, the technician, and the doctor, I don’t see difficulties. If you have a good relationship with the team, I don’t see difficulty at all” (T1).

Cooperation, complicity, and solidarity are present among the team members, especially in critical situations.⁹ Providing PHEC becomes agile and quick when the procedures are carried out simultaneously and all multi-professional team members are working. This interaction among the PHEC team members when performing patient care is necessary for acting in a cohesive and harmonic way.

CONCLUSIONS

It was possible to know the health care workers' perception of the nurses' performance in a private PHEC service. From the experiences described, important considerations about the everyday PHEC work, aiming the analysis of nursing activity details in this service.

Actions based on trust are developed in the everyday nursing work, which is established by means of teamwork. Thus, it was observed that the nurses feel more motivated to work productively generating an impulse for professional satisfaction with personal development. It was possible to notice the nurse's value, especially his performance in a multi-professional team, since he possesses a great number of responsibilities, acting directly in the patient assistance and in managerial activities. He plans the service, coordinate it and participate in the team member's training, promoting permanent education and improving his professional practice.

Teamwork was described as having great value for the PHEC since without it would be impossible carrying out this work. There is a trust connection among physicians, nurses, and nursing technicians during the patient care execution, in which occur knowledge sharing without disrespecting the others' role. The interviewees see the nurse as a team member who deserves acknowledgment for his practice, not only because of his knowledge of basic or advanced life support techniques but also for his agility and dexterity, and for coordinating the team expertly without relinquishing his administrative activities.

In this context, the nurse must have a technical-scientific knowledge, skills, and must know how to work with the team. Thus, the seek for permanent education is essential for nurses keeping themselves updated through PHEC courses. As a result, they can develop care more safe and skilled actions for critically ill patients.

Regarding the PHEC work details, the facilitator factors for nurses in this service were pointed out as: professional autonomy, multi-professional team well-organized, essential equipment available, and continuous training through permanent education.

These factors determine the patient care quality and safety provided by the team, making care excellence possible, which is the objective of PHEC. Working in hostile environments and under weather changes, risk exposure, lack of knowledge or training and bad relationships with the team were cited as factors that hinder the work. Considering this, the nurse is subjected to stressful situations, which would be extremely difficult for professionals of other nursing areas.

It is emphasized that because the study was carried out in a private PHEC service, its results cannot be generalized to the entire professional category since each type of service has its own particularities. However, it was possible to observe the reality experienced by nurses who opted to

dedicate themselves to work in PHEC tirelessly, making their qualification the most appropriate for this type of service.

The nurse's visibility was also notable from the perspective of the other professionals with whom he works, as he is recognized as of great importance in performing his duties and in front of the team, performing them with skill and knowledge. Therefore, this study can collaborate to promote the scientific development of PHEC as a research subject, thus broadening the discussions about the nurses' training and professional practice, contributing to the professional and personal development of this category.

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