

ATTITUDES OF STAFF AND QUALITY OF NURSING CARE IN A ADULT EMERGENCY SERVICE

ATTITUDES DA EQUIPE E QUALIDADE DA ASSISTÊNCIA DE ENFERMAGEM EM UM PRONTO SOCORRO ADULTO

ACTITUDES DEL PERSONAL Y CALIDAD DE ATENCIÓN DE ENFERMERÍA EN UN ADULTO PRONTO SOCORRO

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ABSTRACT

Objective: This study aimed to assess the knowledge of the nursing team, which operates in Emergency Adult the Hospital de Clínicas da Universidade Federal do Triângulo Mineiro (PSA HC-UFTM) in relation to the quality of nursing care provided and consider whether attitudes and actions of these professionals interfere with quality of care. **Method:** This is a qualitative, descriptive, observational study was conducted in PSA HC-UFTM with nurses and nursing technicians, three shifts, through a structured semi interviews and observation. **Results:** Several problems were highlighted by the professionals from situations related to lack of interest from colleagues regarding the profession, to failures in training and lack of experience of employees who enter the institution. **Conclusion:** Therefore it was concluded that it is essential to training covering all professionals working in the sector.

Descriptors: Quality of Health Care, Nursing Team, Emergency Service Hospital.

RESUMO

Objetivo: Avaliar o nível de informação da equipe de enfermagem, que atua no Pronto Socorro Adulto do Hospital de Clínicas da Universidade Federal do Triângulo Mineiro (PSA do HC-UFTM), em relação à qualidade da assistência de enfermagem oferecida e analisar se as atitudes e ações desses profissionais interferem na qualidade da assistência. **Método:** Trata-se de uma pesquisa qualitativa, descritiva, observacional, realizada no PSA do HC-UFTM, com enfermeiros e técnicos de enfermagem, dos três turnos de trabalho, através de uma entrevista semi-estruturada e observação. **Resultados:** Diversos problemas foram evidenciados pelos profissionais, desde situações relacionadas à falta de interesse de colegas de trabalho com relação à profissão, até falhas na capacitação e falta de experiência de funcionários que ingressam na instituição. **Conclusão:** Diante disso concluiu-se que é imprescindível a capacitação que abranja todos os profissionais que atuam no setor.

Descritores: Qualidade da Assistência à Saúde; Equipe de Enfermagem, Serviço Hospitalar de Emergência.

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RESUMEN

Objetivo: Este estudio tuvo como objetivo evaluar el conocimiento del equipo de enfermería, que opera en Emergencia Adulto del Hospital de Clínicas de la Universidad Federal de Triangulo Mineiro (PSA HC-UFTM) en relación con la calidad de la asistencia de enfermería y considerar si actitudes y acciones de estos profesionales interfieren con la calidad de la atención. **Método:** Se trata de un estudio cualitativo, descriptivo, observacional se llevó a cabo en el PSA HC-UFTM con las enfermeras y los técnicos de enfermería, tres turnos de trabajo, a través de una entrevista semi estructuradas y observación. **Resultados:** Varios problemas fueron destacados por los profesionales de situaciones relacionadas con la falta de interés por parte de los colegas con respecto a la profesión, a los fallos en la formación y la falta de experiencia de los empleados que ingresan a la institución. **Conclusiones:** Por lo tanto, se concluyó que es esencial para la formación que abarque todos los profesionales que trabajan en el sector.

Descriptores: Calidad de la Atención de Salud; Grupo de Enfermería; Servicio de Urgencia en Hospital.

INTRODUCTION

The form of care and care provided to patients in the Emergency Hospital Service (SHE) is an increasingly debated situation in the world, along with this the role of nursing in this sector has progressed more and more because it has been a very important specialty in recent years years due to the various socio-epidemiological changes that occur over time.¹⁻²

The emergency departments are units in which care must be provided in a fast manner, in addition it must have trained professionals, who have the ability to communicate effectively and make the correct decisions for each situation, since the care provided to patients who are require more complex techniques.³

These units must be adequately prepared to receive the patients in

emergency situations, with planning of assistance established in advance, adequate human and physical resources and materials available to promote coordinated and effective care.⁴

However, emergency hospital services have shown another reality, one of them is the overcrowding of the service, which has the consequence of overloading work for the professionals who work in these units, besides leading to exhaustion for both the worker in the sector and the patient⁵ therefore, these associated factors lead to a commitment of care. Another situation that influences care is the qualification of the professional, when the professional is not able to perform his duties appropriately or does not have skills for such functions, must then be trained and trained through permanent education

to promote improvements in their training and consequently bring quality for assistance.⁶

The SHE requires professionals skills and understanding of health circumstances, which may appear in the sector, understanding of the work of the service, associated with the forms of assistance provided, and agility in decision making in order to solve emergency problems.⁷⁻⁸

In order to have quality assistance in these services, it is necessary for the professional to know how to manage the unit, from administrative aspects to those related to care delivery, always seeking to improve their scientific knowledge, with updates on technologies, valuing the issue of humanization, which must be holistic. Thus, it is important to turn our attention and carry out studies that promote quality care, evaluating the professionals and training them, since in this sector unforeseen and stressful situations are present and that any error of the worker can harm the service, reducing its quality, besides putting at risk the life of the patient.

Thus, the present study aimed to evaluate the knowledge of the nursing team that acts in the Emergency Department (PSA) in relation to the quality

of the nursing care offered and to analyze if the attitudes and actions of these professionals interfere in the quality of care.

METHODS

This is a qualitative, descriptive, observational study carried out in the Emergency Room of the Hospital de Clínicas da Universidade Federal do Triângulo Mineiro (HC-UFTM), located in Uberaba-MG, Brazil.

The studied population was the nursing team that works in the PSA of the HC / UFTM, encompassing the three work shifts. The total number of participants was defined data saturation criterion, which uses the repetition of information to stop the collection, that is, when it is noticed that new components will no longer be reached in the field of observation.⁹

Nursing technicians and nurses working in the emergency room for at least three months (time required to adapt to the routines) and directly assisting the patient were selected as inclusion criteria. This approach was taken at the time of the interview. As exclusion criterion was established those employees who were on vacation or away from service.

Data collection began after approval of the Human Research Ethics

Committee of the Federal University of the Triângulo Mineiro (UFTM). To the participants of the research the study was presented and the signing of the Term of Free and Informed Consent was obtained. For the field work the technique of semi structured interview and participant observation to compose the information was used.

Following the ethical aspects, the anonymity of the interviewee was maintained, being identified by means of codes. The guiding question referred to the assistance provided by the team, as well as the factors that determine the quality of care, in order to evaluate their knowledge regarding the practices in situations of urgency and emergency that guarantee the safety of the patient.

The completed question was not interfered with or induced to respond. Moment at which the professional spoke about their perceptions related to the topic addressed. The answers were recorded, with the prior consent of the interviewee, and later transcribed in full, in a computer program, Microsoft Office Word 2007, by the researcher himself, to guarantee the trustworthiness of the data. All ethical aspects were followed, and there was no violation of the recommendations.

Informal observations were made at the emergency room to assess the attitudes and behaviors of the interviewed professionals, analyzing them to see if there is a relationship between what was said and what was done. In addition, perceptions and insights of the researcher also composed the data, all notes being recorded in field diary, using both paper and pen.

In order to perform the analysis, the content analysis of Bardin was used in the thematic modality. This method is based on verifying the meaning in the participants' discourses, with observation for the meaning related to the analytical object. The thematic analysis is composed of three stages: pre-analysis, exploration of the material and treatment of results obtained and interpretation.¹⁰⁻¹¹

The pre-analysis is the moment in which the organization of what will be analyzed is organized, systematizing the main ideas. In this stage the researcher comes in contact with the material that will analyze, prepare and delimit the material, establishes the reference of indices and indicators.

In the phase of exploration of the material the data is organized and aggregated in units, which consists of the definition of the categories and the

codification. It is the moment when the raw data is transformed in an organized way and aggregated in units, which allow a description of the pertinent characteristics of the content. The coding corresponds to an identification that allows to reach a representation of content and its expression. Categorization is the organization of the data and after the interpretation of the material is done.

RESULTS AND DISCUSSION

The study had a population of 17 nursing professionals, including nurses and nursing technicians. Of these, the majority were female, with 13 women (76.47%) and four men (23.52%). The mean age was 32 years and in this population there was a prevalence of the nursing technician position, with 11 (64.70%) and six nurses (35.29%). The collection was performed based on rotation in the three work shifts, morning, afternoon and evening.

From the data analysis process, five main categories were obtained based on the answers given by the professionals in the interviews. The first, *professional personality*, refers to the employee's way of working, interest and liking for the profession. In the second, called *human, physical and material resources*, it provides information on the issues related

to structural problems, lack of materials and professionals that reflect on the workload.

In the third category, *quality of care related to holistic care*, answers were obtained referring to the care provided to the patient, taking into account their biopsychosocial aspects and not only the disease, directly reflecting the patient's safety.

In the fourth category, *quality of care related to procedures*, the answers showed that quality is linked to the proper development of techniques, such as medication. In the fifth and last category, *training and scientific knowledge*, sought to evaluate the preparation and qualification of these professionals who work in the Emergency Room

Professional personality

Many professionals evidenced the lack of interest of some members of the nursing team, who end up not exercising their role of health professional for lack of common sense and interest. Quality should not be focused only on physical and material resources, but also on the willingness of each professional to provide an effective service: ¹² (...) *what is often lacking is common sense, you see, often the patient is here in the hallway, ah to with pain ... and they*

are sitting there and you will talk and they do not like it. ... everyone has the capacity to act in any emergency and urgency, just a little common sense and goodwill (Ent 1). (...) Some are not so much interested (...) (Ent 2).

During the observation period of the professionals, it was noticed that the majority who mentioned the problem of the lack of interest of some members of the team itself, were willing to provide quality care to the patient. When the employee has an interest in developing the best possible assistance to the user, seeking his satisfaction, this makes the job easier.¹²

However, some others preferred to place the responsibility on the team member, as in the case of interview 1 that referred to the question of nursing technicians leaving aside the work due to the use of cell phones.

Another aspect evidenced in relation to the quality of care concerns the involvement of the person with the profession. The speeches have shown that sometimes care ends up being harmed because the professional does not like what he does or ends up exercising the profession because of the financial question that he can offer. Whether or not they are satisfied with the work they do in health have consequences for the health of the workers and also for the care that is provided to the patient, those who

demonstrate greater satisfaction have a better well-being and lower levels of commitment of physical and mental health.

¹³ *I think so, that first you have to like what you do, that you will be able to pass a little attention to the patient (...) (Ent 13). And unfortunately there are also people who ... do not like what they do, do not do their best (Ent 15). (...) so I think everyone should try to do the best they can and today unfortunately we see a lot, the colleague then sees more the financial issue ... I think we need the money too, but above all else we have made a commitment to the human being, do not ... take care, we have to honor ... "(Ent. 2)*

During the observations, I noticed that patient care was in the background, some professionals were not concerned about this responsibility, they stayed out of the ward most of the time and when they returned to the workplace they became distracted by other activities, such as for example, stay connected on the internet.

In order for the work carried out by the team to be of a high quality, it is necessary that each member strive to do his or her best, in this way it is necessary for everyone to be committed to their tasks and to maintain a pleasant work environment and to provide adequate care for all the patients.¹⁴

Human, physical and material resources

In this category, professionals spoke about problems related to inadequate physical structure, lack of human and material resources, which directly reflect the quality of care provided to the patient. The issue of improvisation also appears in the reports due to the lack of adequate materials to perform the techniques and to meet, with quality, the needs of the patients.

The insufficiency of materials in the work environment leads professionals to adapt to reality and improvise, in addition, this activity of improvising always generates physical and mental exhaustion, as well as compromising the assistance.¹⁴ *It's difficult, because no matter how hard we try, we can not, because most of the time we do not have the material or equipment available (...) so you can keep a patient with he deserves (Ent. 5). Sometimes it is missing a lot of material, just the same, it was missing (...) macronebulization mask, was not having suction rubber, there is a compressed day missing, there is a day missing gauze, there is a day missing both ... a people have to improvise a lot (...) (Ent 1). So a lack of equipment, a lack of material, this compromises and unfortunately we have to work improvising (...) (Ent 8).*

Many have also reported that these problems of lack of materials generate overwork, fatigue and exhaustion. The work overload is an increasingly constant situation in the health services of

Brazil, this insufficiency of professionals associated with a stressful routine can lead to the dismissal of workers due to occupational diseases, causing an increase in the service load for those who continued working, thus generating a vicious cycle.¹⁵

Work overload, we arrive the other day tired, with son ... because there is a lot to do, so it's complicated (Ent 4). (...) the size is impaired, professional, we hardly ever have the ideal number to be able to supply what the sector needs, but it is something that is far from over ... (Ent. 6).

The overcrowding was another aspect evidenced in the interviews, as well as the service performed in the corridor. The reports pointed out that this is not a suitable place for the patients' stay and these two aspects end up compromising even more the quality of patient care. Overcrowding is a challenge for the nursing professional, since he needs to plan the care and organize the actions to be developed based on the conditions that are offered, adjusting to the quantity and severity of patients who are assisted in order to guarantee the best care possible to the user.¹ *(...) we have the corridor, which should not have, we have the emergency room is bigger than it should be, so this also damages the quality of the assistance (Ent. 17). Many patients, few employees, sometimes the hall is with 35, 38 patients and you have three, two professionals to attend to all, how will you give good quality to the patient? (...) it's not just me who says this, I think*

everyone recognizes that the patient should not be in the hall, right? (Ent 2).

During the observations, the question of work overload was evident, as there were nursing technicians responsible for a surplus number of patients and at times, only one professional was delegated to take over an infirmary with four patients plus those placed in isolation. In this way the professionals need to adapt to the reality of the service, together with their team to offer, even with many adversities, a quality assistance, where possible.

Quality of care related to holistic care

In this category were grouped the responses related to the quality of care to a care that did not only involve the disease, but which sought to take into account the biopsychosocial factors of hospitalized patients in the sector. *It is you to see the patient as a whole, not only by the pathology ... it is seeing the patient as a whole, treating the patient in a generalized way, talking, not just taking the medication and that's it. Nursing also has to be a bit of a psychologist because it helps the patient a lot (...) (Ent 1) Quality of care starts in the way you receive a patient ... would you treat in a more specific way the patient and the way that is the psychosocial, the psychological part also I think is very important, sometimes the patient wants to talk about something, to vent (...) (ent12).*

There was a contrast between the professionals, there were those who worried about approaching the patient,

talking, explaining what would be done with him and showed extreme patience in situations that demanded this from the professional. In other cases, it was notorious for the lack of preparation of some employees who did not care to value the patient's complaints, were impatient and when they performed procedures did not communicate to the same. A study carried out in a 24 hour emergency and emergency unit evidenced the importance of the interpersonal relationship between nurses and patients, the interviews expressed that this relation must be based on the listening of the patient's complaints, empathy, that is, if put in the place of the same, establishing time for dialogue, being attentive, helpful and educated, and always seeking to help, showing concern.¹⁶

On the other hand, an interesting aspect, which also appears in the interviewees' speeches, is that ensuring quality care is related to ensuring safety for the patient and the health professional. The humanization of care must be aimed at promoting well-being in all aspects, that is, the patient and his family, the professional and also the health institution.¹² *Quality is a service with security, right? Both patient and team, right? What I understand for care, having security is with the patient, right? (8). It is giving good customer service, right? In a way that leaves you safe and also to us professionals, right? (Ent 11).*

The question of patient and professional safety appeared in some responses, but during the observations this aspect was desired by the attitudes demonstrated by the professionals. On several occasions, despite having the material at hand, the professionals did not perform simple techniques, such as hand hygiene, in the correct way. The use of PPE (Personal Protective Equipment) was also sometimes neglected, causing these attitudes to compromise safety for both.

Quality of care related to procedures

Quality of care and patient safety were subjects discreetly discussed by a minority of respondents. Despite the lack of answers, the concept of quality and safety was well delimited by professionals, referring to a technically prepared team, procedures performed with knowledge and correct technique. For the interviewees of all aspects that cover safety, the preparation and administration of medication was the most emphasized. It is known that techniques, drugs and material resources influence and are important to generate good care, however, these factors need to be associated with care that values the patient's biopsychosocial conditions, making care more humanized and less mechanistic.¹⁷ *For you to assume all the*

general care of the same patient. It is ... take care with patient identification, the question of correct medicine, correct dose (Ent 17). A well-oriented team, well-prepared technically, makes her safe and ready to provide quality and safe care for the patient (8). The quality of care involves all aspects ... All the elements that you treat patients, both a medication, which is done at the correct time (...) (Ent 5).

Although few professionals think that way, it was evident during the observations the concern with the effective preparation of the team to carry out the procedures.

However, one factor that drew attention during the moment of observation was that despite the fact that an employee, when perceiving that the resident attended a patient with a precaution of contact, who was unaware of this fact, did not warn him before, hoped that the attendance happened, in this way there was compromise of the safety of both the professional, as well as the patient, besides the risk of cross infection.

Training and scientific knowledge

This category allowed to evaluate the domain of the professionals in relation to the execution of the techniques, their level of qualification and what their conception about the team and of himself, with respect to the scientific knowledge.

Few professionals cited participation in events or prolonged experience in emergency and emergency workplaces. The nursing professional must possess scientific knowledge and practical experience to work in a first aid sector, so it is necessary to enable him to develop a critical and reflexive reasoning, with quick decision-making.¹² *I have already participated in the AET, I have been an ATLS listener, I have already done a league internship in the Trauma League (...) I worked in the UPA, the Emergency Care Unit for a while, this has already given me a baggage, but to say so that I have a specialization in urgency and emergency so I came to work here, it was not that way (Ent 14). "(...) I have a nine-year experience in Emergency and UTI ... there are few procedures as soon as I have a doubt, only if you have something very up to date, that has had an innovation of some two years here, that I do not know (...)* (Ent. 12).

Many complained about the lack of qualification and preparation of some employees, who mentioned that most of the time, they arrive without experience in emergency and emergency and end up learning to work in this area with the routine of day to day, being trained by their own colleagues. job. They also underscored the need for constant ongoing education, aimed at training professionals in the sector, since changes occur every day, and updates are necessary.

Continuing education is a fundamental strategy for a revision in the way of work, which through the educational precepts can enable professionals to qualify and resulting in better and decisive service.¹⁸ *(...) there are many people here who do not have ... in my opinion they are not qualified, but they are not majority (...)* (Ent 12). *(...) we need to train more (...) most of the time people come here without knowledge regarding urgency and emergency and are learning day by day, are already learning with the curriculum (...) is a weakness that we need to improve, needs to be strengthened by leaving everyone well trained (Ent 14). As much as we are prepared, but there are always new techniques, right? It changes something, some techniques, so I think it's always good to have constant training (Ent 9). Things change, care changes, care changes, so I think the institution has tried to do this with training, but it does not cover everyone, right? And this acts directly in the assistance, because the personnel can not train everybody, we do not have time to leave the sector to be trained, then this also messes up (Ent. 8).*

When I observed these aspects, I noticed that most of the professionals, despite the lack of material resources, tried to perform procedures adequately, with adaptations, to ensure appropriate care that did not endanger the patient's physical integrity. However, even though it is a minority, I could find employees who did not care to perform correct techniques or did not have a domain for this, such as the

use of correct asepsis during a dressing that required sterile technique. This generated divergence, since everyone affirmed that they were capable and possessed the knowledge to act in any situation within the unit. Nursing is a strong participant in emergency and emergency care, so it is necessary for these professionals to have the capacity and ability to recognize situations of risk and to act in all the circumstances that surround this environment in order to promote a fast and effective service.¹⁹

CONCLUSION

Based on the interviewees' statements and the observations, it was possible to know the reality of the assistance in the HC-UFTM Adult Emergency Room. Factors that directly influence the way in which care is offered and the result of this care, whether or not the question of quality and safety is perceived.

It was evident that the existing problems in the sector can be separated into institutional ones, such as the lack of material resources and problems related to the personality of the professional, those who at times do not show interest in providing quality assistance and, on the other hand, those employees who even in

the face of so many adversities, adapt to ensure a satisfactory care for the patient.

Some professionals did not know how to explain their definition of quality of care and sometimes did not demonstrate mastery and precision in the answers they gave and techniques performed.

Regarding training and scientific knowledge, the professionals themselves complained about the lack of permanent education to act in the area of emergency and emergency and emphasized the need for training with the employees before being integrated into the sector, so that they can arrive prepared and more adapted to the unit routine. Thus, it was evidenced the need to invest in permanent education, means of training and stimulation of teamwork in order to bring improvements to the care offered to the patient.

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