EMBRACEMENT WITH ASSESSMENT AND HOME RISK RATING: THE PERSPECTIVE OF FUTURE NURSES

ACOLHIMENTO COM AVALIAÇÃO E CLASSIFICAÇÃO DE RISCO: A ÓPTICA DOS FUTUROS ENFERMEIROS

ACOGIMIENTO CON LA EVALUACIÓN Y CLASIFICACIÓN DE RIESGOS: LA PERSPECTIVA DE LAS FUTURAS ENFERMERAS

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ABSTRACT
Objective: describe the knowledge of a group of students of the undergraduate course in Nursing of a public higher education institution of Belém-PA about the process of embracement with assessment and home risk rating. Method: This is a descriptive, exploratory qualitative approach. The data were collected through semi-structured interview, which used an interview guide prepared with open questions. The statements of 16 students, o both sexes, were recorded and transcribed and analyzed then. Results: the gap has been identified between what is taught in the Undergraduate Course in Nursing and what professional experiences in their practice. Conclusion: There are unquestionable advances in relation to the inclusion of the topic in undergraduate nursing. It is attentive to the weaknesses evidenced in the structural dimensions and human resources, since they will probably interfere negatively in the construction of solid knowledge about the subject.
Descriptors: User Embracement; Classification; Education; Nursing.

RESUMO
Objetivo: descrever o saber de um grupo de acadêmicos do Curso de Graduação em Enfermagem de uma Instituição de Ensino Superior (IES) pública de Belém-PA, sobre o processo de acolhimento com avaliação e classificação de risco. Método: Trata-se de pesquisa descritiva, exploratória com abordagem qualitativa. A coleta de dados ocorreu por meio de entrevista semi-estruturada, cujo instrumento foi um roteiro de entrevista elaborado com perguntas abertas. As falas dos 16 acadêmicos, de ambos os gêneros, foram gravadas e em seguida transcritas e analisadas. Resultados: Foi identificado o distanciamento entre o que é ensinado no Curso de Graduação em Enfermagem e aquilo que o profissional vivencia em sua prática. Conclusão: Existem avanços inquestionáveis em relação à inclusão do tema na Graduação em Enfermagem. Atenta-se para as fragilidades evidenciadas nas dimensões estruturais e recursos humanos, uma vez que, provavelmente, interfiram negativamente na construção de conhecimentos sólidos acerca da temática.
Descritores: Acolhimento; Classificação; Educação em Enfermagem.

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RESUMEN

Objetivo: Describir el conocimiento de un grupo de estudiantes del curso de licenciatura en enfermería de una institución de educación superior pública de Belém-PA en el proceso de host con la evaluación del riesgo y la clasificación. Método: Se trata de un enfoque cualitativo descriptivo, exploratorio. Los datos fueron recolectados a través de entrevista semiestructurada, que utiliza una guía de entrevista preparado con preguntas abiertas. Las declaraciones de 16 académicos, de ambos sexos, fueron grabadas y transcritas y analizadas a continuación. Resultados: la brecha se ha identificado entre lo que se enseña en el Curso de Licenciatura en Enfermería y qué experiencias profesionales en su práctica. Conclusión: Hay indudables avances en relación con la inclusión del tema en el de graduación. Atento a las deficiencias puestas de manifiesto en las dimensiones estructurales y de recursos humanos, ya que, probablemente, un impacto negativo en la construcción de conocimientos sobre el tema.
Descriptores: Acogimiento; Clasificación; Educación en Enfermería.

INTRODUCTION

The emergency and emergency area is an important component of health care. In recent years, there has been an increase in the demand for these services, due to the increase in the number of accidents, urban violence and lack of primary care structure.[1]

The Hospital Emergency Service aims to attend people with serious health impairment and to host non-urgent cases to direct them to other services of less complexity. Therefore, the fundamental assumption of Hospital Emergency Service is the guarantee access and embracement to people with emergency health needs, in an organized way, in order to prevent iatropathogeny due to manipulation or incorrect treatments, avoiding death or physical incapacity, whether temporary or permanent.[2]

The nurse is the most appropriate professional to perform this function, considering that the screening does not diagnose but rather identifies priorities in care.[3] Classificatory risk screening involves a complex decision-making process, and therefore, different systems have been developed worldwide to assist nurses in the classification of gravity that is most appropriate for each case. In general, these classification systems aim to reduce the waiting time of the patient in the hospital emergency service, by prioritizing the care of the cases of greater severity, whose prognosis tends to be more sombre with the delay of the beginning of the treatment.[4]

The lack of professionals with adequate knowledge about the purpose and functioning of the host sectors with risk classification are of great importance, being one of the greatest difficulties found, in order to improve the progress of this sector.[5,6]

Three fundamental skills are needed to develop the embracement with risk classification: assessment, knowledge and intuition. These skills develop with experience, which for a recent graduate is very difficult, coupled with the lack of knowledge about the processes that involve the activity.[7]

The literature shows a lack of knowledge of nursing academics, which is due to the little or no contact they have with these topics during the training. Nursing professionals need to be able to fully and qualitatively assist the patient, however, in order for this assistance to be of quality, it is necessary for the academic, future professional, to be prepared since undergraduate.[8]

The study is justified by the fact that the literature points out obstacles in the process, and among these obstacles the inadequacies in the curricular structure of the training institutions are highlighted, affecting directly the formation of professionals and consequently the assistance provided. Thus, the following questions arose: Given the importance that the nursing professional has in the embracement process with evaluation and classification of risk, what is the vision that future nurses have about this process? Do these academics feel prepared to develop this activity? At what point do they have contact with the subject? And what is the function of the university to obtain this knowledge?

To answer the questions, the purpose of this study was to describe the knowledge of a group of undergraduate nursing students from a Public Higher Education Institution of Belém-PA, about the embracement process with evaluation and risk classification.

METHODS

This was a descriptive, exploratory study with a qualitative approach.[9] Study participants were undergraduate nursing students from a Public Higher Education Institution of Belém-Pa, enrolled in the 5th year of the course, in morning and afternoon shifts, both genders, from February to March 2015, until saturation around the thematic axes.[10] Of the total of

74 students in the academic record of the institution, only 16 participated in the research.

Research was approved by the Research Ethics Committee of the Undergraduate Nursing Course of the State University of Pará, CAAE: 39511314.0.0000.5170, opinion number: 946.515, with prior authorization from the institution and subsequent signature of the Free and Informed Consent Form by the research participants.

For the collection of data was used the semi-structured interview as technique, having as an instrument for the collection an interview script elaborated with open questions allowing the interviewees to discuss the questions without predetermined time for the answers. The interviewees' speeches were recorded, and then transcribed in full into Microsoft Office Word 2010 software. After transcription, a careful reading was carried out following the methodological moments proposed by Bardin[11,12] and empirical categories were created which were itemized and described. The interviewees' speeches were identified by alphanumeric codes, aiming at preserving the anonymity of the participants, using the following denominations: "ACD 1", "ACD 2", "ACD 3 ..." respectively. In the convergence of the registration units, the assembly and grouping of the respondents' speeches was done by similarity of thematic content.

The research was carried out following the requirements that regulate research involving humans contained in resolution 466/2012 of the CNS.

RESULTS AND DISCUSSION

The collected data were submitted to the thematic content analysis technique, in which the theme is the unit of signification that is liberated naturally from an analyzed text and in this phase of data interpretation the researcher needs to return to the theoretical reference in the search of the basis of the analyzes providing meaning to interpretation.[11]

The study allowed the organization of the content in four empirical categories, grouped according to the theme extracted from the answers.

FIRST CATEGORY

UNDERSTANDING ON THE EMBRACEMENT PROCESS WITH RISK ASSESSMENT AND CLASSIFICATION:

It is possible to verify that the respondents 'understanding about embracement with risk classification is

limited to a means of prioritizing care without being bound to the users' reception, diverging from the proposal of the Ministry of Health, as we can observe in the lines:

> *It is the question that you classify the patient according to the need that it has, for example, the patient who has the red color he is urgent, must attend soon; That yellow patient can wait a little longer; Orange, green, blue.* (ACD 3)
>
> *[...] there is that Manchester classification, color classification, which is to prioritize attendance, who is urgent, who is at risk of dying, and what is not, ranging from red to green. I think that's it.* (ACD 5)

The Embracement with Risk Classification has other objectives besides organizing the waiting queues and proposing a service order that is not the order of arrival, such as: ensuring immediate and humanized care to people who arrive at the doors of emergency services with High risk, informing patients and their families, increasing patient satisfaction and enable the construction of internal and external care networks.[13]

It was observed that some respondents do not have clear definition of the protocol and confuse the description of the colors when related to the criteria of urgency and emergency, as we observed in the following statements:

> *[...] who has to be assisted first, for example, the patient who has the red color is urgent, must attend soon; That yellow patient can wait a little longer; Orange, green, blue.* (ACD3)
>
> *[...] there is that Manchester classification, color classification, which is as if it were to prioritize the attendance, who is urgent, who is at risk of dying, and who does not, ranging from red to green. I think that's it.* (ACD 5)

According to the Manchester protocol, the most commonly used risk classification protocol within the emergency services, patients receiving a red classification are patients considered to be emerging and should be referred directly to the emergency room because of the need for immediate care.

We show a deficiency in the knowledge of the respondents, as pointed out in the literature, which is due to the little or no contact they have with these subjects during their training. Nursing professionals need to be able to fully and qualitatively assist the patient, however, for this assistance to be of a quality it is necessary that the academic, professional future, be prepared from the graduation.[14]

SECOND CATEGORY

UNDERSTANDING ON THE IMPORTANCE OF THE NURSE IN THE EMBRACEMENT PROCESS WITH RISK ASSESSMENT AND CLASSIFICATION:

In the following registry units we can observe from the viewpoint of the students the fundamental importance attributed to the nurse in the host with risk classification.

> *The importance comes because our vision is more holistic, we see the patient as a whole. We have a more global view of care, not unidirectional, to understand and meet the needs of the patient. So the importance comes from the holistic view that the nurse has.* (ACD 1)
>
> *AH! The nurse can see the patient as a whole, see, in a comprehensive way, he has knowledge for this. So it is important to know how to classify the patient in the urgency.* (ACD 13)

It is described that the classifying nurse has the function of making the first contact with the patient in order to verify health care priorities, through systematic observation of the same, through a holistic view, that is, knowing how to listen to the complaints that result in seeking this service as physical, psychological or social complaints.[15]

Another important factor that demonstrates that the nurse is the most suitable professional for the screening service is the fact that in its formation, general characteristics, that allow it to coordinate the nursing team, to be responsible for its unit of action, to improve the processes of risk classification, referring the patient to the most appropriate clinical area.

In addition, it manages to supervise the flow of patients, has autonomy over its team, enabling through Continuing Education; stimulating the spirit of leadership which promotes a better progress of the services of screening.[15]

In these textual cuts the importance of the managerial role of the nurse professional is evident:

> *The nurse is the professional who is more prepared. Because our profession already has all this management [...] characterizing and directing the flow of care, giving agility and unloading the service.* (ACD 2)
>
> *[...] then, risk classification is an instrument where the nurse can act by managing people, because it is responsible for choosing according to its knowledge which patient needs faster care.* (ACD 6)
>
> *The nurse has the critical look and can say with autonomy who can wait. So the nurse's role is important in correctly identifying and*

classifying who needs it most urgently. (ACD 7)

The nurse has the scientific knowledge, has the appropriation to place the patient in a correct risk. It knows how to direct the patient according to gravity. And if necessary, it knows how to move the staff, organize the service. (ACD 8)

Therefore, it is verified that the respondents' understanding of the importance that the nursing professional assumes in the classification of risk is in accordance with what is found in the literature, which it contributes to a better functioning of the emergency service, giving order to care according to the degree of severity of the patient and not on a first-come, which streamlines processes, reduces waiting times in queues, and provides greater satisfaction for patients in emergency service.

THIRD CATEGORY

UNDERSTANDING ON THE NURSE'S ATTRIBUTIONS IN THE EMBRACEMENT PROCESS WITH RISK ASSESSMENT AND CLASSIFICATION:

Successful experiences described in the literature on host with risk classification have cited the nurse professional as the protagonist of this process. The nurse's role in the reception and risk classification service, besides constituting a new area of action for this professional, allows better management of emergency services, as it contributes to guarantee patient access, decrease waiting time, decrease risks and improve the quality of care.[16]

Regarding the importance of the nurse in this process, it can be observed that the respondents are able to describe, albeit superficially, the role of nurses in the reception process with risk classification, as evidenced in the statements:

It will have to lead the patient to a space where he can actually receive care and do the patient assessment to chart the risks. Besides decision-making, where nurses have to be agile and skilled, they have to master the techniques, theory and procedures. (ACD 1)

Initially the nurse will look for signs and symptoms of the patient with the help of vital signs, and according to their evaluation and knowledge, will direct the patient to what kind of care should have, if urgency, emergency. (ACD 2)

It will welcome listening to complaints, identify possible signs and symptoms present, do the anamnesis, physical examination, use the Glasgow and pain scales, for example. To assess the individual for severity, and according to the Manchester protocol, rank in red, yellow, green, blue. (ACD 4)

The nurse needs to think very fast, have the skills and experience to know how to classify the patient. He should use its knowledge and when doing the anamnesis and physical examination he should rank according to Manchester protocol. (ACD 11)

The nurse should be able to review a quantity of information, think critically, make correct judgments, and decide what direction evaluation should take, performing problem-oriented data collection, focusing on the client's current situation. In addition to being able to solve problems in a precise, effective and sometimes fast way.[16]

FOURTH CATEGORY

UNDERSTANDING ON THE MAIN ASPECTS THAT COLLABORATE FOR THE ACQUISITION / NON-ACQUISITION OF SKILLS IN THE EMBRACEMENT PROCESS WITH RISK ASSESSMENT AND CLASSIFICATION:

In this category, information about what collaborated emerged from the interviewees, which helped them to obtain the knowledge and / or skills regarding the reception process with evaluation and classification of risk, and of possible opportunities to carry out this activity, during academic training.

It was observed the practice and supervised stage as the main contributors

to the acquisition of knowledge, being these related to the theoretical framework, being directly related to the presence and abilities of the teacher-preceptor in the field.

This relation theory and practice is evidenced in the units of record:

I think what contributed mainly was the practice. Only the theory do we get very restricted, and can not visualize this question of the reception. (ACD 1)

I think that what contributed to acquire this knowledge was the experience itself, it is inside, understood? (ACD 5)

Nursing training should include proximity to what is taught in the classroom with professional practice, allowing the approach to real issues of everyday life, so as to instrumentalize the development of interventions and research that can produce transformations of reality.[14]

It is described that there is a relationship of interdependence between theory and practice, which must be harnessed and well worked out by those who accompany the students in the field. In this context the theory composes a set of knowledge that gives the trainee the possibility to define action strategies. When planning the actions in the practical

field new reflections and knowledge arise, which will result in academic growth.[17,18]

Another important point mentioned by the interviewees is the presence and performance of the teacher-preceptor in the context of the internship field, also reporting the importance of being the same professional to teach theory and practice, as well as the experience of this in the area to which it corresponds the internship.

> *What contributed were the teachers, especially our teacher of the 4th year who was the one who presented us the risk classification. I think it was more merit of individual teachers. Because we only saw this in the 4th year, and sometimes we see it in the 5th very shallow year. I think it's a little flawed.* (ACD2)
>
> *It's ... Especially the teacher's participation. The teacher is from the area! And teach theory and practice.* (ACD 6)

In the supervised stage the preceptor needs competences to share knowledge, viable and satisfactory to the demands of the students. Regarding nursing, we question the ability to add theoretical content to the practice, this is probably due to the disconnection and distance between the University and the place of practice, as well as the disarticulation between the teacher and the tutor (different teachers of theory and practice). This results in the inability to meet the students' learning needs.[17,18] Thus, the preceptor nurse in the supervised stage must position itself as a link between practice and theoretical content, adapting this practice, using pedagogical skills to transform this reality and to minimize distancing and conflict between theory and practice.[19]

It is also important to discuss the opportunity for academics in the host process to evaluate and classify risk and what factors have influenced this. It was possible to observe that most of the academics affirmed to carry out more the observation of this activity due to the deficiency of the field of practice, as it can be observed in the units of registry:

> *Yes, I had the opportunity, but very superficial. We had an even more observational overview. And it was more effort on the part of the teacher, to try to show it to us. No time we did this kind of screening with classification.* (ACD 1)
>
> *I never realized a true embracement. Because our field of study did not have that embracement. Did not have!* (ACD 7)

It is clear in the interviewees' speech the lack of opportunity for the concrete accomplishment of the host with classification, evidencing that this activity was largely in observational character. This reflects directly in the training, since

it is in the field of practice that one has the opportunity to develop skills and important skills for training, where it can (or at least could) experience the reality of the nurses' work process in the various contexts of action.

There is a longing for a qualified formation with practical experiences that will contemplate the student in its totality.[20] Therefore, amid a scenario of changes and increasing demands, it is still observed that the theoretical-practical articulation does not occur satisfactorily, being explored of superficial form throughout the process of formation of the Nurse. This distance between theory and practice can be perceived when the newly formed professional encounters situations that seem to it absolutely new, since they were not experienced during their formation or were experienced in a different way from the professional reality.[19,20]

CONCLUSION

Through the data found in this study, it was possible to describe the knowledge of a group of Nursing academics from an IES in the city of Belém, State of Pará. The practice of Reception with Assessment and Risk Classification from the perspective of academics emerged as a methodology of Fundamental importance, since it is a dynamic process of identification and prioritization of care, which aims to discern critical cases that require immediate care of non-critics.

The theme should be better explored in health training, with a focus on the physiological, deontological and ethical issues involved in the process. The distance between what is taught in undergraduate nursing courses and what the professional experiences in their practice can be confirmed by the literature and the findings of this study.

Although the IES that serves as the scenario for the study presents unquestionable advances in relation to the inclusion of the subject in Nursing Undergraduate, it is attentive to the weaknesses evidenced in the structural dimensions and human resources, since they will probably interfere negatively in the construction of solid knowledge about the theme.

It is important to emphasize the importance of professional training for care in the embracement process with risk classification. However, it is evident the distance between what is taught in the

Undergraduate Nursing course and what the professional experiences in their practice. It is the duty of practical curricular teaching to contribute to the formation in a way that surpasses the exchange of knowledge, with the commitment to develop, with the help of the pedagogical skills of the teacher-preceptor, a professional who is in contact with the reality of the future profession, in a way which can associate beyond theory and practice, content, intentionality and conditions for action.

The end of graduation is very significant, however it is cause for great anguish and anxiety. Commonly, the first job is permeated by challenges that accompany the Nurse in first months of professional practice. It faces the insecurity and fears, faced with numerous difficulties, ranging from the admission process to the adaptation to the rules and the work process of the institution. Among the possible causes of the predominance of these difficulties, the lack of opportunities in the practical field, during the Undergraduate, which in large part does not offer the opportunity to develop all the skills and competences necessary for the professional performance, stands out.

It is essential to pay attention to the reality of nursing education in the country. Academic training should allow a critical and reflective view of the profession, showing the importance of the social and political role of the Nurse in care, management, teaching and research, in order to value the professional and achieve better working conditions. Therefore, the study implies rethinking the training process, with emphasis on the articulation of curricular contents, as well as on the theoretical-practical articulation that favors shared transformations of the services and the institution, also favoring the formation of a professional capable of acting as promoter Of the integral health of the human being, in its diverse fields of action.

The study shows how limited its regional aspect, making limited the possibility of generalizations. In view of the above, this research raises future studies to quantify the impacts of subjecting the process to the obstacles mentioned.

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