

**PERCEPTIONS AND MEANINGS ABOUT THE CARE OF CHILDREN IN
EMERGENCY****PERCEPÇÕES E SIGNIFICADOS SOBRE O ATENDIMENTO DE CRIANÇAS EM
SITUAÇÃO DE EMERGÊNCIA****PERCEPCIONES Y SIGNIFICADOS SOBRE EL CUIDADO DE LOS NIÑOS EN
SITUACIÓN DE EMERGENCIA**

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ABSTRACT

Objective: This study aims to discuss and analyze how perceptions of a nursing team in an Infant Emergency Room, regarding the care of children in emergency. **Method:** Study with a qualitative and descriptive approach. The scenario for data collection was a Children's Emergency Unit in a teaching hospital, located in the state of Minas Gerais, with members of the nursing team interviewed using a semi-structured questionnaire. The data were compensated using the content analysis technique. **Results:** 10 nursing professionals participated in the study, all female, two nurses and eight nursing technicians. Perceptions and meanings about knowledge, responsibility, difficulties, protocols needs and forms of service learning were identified. **Conclusion:** It was found that knowledge, practice, responsibility, skill and communication are factors that enable safe care for children and their families in situations of urgency and emergency.

Descriptors: Nursing; Child; Nursing team; Pediatric Emergency Medicine.

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RESUMO

Objetivo: Este estudo pretende discutir e analisar as percepções de uma equipe de enfermagem de um Pronto Socorro Infantil, sobre o atendimento às crianças em situação emergencial.

Método: Estudo de abordagem qualitativa e descritiva. O cenário para coleta de dados foi uma Unidade de Pronto Socorro Infantil de um hospital de ensino, localizado no estado de Minas Gerais, com membros da equipe de enfermagem entrevistados por meio de um questionário semiestruturado. Os dados foram analisados utilizando-se a técnica de análise de conteúdo.

Resultados: Participaram do estudo 10 profissionais de enfermagem, todos do sexo feminino, sendo duas enfermeiras e oito técnicas de enfermagem. Foram identificadas percepções e significados sobre o conhecimento, a responsabilidade, as dificuldades, as necessidades de protocolos e as formas de aprendizagem do atendimento. **Conclusão:** Constatou-se que o conhecimento, prática, responsabilidade, habilidade e comunicação são fatores que possibilitam uma assistência segura à criança e seus familiares em situação de urgência e emergência.

Descritores: Enfermagem; Criança; Equipe de enfermagem; Medicina de Emergência Pediátrica.

RESUMEN

Objetivo: Este estudio tiene como objetivo discutir y analizar las percepciones de un equipo de enfermería de una Sala de Emergencias Infantiles, respecto al cuidado de los niños en situación de emergencia. **Método:** Estudio con enfoque cualitativo y descriptivo. El escenario para la recolección de datos fue una Unidad de Emergencia Infantil en un hospital universitario, ubicado en el estado de Minas Gerais, con miembros del equipo de enfermería entrevistados mediante un cuestionario semiestruturado. El análisis de datos se llevó a cabo por medio de la técnica de análisis de contenido. **Resultados:** participaron del estudio 10 profesionales de enfermería, todas mujeres, dos enfermeras y ocho técnicas de enfermería. Se identificaron percepciones y significados sobre conocimientos, responsabilidad, dificultades, necesidad de protocolos y formas de aprendizaje en la asistencia. **Conclusión:** Se encontró que el conocimiento, la práctica, la responsabilidad, la habilidad y la comunicación son factores que posibilitan el cuidado seguro de los niños y sus familiares en situaciones de urgencia y emergencia.

Descriptores: Enfermería; Niños; Grupo de Enfermería; Medicina de Emergencia Pediátrica.

INTRODUCTION

In the pediatric field, there is a growing concern on the part of health services and professionals, creating care systems for children who need urgent care. This fact is due to the rapid clinical deterioration of the clinical condition presented.¹ In this sense, effective early warning strategies have been adopted, developed in (inter)national contexts, in order to help in the recognition of the

child's critical condition and trigger support necessary for their recovery.^{2,3}

Emergency services for critically ill children are also used by pediatric patients with simpler diseases and outpatient treatment. This fact causes periods of overcrowding, contributing to increased waiting time, directly affecting the care of children with acute and serious conditions.⁴ It is noteworthy that there are specific situations in which children

assisted in emergency services do not need it, since certain grievances could be resolved in less complex places, such as primary care units.^{4,5} Another peculiarity regarding care for children in pediatric emergencies is the presence of companions, which is a right guaranteed in the Federal Constitution and regulated by the Child and Adolescent Statute (ECA), indicating that the service must be focused on assistance actions offered to children as well as their companions.⁶

In addition, services and professionals that provide assistance to children in emergencies also face problems related to the fragmentation of work caused by conflicts and power asymmetries; lack of technical skill, inefficient communication between different health professionals and caregivers, inadequate physical structure, inadequate material resources that make it difficult to maintain safety related to care.⁷ These factors interfere in practice and constitute barriers that directly affect the quality of care and possible risks related to patient safety.^{5,7,8}

In view of such considerations, for the work activities in hospital emergencies, specific skills of the nursing team are required, such as: thinking quickly, being agile and able to solve emerging problems, which require attitudes and skills to avert the risks of imminent death, in order to guarantee the quality of care for children

and their families.^{9,10} Thus, care in the pediatric emergency context has as an ideological basis to save lives in a human way, involving qualified consultation and an effective communication process focused on the binomial: child and companion.^{8,9}

In this perspective, the nursing work process in the pediatric emergency sector is a challenge for the team. Despite advances in the definition of health policies that establish the reorganization of the emergency care network in Brazil, hospital services continue to be the main entry point for children in emergency situations.⁸⁻¹⁰ All this generates work overload for these professionals. Thus, this study aimed to describe the perceptions of the nursing staff of an Emergency Room for children about child care in an emergency.

METHOD

This is a qualitative and descriptive research. The choice for qualitative research is justified by the possibility of interpreting relationships and behaviors, seeking to understand meanings and perceptions that people build about them, thus providing subsidies for the care provided to be effective and humanized.¹¹

The data collection scenario was a Children's Emergency Unit (PSI) of a teaching hospital, located in the state of

Minas Gerais. The unit is made up of three wards and an emergency room, with the necessary structures to care for children in situations of imminent risk. The workforce is composed of some professionals, such as: doctors, nurses and nursing technicians, physiotherapists and speech therapists.

As inclusion criteria to produce the analysis, professionals with a minimum experience of one year in the studied unit were considered. As for the exclusion criteria, licensed professionals, in management positions, on vacation and/or assigned to other services were considered.

To reach the final sample, the theoretical saturation technique was used. This technique is defined as the suspension of inclusion of new participants, when the data obtained began to show repetition and redundancy. To carry out these processes, the following steps were used: make available the raw data records; immerse in each record; compile the individual analyses, gather the themes for each category; data encoding; determine the themes and categories of utterances; verify and visualize the saturation of the emerged categories.¹² Theoretical saturation was found after the eighth interview; however, data collection was continued until the tenth interview, in order to reinforce the saturation.

Data collection took place in two interdependent steps: at first, a semi-

structured script was used, which included the identification of the participants, age, gender, professional training, length of professional experience, employment relationship in the institution and weekly workload. This step was performed by one of the previously trained researchers.

For the second stage, the individual interviews were carried out, through open questions: "What is it like for you to attend to a child in an emergency? In which situations do you find it more difficult to provide care to children in emergency? How did you learn to care for children in an emergency? Would you like to say anything else?" The two steps were carried out from September to December 2018; the collection site was a private room in the studied unit, designated by the head of the service. The interviews were recorded through digital media, with an average duration of 15 minutes each, being later transcribed in full. To preserve the identity of the study participants, we chose to name them using the initial "I", referring to the interview, followed by an Arabic number, corresponding to the sequence of their inclusion in the research (I1, I2... I10).

Data were entered into the Microsoft Word® program and submitted to content verification, thematic modality, defined as a set of information analysis techniques, from the statements of the investigated participants on a given subject, enabling the

centralization of ideas and categorizing them by themes, following the three pre-established steps: pro-analysis, material exploration and data categorization.¹³

To carry out the study, the guidelines and regulatory standards for research with human beings, present in Resolution 466/12 of the National Health Council, were respected. The project, with CAAE registration 79030017.9.0000.5154, was approved by the Research Ethics Committee under Opinion No. 2,384,968. All participants agreed to participate in the research by signing the Informed Consent Form.

RESULTS

Ten female nursing professionals participated in the study, being two nurses and eight nursing technicians, aged between 34 and 55 years, with an average of 46.5 years. The length of professional experience ranged from 9 to 30 years, with an average of 17.4 years. Of the participants, a nurse has a specialization in Pediatric Nursing.

After transcribing and analyzing the interviews, the speeches were categorized, revealing five categories below.

Perceptions and meanings about knowledge of the service

It was noticed, by the reports of the participants, that in order to assist the child in an emergency, knowledge is required:

[...] it is a delicate action that requires a lot of knowledge and emotional preparation (I1)

According to the participants, knowledge makes the team feel safe to care for the child in an emergency:

[...] knowledge gives you a lot of security to act according to the situation (I2)

For the team members, caring for children in emergencies produces situations of tension and anxiety, with knowledge being a necessary skill for this event:

[...] it is a great adrenaline and we are anxious to reach a positive result (I4)

[...] apprehensive, however, aware of doing my best in what I chose (I6)

The participants report that waiting for the child in an emergency produces expectations that can be overcome when there is knowledge and readiness, enabling a positive outcome:

[...] on arrival, I always have a lot of expectations, sometimes being afraid of not knowing how to act [...], but when they arrive, everyone joins in a single purpose: to do the best we can, so I feel helpful and happy to be able to help (I8)

Perceptions and meanings about responsibility for care

This category represents the participants' report on the importance of being responsible. Again, they record the

relevance of knowledge for providing assistance:

[...] we go out of our way to do the procedure efficiently and quickly, it depends on the child's condition [...] severity. (I3)

For the participants, responsibility is a skill required for a good service:

The Emergency Room is a unit that requires from us professionals a lot of responsibility, agility, calm, [...] it will always be a tense moment, but as a team, we always do our best [...], because each patient and situation will be different and unique. (I7)

Perceptions and meanings about difficulties in care

Among the difficulties mentioned by the participants, the presence of parents stands out:

when parents are present (I5)

The participants point out as difficulties for the service:

When the emergency room is full and there is no space to provide care (I10)

The greatest difficulty is when we do not find the necessary materials and also when the medical team prevents the arrival of nursing staff due to a large volume of staff. (I9)

They indicate that insecurity and lack of professionalism are factors that make care difficult:

When we come across an insecure professional (I4)

With turmoil and lack of professionalism (I9)

Among the difficulties mentioned by the participants, they highlight the child's condition:

[...] I could feel that I had difficulties with unconscious children [...] I understand that there is nothing else to do. (I10)

Perceptions and meanings about the need for protocols

The participants believe that care protocols for emergency childcare are necessary and provide a positive outcome:

totally necessary [...] we have possibilities and conditions to carry out the procedures with the same rules and training (I3)

[...] using protocols we can offer the necessary care for a successful service (I5)

They believe that care protocols for childcare in emergency allow the professionals involved to have a uniform communication:

Yes. It is a way for everyone to speak the same language (I7)

They point to the protocols as being a guide for professionals with little experience in emergency childcare:

[...] inexperienced people in this case could have more security in the procedures (I4)

Perceptions and meanings about ways of learning about care

The participants emphasize that the relationship between theory and practice, aimed at childcare in emergency, provides learning:

I learned in theoretical and practical courses, mainly at SAMU, and practical training every Friday/ also, providing care in the emergency room. I learned in practice, in college [...] (I6)

The teaching proposed by the institution is a factor that contributes to learning and practical experiences:

I learned from industry experience and training at the institution. (I2)

They raised the importance of specific studies in the area of pediatric emergencies as a contribution to learning:

[...] I learned studying about emergencies in pediatrics (I5)

[...] I learned at college and at PALS (I8)

[...] I learned with an urgency and emergency course (I10)

They consider the team's communication essential for learning the practice of assisting children in emergencies:

Team communication is fundamental in learning (I5)

Among the factors contributing to the learning of childcare in emergencies, the participants highlight the help of the head and other team members:

I learned through guidance from my boss and co-workers (I3)

DISCUSSION

With the information obtained, we sought to take a look at the perceptions of the nursing team regarding responsibility, skill and communication as key factors in pediatric emergency care. The interviewed professionals believe that these factors enable safe, effective care and greater opportunities to reach a positive outcome. Studies on this theme show that nursing

workers do not feel prepared to deal with critical situations in child care, as well as with the family in this care setting.^{5,7,9,10,14}

The perception of knowledge and practices in emergency care at a children's unit was evidenced in the participants' statements as delicate, requiring knowledge and emotional preparation from the team to act in accordance with the situation experienced. Studies show that the nursing team is faced with physical, mental, emotional and psychological effort, as the demand for attention to carry out this work process requires a high degree of complexity, demanding the preparation of a receptive context to effect sustainable changes.^{9,10}

The participants understand that carrying out the work performed in an emergency unit requires agility, initiative, ability to work as a team, emotional balance and self-control in priority situations, corroborating studies on the subject.^{5, 9,10-16}

The assistance in the pediatric emergency sector involves the inclusion of the family/companion. In this sense, the participants indicated as difficulty in the care when the parents are present. Studies on this issue indicate that this practice is not incorporated into health services, although the ECA regulates the presence of parents and family members.^{4,5,8,9} This theme has been frequently debated worldwide among health professionals, in particular the

nursing area, suggesting that health teams are not familiar with the presence of family/companions in emergency procedures.^{17,18} However, some studies show that nursing teams have more proximity and dialogue with family members of hospitalized children, as well as in the pediatric emergency and urgency sectors.^{6-8,17,18}

The participants point out that the most complex difficulty is the child's condition of entry into emergency care, whether in relation to the severity of the condition or related to the emotional issue. This condition makes these professionals feel vulnerable in the face of the situation experienced, implying manifestations of deep emotions, mainly related to the imminence of the death of this child. It is worth noting that nursing practice in emergency services is continually confronted with negative emotions related to the suffering of children and families.^{9,10} Thus, it is necessary that the nursing staff use evidence to improve the quality of care, centralizing actions not only on themselves, but also on the client, seeking to alleviate this situation.¹⁷

The participants highlighted the importance of having care protocols, for the standardization of procedures, so that everyone involved has common actions for effective care. The use of protocols in health services is directly related to patient

safety.^{7,8,17} Educational actions aimed at the contents of protocols, associating evidence-based practices, contribute to changing practice patterns. This process makes it possible to improve the quality of care.^{7,19} In addition to the protocols, standardized records contribute to the effective and accurate communication.^{7,8,18,19}

The role of the nursing team in urgent and emergency services demands a variety of knowledge needed to care for patients with complex needs. In this way, breaking the already outdated standards and opening new ways of knowing about a particular subject worked allows for a better quality of care and also impacts on patient safety, in addition to strengthening the collective.^{7,19}

CONCLUSION

The results of this research show that knowledge, practice, responsibility, skill, communication, emotional balance and self-control are factors that enable safe care for children and their families in emergency situations; they are essential skills for carrying out work in these units.

The participants indicated that among the difficulties in care, the presence of parents and the state of the child's entry into the emergency room are related, whether in relation to the severity of the condition, or to the emotional issue, implying manifestations of deep emotions, mainly related to the imminence of the child's

death. They highlight the importance of the existence of protocols in the institutions, as fundamental for the better development of this work process, because, with a secure professional, care has greater opportunities for a favorable outcome. The practice of continuing and permanent education must often be valued in its entirety and should be seen as an investment not only in the professional, but also in the quality of patient care.

As limiting factors for the study, the representation of a single scenario is considered, emphasizing the need for further research on this subject. Pediatric emergencies are little explored, even with the wealth of knowledge present in this subject, providing further studies to be carried out.

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