

**WORK OF THE NURSING TEAM IN THE PEDIATRIC URGENCY AND  
EMERGENCY SERVICE: INTEGRATIVE REVIEW****TRABALHO DA EQUIPE DE ENFERMAGEM NO SERVIÇO DE URGÊNCIA E  
EMERGÊNCIA PEDIÁTRICA: REVISÃO INTEGRATIVA****TRABAJO DEL EQUIPO DE ENFERMERÍA EN EL SERVICIO DE URGENCIAS Y  
EMERGENCIAS PEDIÁTRICAS: REVISIÓN INTEGRADORA**

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**ABSTRACT**

**Objective:** to know the scientific production on the work of the nursing team in the pediatric urgency and emergency service. **Method:** integrative review whose data were from publications from 2009 to 2019, totaling 10 articles that met the criteria proposed in the searches. **Results:** were compiled into four thematic categories: The nursing team at work in pediatric urgency and emergency; Safety of nursing care in pediatric urgency and emergency; Companions' perspective on nursing care in the pediatric urgency and emergency; Difficulties and coping strategies in the work of the nursing team in pediatric urgency and emergency. **Conclusion:** a gap was identified in the publications that sought to know the perspective of professionals about their daily work, which is a potential theme for carrying out studies, aiming to improve the quality of care and support for this population.

**Descriptors:** Emergency Nursing; Child Health; Occupational Health; Nursing, Team; User Embrace.

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## RESUMO

**Objetivo:** conhecer a produção científica sobre o trabalho da equipe de enfermagem no serviço de urgência e emergência pediátrica. **Método:** revisão integrativa cujos os dados foram das publicações de 2009 a 2019, totalizando 10 artigos que atenderam os critérios propostos nas buscas. **Resultados:** foram compilados em quatro categorias temáticas: A equipe de enfermagem no trabalho na urgência e emergência pediátrica; Segurança da assistência de enfermagem na urgência e emergência pediátrica; Perspectiva dos acompanhantes sobre a assistência de enfermagem na urgência e emergência pediátrica; Dificuldades e estratégias de enfrentamento no trabalho da equipe de enfermagem na urgência e emergência pediátrica. **Conclusão:** identificou-se uma lacuna em publicações que buscavam conhecer a perspectiva dos profissionais acerca do seu trabalho cotidiano, sendo este um tema potencial para a realização de estudos, visando melhorar a qualidade da assistência e o suporte a essa população.

**Descritores:** Enfermagem em Emergência; Saúde da Criança; Saúde do Trabalhador; Equipe de Enfermagem; Acolhimento.

## RESUMEN

**Objetivo:** conocer la producción científica sobre el trabajo del equipo de enfermería en el servicio de urgencia y emergencia pediátrica. **Método:** revisión integradora cuyos datos fueron de publicaciones de 2009 a 2019, totalizando 10 artículos que cumplieron con los criterios propuestos en las búsquedas. **Resultados:** fueron compilados en cuatro categorías temáticas: El equipo de enfermería en el trabajo en urgencias y emergencias pediátricas; Seguridad del cuidado de enfermería en urgencias y emergencias pediátricas; Perspectiva de los acompañantes sobre el cuidado de enfermería en la urgencia y emergencia pediátrica; Dificultades y estrategias de afrontamiento en el trabajo del equipo de enfermería en urgencias y emergencias pediátricas. **Conclusión:** se identificó una brecha en publicaciones que buscaban conocer la perspectiva de los profesionales sobre su trabajo diario, siendo este un tema potencial para realizar estudios, con el objetivo de mejorar la calidad de la atención y el apoyo a esta población.

**Descriptor:** Enfermería de Urgencia; Salud del Niño; Salud Laboral; Grupo de Enfermería; Acogimiento

## INTRODUCTION

Urgent/emergency services are available 24 hours a day and are intended to welcome patients based on the assessment of the patient's clinical condition. However, due to the high demand, these services suffer from overcrowding and prolonged waiting times, overloading employees and delaying care. It is known that most users have clinical

conditions that can be resolved in primary care, and this reflects even more on pediatric patient care, increasing the waiting time.<sup>1</sup>

The increase in demand for care in pediatric urgency and emergency services is a reality across the country, noting that this occurs, most of the time, because of respiratory diseases. Thus, it is necessary for the management to adopt an efficient triage system for its users, as well as an

adequate and qualified way of accepting risk classification, in order to provide a quick response to the patient's needs, designating the level of resources appropriate for your assistance.<sup>2-3</sup>

In this context, it is essential that the nursing care in the emergency room takes place in detail to assess the risk classification of children. It is important to establish comprehensible communication, carry out anamnesis and provide quality nursing care, as these units receive, in many cases, children at imminent risk of death, who need immediate care and treatment, but also conditions that are not urgent and emergency.<sup>4</sup>

When carrying out the physical examination of children in an urgent and emergency situation, the professional needs to be up-to-date regarding the process of child growth and development, as well as the anatomy and physiology of this population. Thus, the techniques used in the assessment of adults are not adequate to assess children, who have specific responses to the situations they experience. Therefore, it is necessary that the professional who assists the child has control and training to provide adequate care.<sup>5</sup>

The nursing team stays with the patients most of the time they are hospitalized, providing appropriate care for each situation. It is also noteworthy that in

addition to acting directly in child care, nursing has a significant role in caring for the family, which is also vulnerable.<sup>4</sup>

However, many nursing professionals are insecure about working in the pediatric emergency service, not feeling able to deal with critical situations related to child care. In this context, death is a present condition for which they need to be prepared, as the family's mourning, along with the complexities of this scenario, can lead to the psychic suffering of this worker, generating moral distress, Burnout Syndrome and other problems that affect their quality of life.<sup>6</sup>

Thus, in order to provide quality care, it is important that the health team is trained, as well as the service receptionists, and nurses and physicians must be trained in a systematic approach to pediatric resuscitation.<sup>2</sup> The vital importance of have adequate equipment for care in a pediatric emergency.

The qualification of the assistance offered by nurses in the area of urgency/emergency occurs through the Nursing Process, which uses the Nursing diagnosis to carry out the systematization of assistance for the individual/collective, based on trauma care protocols, during their professional training.<sup>7</sup>

The nursing care protocols present in emergency services are essential, as it is

through them that the existence of integrated work in the team is recorded and the tasks of the nursing team are distributed and performed. It is worth mentioning that professionals must be aware of and know their legal competences and responsibilities, which are contained in the Nursing Code of Ethics and in the regulation of professional practice.<sup>7</sup>

Based on the above, the importance of directing attention to the professionals who work in this scenario is identified, in order to know their work and their perspective in order to develop training and support strategies that can favor the assistance provided to children and their families, as well as the professionals themselves. Thus, the objective of this study was to know the scientific production about the work of the nursing team in the pediatric urgency and emergency service, elaborating, for this purpose, the guiding question: What is the scientific production, in the last 10 years (2009-2019), about the work of the nursing team in the pediatric urgency and emergency service?

## **METHOD**

This is an integrative review (IR) whose data collection was carried out from secondary sources, through a bibliographical survey. IR is a type of research that allows a comprehensive

methodological approach through a systematic and rigorous process, which provides the synthesis of knowledge and the incorporation of the applicability of results from significant studies in practice. Its main objective is to understand a certain phenomenon, based on previously published studies. For the elaboration of the IR, the steps were followed: 1) definition of the review topic question; 2) selection of primary studies and establishment of inclusion and exclusion criteria; 3) data extraction from selected studies and categorization; 4) critical evaluation of the studies for the review; 5) synthesis of the review results; 6) elaboration of a document for the presentation of the IR.<sup>8</sup>

For the survey of studies, a search was carried out, in June and July 2020, in the following databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Online System for Search and Analysis of Literature Medical (MEDLINE) and Nursing Database (BDENF), on publications from the last ten years (2009 – 2019) about the work carried out by the nursing team in the pediatric emergency.

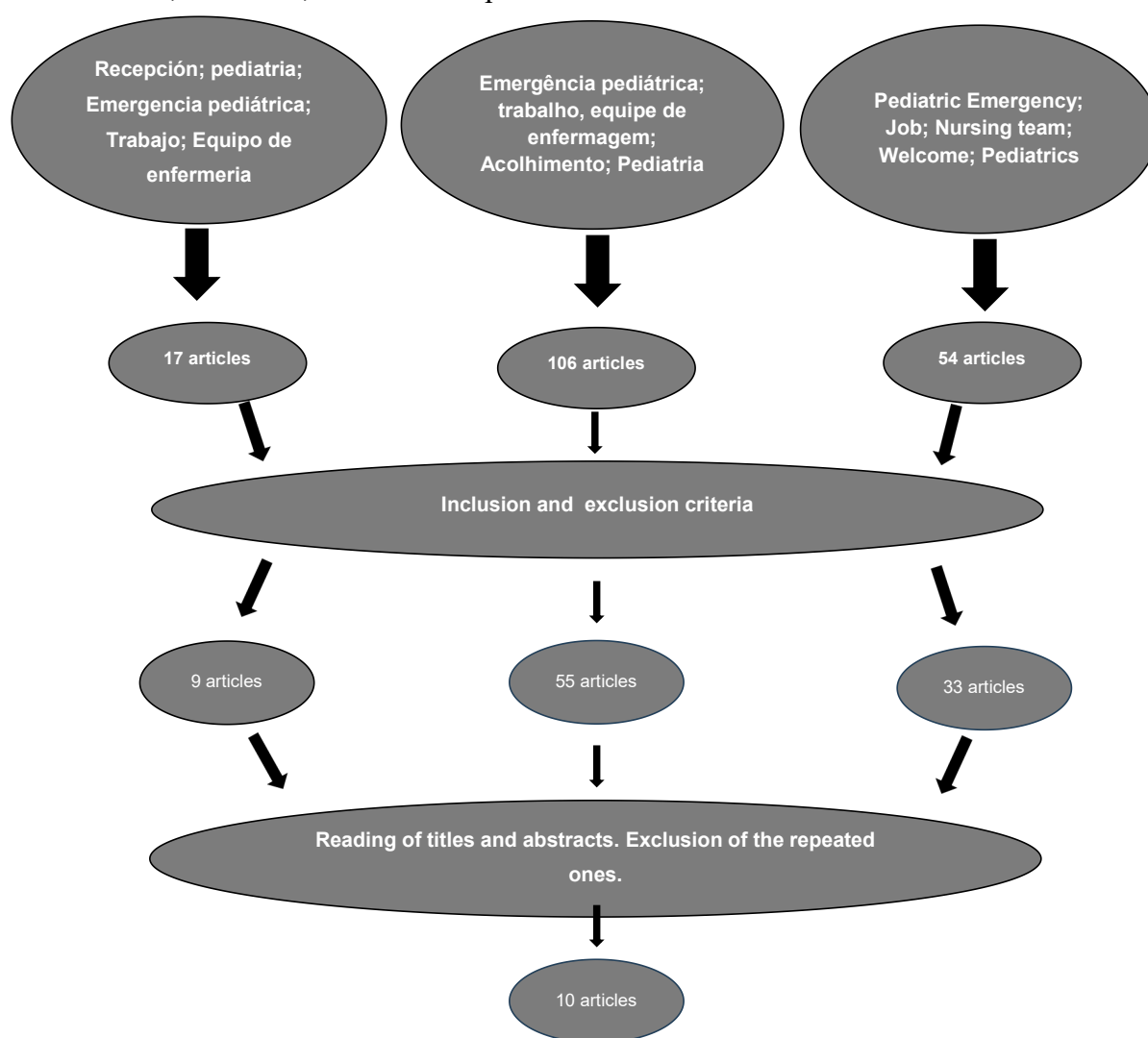
The following descriptors and their combinations in Portuguese, English and Spanish were used for the search: Pediatric Emergency; Work; Nursing team; Reception; and Pediatrics, connected by

the Boolean operator AND. Thus, 177 articles were found in this first stage. After crossing the descriptors, the search limits of publications on the subject in the last 10 years (2009 - 2019) were applied.

From this, the titles and abstracts were read, in which the inclusion criteria were applied: studies that answered the guiding question of the research, articles in Portuguese, English and Spanish, available in full. The exclusion criteria were: theses, dissertations, editorials, review and update

articles and/or articles that did not meet the research objectives.

Finally, after applying the inclusion and exclusion criteria, 10 articles were obtained for full reading, four of which are available in LILACS, four in BDNF and two in MEDLINE, according to the flowchart in figure 1:



**Figure 1.** Process of articles selection from the second crossing based on the application of inclusion and exclusion criteria.

Source: Research data, 2020.

During the searches for the theoretical content for the basis of this review, a gap can be observed in specific studies about specialized pediatric urgency and emergency care, dealing with the application and adaptation of the adult flowchart, as if children were small adults.

After reading the selected articles, the following data were analyzed: title,

authors, year, language, objective, type of study, database and level of evidence.<sup>9</sup> The level of evidence was evaluated as shown in the figure Next:

Level of evidence	Types of study
I	Systematic review and metasynthesis
II	Randomized or controlled trials
III	Non-randomized trials
IV	Case-control or cohort study
V	Systematic review of qualitative or descriptive studies
VI	Qualitative or descriptive studies
VII	Opinion of authorities or specialty committee

**Figure 2:** Articles classification by level of evidence. Source: Melnyk; Fineout-Overholt (2005).

## RESULTS

Below is a synoptic table with the information extracted from the articles

selected for further analysis and categorization of results:

Identification	Journal/Year	Objective	Kind of study	Database/Language/Level of Evidence
1. Trabalho de enfermagem em pronto socorro pediátrico: entre o prazer e o sofrimento / Trabajo de enfermería en primeros auxilios pediátricos: entre el placer y el sufrimiento / Nursing work in a pediatric emergency service: between pleasure and pain LAMB et al. <sup>6</sup>	Cogitare Nursing 2019	To know the experiences of pleasure and suffering of nursing workers in Pediatric Emergency Room.	Qualitative, exploratory-descriptive	BDEFN Portuguese VI
2. Classificação de risco em pediatria: construção e	Brazilian Journal of	Build and validate an abbreviated guide for the	Methodological study through the	LILACS Portuguese

validação de um guia para enfermeiros. VERAS et al. <sup>10</sup>	Nursing 2015	Reception protocol with Risk Classification in pediatrics.	elaboration of the guide and apparent and content validation.	VI
3. Protocolo de acolhimento com classificação de risco em pediatria: confiabilidade interobservadores. MAGALHÃES et al. <sup>11</sup>	Acta Paulista de Enfermagem (Online) 2017	To analyze the interobserver reliability of the second edition of the Reception protocol with Risk Classification in Pediatrics, in urgent/emergency clinical practice.	Methodological study, developed through inter-observer reliability	LILACS Portuguese VI
4. Linha do cuidado: a emergência pediátrica na perspectiva da integralidade do cuidado / Line care: the pediatric emergency in wholeness perspective care PIRES; FERREIRA; SILVA. <sup>12</sup>	Magazine Nursing Current In Derme 2017	Characterize the line of care that translates the care provided by the multidisciplinary team at different stages of care production in the Pediatric Emergency of a University Hospital, from the perspective of comprehensive care through the use of the "Flowchart Analyzer of the Care Model" tool.	Qualitative	BDEF Portuguese VI
5. Qualidade da assistência de enfermagem em uma emergência pediátrica: perspectiva do acompanhante. SANTOS et al. <sup>13</sup>	Nursing Magazine UERJ 2016	To describe the quality of nursing care provided to children assisted in a pediatric emergency situation from the companion's perspective.	Descriptive study with a qualitative approach	BDEF Portuguese VI
6. Cultura de segurança do paciente na perspectiva da equipe de enfermagem de emergências pediátricas. MACEDO et al. <sup>14</sup>	Journal of the USP School of Nursing 2016	Identify the patient safety culture in pediatric emergencies, from the perspective of the nursing team.	Descriptive, quantitative, cross-sectional survey type	MEDLINE Portuguese VI
7. Identifying and correcting communication failures among health professionals working in the Emergency Department. BAGNASCO et al. <sup>15</sup>	Int Emerg Nurs 2013	Identify effective corrective measures to ensure patient safety in the Pediatric Emergency Department (ED).	Prospective cohort study	MEDLINE English IV
8. O trabalho da enfermagem em emergência pediátrica na perspectiva dos acompanhantes. NEVES et al. <sup>16</sup>	Anna Nery School Journal of Nursing 2016	To analyze the work process of the nursing team in the care of children in an emergency situation from the perspective of the companion.	Qualitative	BDEF Portuguese VI
9. Defensive strategies of nursing workers in the pediatric emergency room. / Estratégias defensivas de trabalhadores de enfermagem em pronto-socorro pediátrico. LAMB et al. <sup>17</sup>	Renee Magazine (Online) 2017	Understanding the defensive strategies of nursing workers in a pediatric emergency room.	Qualitative, anchored in the theoretical framework of Psychodynamics of Work	LILACS English VI

<p>10. Frecuencia del síndrome de burnout y niveles de sus dimensiones en el personal de salud del servicio de emergencia de pediatría del Hospital Nacional Cayetano Heredia en el año 2014: Lima, Perú. VÁSQUEZ-MANRIQUE; MARUY-SAITO; VERNE-MARTIN.<sup>18</sup></p>	<p>Neuropsychiatry Magazine; 2014</p>	<p>To determine the frequency of SBO and the levels of its dimensions in workers of the Pediatric Emergency Service of the Hospital Nacional Cayetano Heredia.</p>	<p>Descriptive, cross-sectional</p>	<p>LILACS Spanish IV</p>
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**Figure 3:** Characterization of selected articles.  
Source: Research data, 2020.

Four thematic categories were elaborated to present the results, as follows:

### **The nursing team at work in pediatric urgency and emergency**

Nursing is one of the most important elements within the health team, especially in child care. Health professionals who work in the urgent/emergency sector, especially nurses, must have the knowledge and skills to perform the reception properly, and thus determine the severity of the complications and whether the patient is at imminent risk of death.<sup>10-11</sup>

Nurses are expected to work safely, with respect for patients' rights and based on scientific evidence. In addition, the urgency and emergency sector is an area that comprises both simple and highly complex procedures.<sup>12</sup> A study points out that the demand for care, in the pediatric urgency and emergency sector, in almost all Brazilian states is inadequate, because between 46, 9% and 89% of the total number of patients seeking care in this

sector could have their first consultation performed in the primary care network.<sup>10</sup>

In this scenario, the nurse is a key element in the urgency and emergency sector, as he/she acts in triage, resuscitation, surgery, trauma, in the observation room, among other functions. It is the responsibility of the nurse to establish a good organization in the sector, know how to work as a team, evaluate and diagnose the clientele, maintain a good partnership with other professionals, plan and evaluate care and management actions, as well as maintain the flow of care in the reception through Risk Classification, prioritizing serious cases and forwarding non-emergency cases.<sup>13</sup>

It is imperative that the professional is aware of the clinical conditions presented, as well as possible changes, since in the pediatric emergency, serious and life-threatening situations may occur. In some cases, these circumstances are caused by the pressure to respond quickly,



as time becomes a determining factor in the prognosis.<sup>12</sup>

The Reception Protocol with Risk Classification in Pediatrics is an instrument used to help in the characterization, evaluation and classification of a patient's degree of risk. This can be identified through their main complaint or declared by their companions, aiming to organize a waiting list based on clinical risk and not on the order of arrival.<sup>11</sup>

### **Safety of nursing care in pediatric urgency and emergency**

The use of intravenous medications is an important indicator for evaluating the quality of nursing care, whose administration is associated with a high rate of complications and adverse events. To ensure patient safety, it is recommended to check the nine rights (right medication; right patient; right dose; right route; right time; right record; right action; right pharmaceutical form; right monitoring) before, during and after administration of any medication, and it is the duty of the nursing team to ensure patient safety and avoid adverse effects with medications.<sup>13</sup>

Medication errors are very common and frequent in the urgent and emergency sector. According to a study, the number of deaths related to adverse health events is

worrying, and children are three times more likely to suffer harm.<sup>14</sup> Therefore, addressing the pediatric patient safety culture in Pediatric Urgency and Emergency units is essential, so that these adverse events are minimized. For this, the nursing team must be involved, as this category represents the majority of professionals in health institutions.<sup>14-15</sup>

A study points out that there is a gap between the culture of patient safety and pediatric emergency services, yet there are possibilities for transformation that may contribute to preserving pediatric patient safety.<sup>14</sup> For this purpose, when recording errors and adverse events, the culture of punishment can be replaced by that of safety, in which the patient will be provided with an environment that values and encourages their safety.

The priority risks are those that include the lack of non-technical skills among health professionals, these being the most dangerous, due to their frequency and damage, especially during transfer and discharge.<sup>15</sup> As the urgency and emergency sector is a place high patient turnover makes it difficult for professionals to obtain complete information about patients, increasing the risk of making mistakes.

When seeking to solve this problem, continuing education should be carried out through training with the multidisciplinary team (doctors, pediatric nurses and support

health professionals) and thus improve attitudes towards teamwork and standardize care. This training should reach not only the multidisciplinary team, but also the reception professionals so that this standardization happens from the moment the patient is admitted.<sup>15</sup>

### **Perspective of companions on nursing care in pediatric urgency and emergency**

This study identified that caregivers perceive the care provided to children in urgent and emergency situations as fast, cautious and effective.<sup>16</sup> The interpersonal relationship between professionals and companions was satisfactory, and nursing professionals were considered sympathetic, attentive and patient, thus demonstrating their competence. Regarding the physical structure of the sector the main complaint is about the furniture, which negatively influences the well-being of the companions, for not meeting their needs. The chair was the main target of criticism, for being hard and uncomfortable. Hospital furniture is a relevant factor in the quality of health care and is an adjunct in the recovery of the user's state of health and disease and the well-being of his companion, since many of them have a long period of hospitalization.<sup>13</sup>

In the nursing work process, humanization is also perceived by effective

communication, which occurs individually.<sup>16</sup> Humanization should focus on valuing the assistance provided, therefore, when professionals develop a bond with family members and companions, treating them care and respect, it is possible to establish a relationship of trust between professionals, children and companions, always through dialogue/communication, facilitating the care process and making emergency care less traumatic.<sup>13,16</sup>

Communication between members of the nursing team with the child and their companion needs to be effective and positive. This should be started at reception and maintained during the stay in the sector. Professionals working in the urgency and emergency sector focus their attention on saving lives and often adopt a cold and distant stance as a personal defense to avoid emotional involvement, which, consequently, can exclude families from the process.<sup>16</sup>

### **Difficulties and coping strategies in the work of the nursing team in pediatric urgency and emergency**

The work performed in the Emergency Room requires the professional "agility, initiative, skill for teamwork, emotional balance and self-control in situations of death and human suffering",

which may compromise their physical and mental health, in addition to their ability to perform their functions.<sup>6:7</sup> In addition, the suffering experienced by the professional does not only affect their physical and mental health, but also negatively affects their life in the social, economic, personal, the organization of their work.

Professionals working in the pediatric emergency room use individual and collective strategies as a defense to face the daily work. Collective strategies help in strengthening, valuing work and resolving conflicts in the team.<sup>17</sup> These strategies can be divided into: distancing and rationalization as an escape from suffering at work, spaces of refuge and collective defensive strategies.<sup>17</sup>

Distancing is used by professionals to escape the suffering they encounter, most of the time, at work, as professionals believe that the bond with children and their families can be a source of this suffering. In addition, they still try to keep their family environment separate from the work environment, as it is the way they find to not wear out their family members with their experiences in the work environment.<sup>17</sup>

Regarding rationalization, a study reports on the feeling of impotence presented by professionals in the face of situations of illness and death, inevitable in certain situations presented.<sup>17</sup> When trying

to alleviate their anguish and suffering, the professional rationalizes their feelings and, with this, tries to justify to himself that there is no reason to suffer.

As defensive strategies, professionals use refuges such as the family environment, which represents a fundamental factor in adverse situations. Leisure, religiosity and psychotherapy are described as strategies that can work as an alternative to reduce the professional's stress, benefiting professional practice.<sup>17</sup> However, "the use of defensive strategies does not prevent the risk of psychic or somatic destabilization of the worker, because these may not be enough to compensate for the suffering that has been caused."<sup>17:6</sup>

It should be remembered that there is a high workload in this service and a great demand for care, which leads professionals in the pediatric urgency and emergency service to be "subjected daily to situations of stress sustained by the high demand for attention, the high commitment to the cure of the pediatric patient, to the management of the patients' relatives and to the type of complex pediatric emergencies", leading them to a high risk of suffering Burnout Syndrome (SBO).<sup>18:169</sup>

SBO is a depressive psychic disorder, preceded by intense physical and mental exhaustion, whose cause is closely linked to professional life, occurring mainly in occupations that focus on direct contact

with human beings. Some of the characteristics presented by the professional who suffers from SBO are: perfectionism, suppression of feelings, difficulties to refuse excessive demand, feeling of being irresponsible and ineffective, difficulties to take vacations, low self-esteem, obsessive-compulsive personality and inability to tell his personal problems.<sup>18</sup>

It is very important to be aware of the experiences that can affect the feelings of the workers, in relation to the daily practice of nursing, so that discussions about mental health at work can take place.<sup>6</sup> The strategies carried out collectively can create an environment of understanding, affection, harmony, cooperation and strengthening of the collective, reflecting in benefits to the patient, in the bond between professionals, in the increase of communication, reflection and critical positioning, stimulating creativity and harmonization of the team and being able to help the professional who suffers SBO.<sup>17</sup>

## DISCUSSION

Based on the results, it can be seen that suitable environments and material and human resources in sufficient numbers facilitate patient care and make the work of the professional who works in

the urgency and emergency service proficient. The importance of nursing work in the health team was observed, since this is the professional closest to the child and his family, highlighting the need for knowledge to carry out adequate reception and care.

It was identified in the results a gap between the safety culture and the emergency and pediatric emergency services, focusing on medication errors very frequent in this sector. However, we glimpsed possibilities of transformation that can contribute to the safety of pediatric patients, such as training actions of the multidisciplinary team and the stimulation of the records of errors and adverse events in the units, providing an environment that values and favors patient safety.

In addition, the results indicate that many consultations performed in urgent and emergency services could be resolved in primary care services. This was also found in another study, which emphasizes that the overload generated by non-urgent consultations puts the quality of care at risk and increases health costs.<sup>19</sup>

The suffering related to situations, which are often extreme, experienced by professionals who work in urgent and emergency services, especially in child care, generate several difficulties from which professionals try to protect

themselves, but which can often lead to SBO. A study carried out in Spain with physicians who provide pediatric emergency care showed that 36.5% of the participants had SBO, with the most affected spheres being depersonalization, personal fulfillment and emotional fatigue.<sup>20</sup> It is emphasized that in order to minimize suffering related to emergency care for the child, it is important to provide spaces for listening and permanent training, favoring the sharing of experiences in favor of building more effective coping strategies.

## CONCLUSION

In view of the objective of the study, it was possible to identify the importance of nursing work in the health team, as it is the professionals who have the most contact with the child and his/her family. In addition, it is necessary to highlight that professionals need to have skills and knowledge to carry out reception and care in an adequate manner.

The study identified that pediatric emergency room nursing professionals use

defensive strategies to face the demands of this sector. One of these, which can be used as a tool for strengthening and valuing multidisciplinary work, is the dialogue between professionals and managers to resolve conflicts.

Based on the results, the need to offer a support service to the professionals of the nursing team who work in pediatric urgency and emergency care is highlighted as a contribution to care, in which they can share their anxieties and sufferings in the face of the situations they face. In addition, there is also a need to expand permanent education, providing technical support for daily work, both in relation to materials and procedures and the reception and bond between the professionals of the nursing team, the children and their families.

As a limitation of the study, a gap was identified in the publications that sought to know the perspective of the nursing team professionals about their daily work, which is a potential topic for conducting studies, aiming to improve the quality of care and support for this population.

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