

O COTIDIANO DOS ENFERMEIROS QUE ATUAM NO SERVIÇO DE ATENDIMENTO MÓVEL DE URGÊNCIA

THE DAILY LIFE OF NURSES WHO WORK AT THE MOBILE EMERGENCY CARE SERVICE

EL DÍA A DÍA DE LOS ENFERMEROS QUE TRABAJAN EN LO SERVICIO DE ATENCIÓN MÓVIL DE URGENCIA

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RESUMO

Objetivo: Compreender o cotidiano de trabalho dos enfermeiros que atuam no Serviço de Atendimento Móvel de Urgência. **Métodos:** Pesquisa com abordagem qualitativa e exploratória tendo como método para coleta de dados o Grupo Focal, realizada com quatro enfermeiros atuantes no SAMU. **Resultados:** Emergiram-se quatro categorias: Cotidiano laboral do Enfermeiro no serviço móvel de urgência: vivências no Gerenciamento e na Assistência; Implicações do Atendimento Pré-Hospitalar Móvel na vida pessoal e profissional; Formas de reconhecimento do Enfermeiro atuante no Pré-Hospitalar Móvel: cenário de relações interpessoais e Enfrentamento das dificuldades encontradas pelo Enfermeiro no Atendimento Pré-Hospitalar Móvel. **Conclusão:** Cenas traumáticas causam impacto nos Enfermeiros ocasionando um desequilíbrio emocional, sendo necessário trabalhar o desenvolvimento das questões psicológicas para melhorar a qualidade de vida e o reconhecimento é capaz de gerar motivação, sendo estes propulsores para a superação dos desafios em prol de salvar vidas.

Descritores: Enfermagem em emergência; Serviços médicos de emergência; Cuidados de enfermagem.

ABSTRACT

Objective: To understand the daily work of nurses who work at the Mobile Emergency Care Service. **Methods:** Research with qualitative and exploratory approach, taking as a method of data collection the Focus Group held with four nurses who work at the SAMU. **Results:** Four categories emerged: Labor routine of the nurse at the emergency mobile service: experiences in Management and Assistance; Implications of Mobile Prehospital Care in personal and professional life; Ways to recognize the nurse who works at the Mobile Prehospital: setting of interpersonal relationships and Difficulties coping encountered by the nurse at the Mobile Prehospital Care. **Conclusion:** Traumatic scenes affect the nurses, causing an emotional imbalance, being necessary to work the development of psychological issues to improve the quality of life, and recognition is capable of generating motivation, which are propellers to overcome the challenges for the sake of saving lives.

Descriptors: Emergency nursing; Emergency medical services; Nursing care.

RESUMEN

Objetivo: Comprender el trabajo diario de los enfermeros que trabajan en el Servicio de Atención Móvil de Urgencia. **Métodos:** Investigación con enfoque cualitativo y exploratorio, tomando como método de recolección de datos el Grupo Focal realizado con cuatro enfermeros que trabajan en el SAMU. **Resultados:** Surgieron cuatro categorías: La rutina laboral de Enfermeros en el servicio de emergencia móvil: experiencias en la gestión y asistencia; Implicaciones de lo servicio pre-hospitalario móvil en la vida personal y profesional; Formas de reconocimiento de lo Enfermero que trabaja en lo servicio pre-hospitalario móvil: escenario de relaciones interpersonales y Afrontamiento de dificultades encontrados por lo enfermero en lo Servicio Pre-hospitalario Móvil. **Conclusión:** Escenas traumáticas afectan a los enfermeros, causando un desequilibrio emocional, siendo necesario trabajar el desarrollo de problemas psicológicos para mejorar la calidad de vida, y el reconocimiento es capaz de generar motivación, siendo estos propulsores para superar los retos para el bien de salvar vidas.

Descritores: Enfermería de emergencia; Servicios médicos de emergencia; Cuidados de enfermeira.

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INTRODUCTION

The assistance of the health team in urgency and emergency situations characterizes by the need for attending the patient in a short time, since the victims have an imminent risk of death. That service began centuries ago and, since then, it has been increasingly improving and today is indispensable, as it saves countless victims and minimizes life's aggravations⁽¹⁾.

The increase in urban violence, traffic accidents and in the precariousness of health services in basic care have considerably increased the demand for emergency public services. With that scenario, it was necessary to elaborate ordinances with the objective of disseminating the concepts, guidelines, goals and actions in that area, motivated by the high demand of urgency and emergency services⁽²⁻³⁾.

Among ministerial regulations, the Ordinance No. 2,048/2002 stands out, which established the Technical Regulation of State Urgency and Emergency Systems. That Ordinance divides the attendance of urgencies and emergencies in Fixed and Mobile Prehospital, whose purpose is to reach the victim early, after an injury has occurred⁽⁴⁾.

In 2003, the Ministry of Health published Ordinance No. 1,863, which establishes the National Policy for Urgency Care, which defines the establishment of a prehospital component, non-hospital units for urgency care and the creation of a mobile prehospital component represented by the Mobile Emergency Care Service (SAMU). In 2011, that Policy was reformulated through Ordinance MS/GM 1,600, creating the Network for Urgencies Care in the SUS⁽⁵⁻⁶⁾.

In the Mobile Emergency Care Service, professionals must have specialized training, oriented to the vision of reality, enabling the integration of different knowledge and multiprofessional interaction. Therefore, it contributes to the aggregation of skills, such as fast decision-making, communication, leadership and management, because their daily work involves a scenario with situations of tension, stress, suffering, pain, anguish, fear and death⁽²⁻⁷⁾.

Studies carried out by Martins, Vieira and Santos⁽⁸⁾ observed that the work environment can provide positive and negative feelings for nurses working in the Mobile Prehospital Care Service

(APHM). When associating those negative feelings with the daily work of caring for others, most of those professionals present a risk to their health, which could be detrimental to the rescuer and the victim⁽⁹⁾.

The APHM is recent in the country, highlighting the need for structuring measures aimed at the well-being and health of its professionals, such as the improvement of the quality of care, the elaboration of programs aimed at the maintenance and promotion of health and the quality of life of those professionals⁽¹⁰⁾.

Therefore, questions about the influence of that scenario on physical and mental health in nurses' daily work arose, as well as the will to understand how those professionals perceive the wear experienced in that type of activity, in order to reflect how that context affects their quality of life⁽⁹⁾.

Several questions were raised, discussed and deepened in the field of APHM professionals, in order to know the particularities of their work, their characteristics and the reflexes in their personal lives, for the elaboration of programs aimed at the maintenance and promotion of mental and physical health⁽¹¹⁻¹⁰⁾.

In view of that, what is the meaning of work for the Nurse in the Mobile Emergency Care Service?

In that context, this work becomes relevant, because the daily work of the Nurse who works at SAMU is marked by constant challenges that result in opportunities for learning and satisfaction. However, that activity is characterized by actions of high complexity, generating stress, physical and emotional distress, so the tension generated in the care can imply in their quality of life. This can provide subsidies in order to rethink strategies of the daily work of those professionals in order to minimize the reflexes in their personal and professional life.

In that sense, the objective of this study is to understand the daily work of the Nurses who work in the Mobile Emergency Care Service.

METHODS

This is a research with qualitative and exploratory approach, with the data collection using the Focus Group method. This technique

allows evaluating the different points of view of the interviewees and their experiences through group interaction⁽¹²⁾.

The research was carried out with four Nurses, with an average time of work in that service of six years, working at a Mobile Emergency Care Service (SAMU) of the metropolitan area of Belo Horizonte - Minas Gerais, in August 2015.

For their inclusion in the research, the interviewees should have more than two years of experience working at the APHM and have signed the Informed Consent Form (ICF). The exclusion criteria were professionals who were not Nurses, Nurses working with less than two years of service and those who did not accept to participate in the interviews. The participation was voluntary, free of charge, respecting the anonymity of the interviewees and the information provided, according to Resolution No. 466/12 of the National Health Council.

The speeches of the participants were fully transcribed and, later, the discourse analysis was carried out, contextualizing and punctuating them into categories. The statements were identified with pseudonyms: Enf. 01, Enf.02, Enf.03 and Enf. 04.

In order to form the Focal Group, there was a recorded, semi-structured, discussion, contemplating the following guiding questions: How is the daily group in the mobile prehospital service? What are the implications of work for their quality of life? How do the group deal with this daily work in the urgency and emergency? What are the positive and negative factors that imply the meaning of the work?

The research project was approved by the Research Ethics Committee of the Pontifical Catholic University of Minas Gerais-PUC Minas under CAAE: 27581214.1.0000.5137.

RESULTS AND DISCUSSION

Labor routine of the nurse at the emergency mobile service: experiences in Management and Assistance

The nurse who works at the Mobile Prehospital Care Service (APHM) plays an important role in assisting the victims of a health problem, as well as acting together with the administration and coordination of the internal services at the base of the unit.

The activities performed by Nurses of the Mobile Emergency Care Service (SAMU) are:

actions aimed at assistance, management, teaching, research, conflict mediation, elaboration of internal protocols of assistance to guide their performance in the stabilization of patients⁽¹³⁾, leadership of the nursing technical team and other professional categories, such as the attendant, according to reports:

“At the base, there is a bit of management. The management of the daily environment of the technical team is equal to the supervision of Nursing in a health center. There is the management of friction between the team, the relocation of the team due to faults and/or medical certificate (...).” (Enf. 01)

“(...) we have a number of management activities within SAMU, the Nurse has a very complex work environment, people management in all forms, conflict management (...). We have to keep the team intact, keep the team, because in a complex occurrence, everyone doing well and working well, cohesively, is essential (...).” (Enf. 04)

It is evident the importance of the nurse's performance in the area of management; his/her performance is essential for inventory control, planning, organization of health services and management of people in APHM, according to Law 7,498, dated June 25, 1986, which regulates the Nursing Exercise⁽¹⁴⁾. It requires from the Nurse's technical-scientific knowledge in order to have a quantity, availability and dispensation of materials and medicines in an adequate and organized way to attend the service.

“(...) weekend or at night, there is no stockroom, so there is this inventory issue and in the absence of coordination, the Nurse has the autonomy to solve other daily problems ”(...) (Enf. 01)

“(...) and assume the coordination of Nursing, so, on my shift, beyond the occurrences, I still have the administrative service.” (Enf. 03)

The Nurse on duty, in the absence of the coordinating nurse, is responsible for organizing the control of the materials, equipment and administrative services, which may lead to an overload of the professional, since, besides those attributes, he/she is still responsible for the direct assistance to the critical patient.

The APHM Nurse, along with the multiprofessional team, is responsible for assistance in resuscitation, patient stabilization, assessment of the victim's needs and priority setting⁽²⁻³⁾. It emerges, in the professional, the feeling of responsibility and commitment, which

permeates from the moment of preparation in the basis to the individual's aid, according to reports:

"So you're responsible for that, which is why I find a lot of responsibility when I am wearing those overalls. (...) You know, I always feel like this, a burden, (...) what a responsibility for me tonight (...) If a medication, a venous access delays, I am responsible for this (...)". (Enf. 02)

"(...) and, in our routine, so in the event ambulance, we forget about any other problem and focus on the care." (Enf. 01)

The professionals need to be always updated and encouraged by the managers to carry out courses, groups to discuss cases, train with realistic simulation, in order to increase the technical-scientific knowledge, in order to improve agility and dexterity, contributing to the care of the victims.

"(...) so I think we should be aware and go after it. What are my difficulties, I am not that good in this, in that, I am going to study because it is no joke, we deal with lives." (Enf. 02)

It is notorious that the Nurse performs multiple functions that can bring overload of tasks, implying in the management of the service and in his/her action along with the care of the victim. Because of that and the nurse's scenario of action, the professional can trigger emotional and physical distress due to the responsibility he/she has with the patient.

In that context, nurses must develop cognitive, attitudinal and procedural skills to manage the nursing team, physical and material resources in order to contribute to an adequate structural functioning of the service and to provide quality care to the victims with skill.

Implications of Mobile Prehospital Care in personal and professional life

The routine of the professionals of the Mobile Prehospital Care Service (APHM) is full of preventable situations, which causes a critical reflection, as those professionals often deal with the consequences of the population exposure to risks. Thus, they adopt some postures that approach the surveillance for the prevention of accidents, in order to avoid that simple daily activities become complex, causing damages to the health, according to reports:

"(...) each scene is an extra impact that we have to trigger a lot of strategies, that everyone keeps calling us neurotic, but it is full-time

vigilance, (...) not because we are getting neurotic, but it is because the impacts we suffer in these situations make us act this way."(Enf.04)

There is a constant attention and tension posture, in family moments and during the work, causing altered rhythms of sleep, fatigue and stress⁽⁸⁾. The Nurse performs a work activity in which he/she needs to be always ready to attend, is always worried, which, over the time, reflects in his/her daily life and interferes negatively in his/her quality of life.

"(...) it interferes in the quality of life, even more at night shifts, we get a little harmed." (Enf.01)

"Now, my shift is nocturnal (...) even if there is no occurrence there are nurses who gets to sleep, which I cannot. At night I am like that at home too, my husband turns up in bed and I: I am at home or on duty? It ends up interfering with the quality of life (...)." (Enf.02)

Work and personal issues are intertwined and emotions often stand out in the face of an impactful, traumatic scenario that shakes up intrinsic issues and the biopsychosocial context, since there is no way to dissociate in subject-work and personal subject-life and disregard their entire life context.

"Scene with child, I attended a drowning of a 14-year-old child, to this day I report it everywhere I go, it is an experience report. It is very sad! Child for me is the worst." (Enf.01)

"When the scene is very hard, yes, we do remember it (...) it marks us a lot. (...) After we become a mother, we have another vision (...). I put my boy in swimming classes because of a drowning that I attended, so, looking at this, it affects you (...)." (Enf.02)

The extensive experience with the consequences of risks can influence both the individuals' perception of situations considered stressors as their responses to stress, possibly affecting professional performance, personal, family and social life and, consequently, interfering in their quality of life⁽²⁾.

The professional must be aware that he/she must also think about his/her well-being, safety and self-esteem, since there is a contact with situations that arouse feelings of sadness, anguish and discouragement, besides the ergonomic factors that are often ignored, thus causing damages to health, according to reports:

"I no longer have a knee (...), I stayed two and a half years away because of that knee, I almost went crazy (...)." (Enf.03)

“(...) We have to take care of us to take care of the other, we have to be well, mentally, physically.” (Enf.03)

There are several negative aspects of health work, such as the lack of concern for the professional's health, since it has been neglected. Thus, the ergonomic risk may not associate only to the Mobile Prehospital Care (APHM), but to all health areas, as reported:

“I do not think it is connected to SAMU, I have already worked a lot in the health area and this is linked to health as a whole, people do not value ergonomics at all, managers do not value and do not encourage.” (Enf.04)

Thus, each Nurse is responsible for seeking a more adequate way to adapt in all aspects, since there is no physical or psychological support to the professional. In that way, there is need to adopt healthy habits that potentiate their work performance and minimize the negative impacts on their quality of life.

“I think we have to try to do physical activity, because I realize that when I am doing an activity I feel more willing to do it, I take my shift more lively, so it is something that is good for my health.” (Enf.02)

“I go to therapy with the psychologist because of personal problems, but, in the end, we just talk about our work routine (...).” (Enf.03)

In that context, the psychological issues, the way to act in some scenarios, can lead to psychosomatic changes in the Nurse. Moreover, the behavior of continuous surveillance, which goes beyond daily work, reflects directly in his/her social life. There is also the physical effort performed at each care, which, despite the nurse's knowledge about the importance of adopting ergonomic positions, often neglected by the professional himself, directly affects his/her health.

Ways to recognize the nurse who works at the Mobile Prehospital: setting of interpersonal relationships

Nurses recognize the gratitude of society, family and co-workers. Teamwork is essential so that care takes place within the expected and that the recognition of other professionals is a stimulating factor so that the Nurses increasingly seek to be updated in order to provide a better care, according to the reports:

“(...) It is part of the team, if you have a good team, a team that interacts well, I have already given a suggestion to a doctor, and if you

are all right it is because you have been there for a long time (...).” (Enf. 03)

In that context, professional experience and work at the Mobile Emergency Care Service (SAMU) base on trust, since one depends on the other, which contributes to the daily learning of the professionals⁽¹⁵⁾. Dealing in unexpected situations generates great stress in the professionals, so the team needs to be cohesive in order to perform the care to the victim successfully.

Another form of recognizing the professional's performance is given by society. The professional feels more and more motivated and gratified by that recognition, which stimulates his/her satisfaction by the work. There is joy and enthusiasm in working at APHM.

“(...) We had already got the venous access and indicated three shocks with the AED and, in the third shock, she already, HAM!! She sighed and we were intubating, boarding and we took her off the bus and everybody was clapping and that frenzy, and the woman is alive to this day. So, for me it was the best occurrence I have ever been and I rejoice (...).” (Enf. 01)

Urgency and emergency situations are very challenging, however, they provide full realization when they end successfully⁽¹⁶⁾. Professional achievement intrinsically relates to the very value of one's performance, going beyond social recognition. Thus, the motivation to work with love comes from the satisfaction of working at the APHM, as reported:

“(...) Just saving a life! (...) We leave satisfied (...) when we see a person coming back from cardiac arrest agent, we get crazy. (...).” (Enf. 01)

Faced with a positive response from the patient, family or society to a care, feelings of satisfaction and fulfillment emerge, since they have somehow contributed to the maintenance of the individual's life.

“I feel great pleasure, people say the eyes shine when talking about SAMU, mine do not shine, they tear.” (Enf. 03)

“(...) no matter how stressful it may be and if the scene is heavy, with the patient ending up well or not, I say this: God, thank you for I am doing what I like. Those who are there have passion, it is because they really like it.” (Enf. 01)

There is a range of values that involve emergency care, for both professionals as society, who create expectations for the provided care. According to Rocha⁽¹⁶⁾, even if the victim evolves

to death, there remains the idea that something was done in the attempt to interrupt the suffering and that his/her expectation regarding the service was met, according to reports:

“(...) I have a case of a person with a large burn, heavy occurrence (...). Both the mother as the boy went there at SAMU to thank, you know and it is very good for you to see the joy and she always spoke: wow, in João XXIII the team said that my son is here because of you (...).” (Enf. 03)

“(...) I think a compliment is worth ten complaints, in a situation of stress the person is already nervous, if you took three minutes to move to them, it is like half an hour (...).” (Enf. 01)

The satisfaction of the user/family reflects the quality of the health service provided, which involves a number of criteria, such as respect for the service, structure and functioning issues, and professional attitudes⁽¹⁷⁾.

Nevertheless, the society cannot evaluate the service by considering only one parameter, such as the delay in the victim's assistance, for there is a whole context involved in the care, since the patient does not always respond to the interventions, which can lead to feelings of aggressiveness in the population towards APHM professionals.

“(...) nowadays there is so much death and, in people's heads, it is because SAMU was late, did not answer right, did not send an ambulance, but there are moments when we cannot do anything else, and there are people who are aggressive (...).” (Enf. 01)

Nurses deal directly with the consequences of the population's emotions, due to their inability to deal with stressful situations, becoming aggressive and having to blame someone to justify their emotional fragility, according to the report:

“(...) sometimes there was no ambulance available, at the time the ambulance is free, the doctor already puts the boys into action, who do not even return to the base, people are already aggressive when they get there. (...).” (Enf. 01)

Thus, there is evidence that the population misunderstands the function of APHM. It often occurs due to the lack of publicity by the media, as well as insufficient public funds intended to maintain the operation of that service.

“(...) I think people have to change the culture because it is a service that is not really divulged, because from the moment that people know, we will have a greater recognition.” (Enf. 03)

The lack of dissemination and non-recognition of the population regarding the performance of the APHM team can often affect the family context of the Nurses, since their family feels integrated into the service and care about the repercussion in their professional life, according to the reports:

“My people are all *SAMUZEIRO*, the whole family supports me, thinks it is beautiful, (...) because it is our name, it is not only the SAMU, it is everyone.” (Enf. 01)

“My parents do not say I am a block Nurse, they say my daughter works at SAMU.” (Enf. 02)

Given the exposed, there are several ways to recognize the performance of the Nurse at the APHM, either through the team, family and/or society, capable of generating great sensations of pleasure in the professionals, which causes feelings of motivation to act on the occurrences with quality.

There is also a misunderstanding by the population regarding the professionals' performance, for the society expects an instant and agile service, depositing all the possibilities of saving the individual's life in the team, which is not always possible.

Difficulties coping encountered by the nurse at the Mobile Prehospital Care

Nurses who work in a scenario involving traumatic scenes, multiple victims, presence of children, generates in the general population difficulties in dealing with that type of situation, considering them cold, making those professionals annoyed since they also have emotions.

“There are people who see this as coldness, I see it as costume with our routine (...) we have feelings, we cry.” (Enf. 01)

Nurses who work at urgency and emergency services must perform an integrated work with skill, agility, theoretical foundation, physical preparation and emotional stability⁽¹⁸⁻¹⁹⁾. Prior to entering the APHM, the professionals undergo a process of training that, associated with the time of operation, helps them to focus on the care. The population sees such posture as coldness.

“(...) so you have these mechanisms that make you concentrate and allow making a decision in a quick and agile way.” (Enf. 04)

In an activity whose limits are the life or death of individuals, professionals create defense mechanisms to perform the care, in order to

reduce the risks that threaten the life of the patient. One of those mechanisms is to coat with a coldness coat and the other is the minimal bond with the patient and family members⁽²⁰⁻²¹⁾.

“(...) we have a series of defense mechanisms that we have created in order to have certain blockage, but not a blockage that makes us cold, or not behave with perfect normality in certain situations, but for us to concentrate and make the best decision.” (Enf. 04)

“(...) I think it is good to work at SAMU, you do not have a bond with the patient, you do your service, you lead the patient to the unit, which gives sequence to your work (...).” (Enf. 03)

The professionals who work at the APHM see the absence of direct link with the patient and his/her family and continuity of care in the service APHM in a positive way, since it provides greater control and less impact on their emotional balance, in order to have quality assistance. The lack of balance may cause the professional to be disrupted because, in some cases, he/she cannot distinguish the work from the personal, as reported:

“Attending children has the balance issue, (...), but I think we learn it, because if I get there and see a little boy and think about my son, I cannot do anything (...).” (Enf. 02)

The professionals are exposed to situations that involve attendance with children, risks at the scene of the accident, such as the presence of a firearm, which can cause reflexes in their lives, since the feelings aroused during and after the rescue are diverse and emotionally shock professionals because of the high degree of violence⁽¹¹⁻⁸⁾.

“(...) one occurrence I hate attending is PF, which is perforation by firearm, but we go and do our best. (...) regardless of who it is (...) I do not feel well, but I work hard and I take care of the message.” (Enf. 03)

The need and duty to meet the population, regardless of the age group and the target public, can generate emotional wear that reflects in the nurses' personal life, since the service does not offer promotion, prevention and psychological support to professionals, as reported:

“(...) SAMU you have to work with all age groups, adult, elderly, youngster, pregnant and newborn, there is specific occupation for SAMU (...) we have occurrences that shock you more emotionally and you will never forget them (...) When a mother asks you for God's sake to save

her son, the responsibility becomes much greater.” (Enf. 03)

Nurses need to have balance when acting in the urgency and emergency and, for that, there need for permanent education focused on self-knowledge, in order to have a control of their own emotions and awareness of their limits and possibilities⁽²²⁾.

The association of psychological issues with technical-scientific knowledge contributes to maintaining patient safety during care and emotional control of professionals, since inadequate care can further compromise the victim's health and even the health of the professionals working in the scene area, according to reports:

“We do not have psychological support (...) in case of catastrophe, they request the psychologist, but not for the professional's care (...). Our colleagues are our psychologists, we unburden, cry, laugh, (...) but we do not count on support, promotion of our health (...).” (Enf. 01)

“(...) one thing we learn is the team safety (...).” (Enf. 02)

The professionals are exposed to some factors that hinder the work process, such as environmental risks, road accidents, violence and places of difficult access. Another important aspect is the coexistence among professionals, because the existence of relationship, communication failure makes work exhausting and stressful, causing direct reflexes in the care given to the patient⁽²³⁻¹¹⁾.

“(...) in the ASU (Advanced Support Unit), sometimes the doctor is newbie and has not much interaction with the team, because who is, just by looking at you, already know you want (...).” (Enf. 01)

Teamwork, when exercised among APHM members in an integrated and cohesive way, contributes to deal with the encountered difficulties, as by minimizing them with moments of reflection and discussion about the action in the occurrence, in order to provide a way for each member of the team to learn, which becomes a therapy for many of them, since the service does not offer psychological support.

In that context, working the biopsychosocial and spiritual issues of each Nurse is important, since several safety devices are used as a way of coping in the care, in order to contribute to the coping of the different situations and scenarios to which they are exposed. Thus, it requires from them emotional

balance and adequate technical-scientific preparation.

CONCLUSION

Urgency and emergency care requires a high level of technical and scientific knowledge, concentration, agility, skill and quick decision-making, as the nurse is responsible for evaluating the victim's needs, setting priorities, more complex care such as cardiopulmonary resuscitation and patient stabilization. In addition to assisting during the occurrences, the nurse performs several managerial functions with autonomy, responsible for organizing the administrative services, requiring a lot of concentration and time, which causes an overload of work, affecting their professional and personal life.

In this way, the nurse lives under constant attention and tension at the service, which causes an oversight in relation to his/her state of health, since he/she does not care about the physical and psychic aspects that involve him/her and, also, there are not stimuli by the managers regarding the adoption of healthy living habits.

Psychological issues influence nurses' daily routine, as they can negatively influence care. Thus, there is need to create defense mechanisms to deal with stress situations, in an attempt to maintain emotional balance, so that society sees them as cold and mechanistic. This work also evidences the way the population sees nurses, denominated as cold, emotionless, do not interfere in the provided assistance, since they are aware of the need to concentrate on the care to the victims in order to perform the best procedures to stabilize the patient.

The recognition of the work of nurses who work at the pre-hospital mobile service by their family, society and team is capable of generating stimulation and motivation, which are propellers to overcome the challenges for the possibility of saving lives. At that moment, there were no negative feelings regarding the exercise of their work, because, for those professionals, the meaning of their work closely relates to the feelings of love, commitment, unity, responsibility and pride in being part of a team that can save lives.

Therefore, there is need to formulate public policies that address the permanence and/or continuous monitoring of those professionals by a multiprofessional health team. In view of the above, it is essential to stimulate

the managers to enable the improvement of the technical-scientific knowledge of nurses and their abilities for a resolute and quality care.

This study, as every research work, presents its limitations and opens space for new discussions and reflections regarding the daily routine of nurses who work at the pre-hospital mobile service.

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