

*CHALLENGES EXPERIENCED BY THE PRE-HOSPITAL CARE TEAM***DESAFIOS VIVENCIADOS PELA EQUIPE DE ATENDIMENTO PRÉ-HOSPITALAR**

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ABSTRACT

Introduction: Prehospital care (PHC) is defined as the assistance provided in a first level of attention to acute clinical, traumatic or psychiatric conditions, when they occur outside the hospital environment. However, there are obstacles that impede the effective accomplishment of this service, such as problems related to ambulance movement, arrival at the place of occurrence, and difficulties during transportation and when arriving at the hospital. **Objective:** To identify in the literature the difficulties experienced by professionals in prehospital care. **Method:** It is an integrative review, carried out in Scielo and Lilacs databases, through the descriptors: prehospital care, work environment, emergency medical services, professional practice. The search resulted in 34 articles that, after the inclusion criteria: scientific studies in the Portuguese language, published between 2013 to 2017, free and free access and that addressed the theme, were excluded those that did not meet these criteria. After refinement the research was carried out with 03 articles. **Results:** it is evident that the APH team already in their working context is exposed to risks that favor illness, since the working conditions bring risky places of action, intense psychological demands, work overload, dissatisfaction and insufficient resources in most services. **Conclusion:** it was verified the need to seek solutions to minimize the difficulties that the team experiences at its rate, since it requires new visions and perspectives that can guarantee a favorable working environment and a good health of the worker, consequently a better assistance.

Keywords: Prehospital Care. Work Environment. Emergency Medical Services. Professional Practice.

RESUMO

Introdução: O atendimento pré-hospitalar (APH) é definido como a assistência prestada em um primeiro nível de atenção a quadros agudos, de natureza clínica, traumática ou psiquiátrica, quando ocorrem fora do ambiente hospitalar. Porém, há entraves que dificultam a realização eficaz desse serviço como problemas relacionados ao deslocamento da ambulância, a chegada ao local da ocorrência, bem como, dificuldades durante o transporte e na chegada ao hospital. **Objetivo:** identificar na literatura as dificuldades vivenciadas pelos profissionais no atendimento pré-hospitalar. **Método:** trata-se de uma revisão integrativa, realizada em bases de dados Scielo e Lilacs, através dos descritores: assistência pré-hospitalar, ambiente de trabalho, serviços médicos de emergência, prática profissional. A busca resultou em 34 artigos, que após os critérios de inclusão: estudos científicos na íntegra, em língua portuguesa, publicados entre 2013 a 2017, de acesso livre e gratuito e que atendessem a temática, foram excluídos os que não atendiam a esses critérios, após o refinamento a pesquisa foi realizada com 03 artigos. **Resultados:** Fica evidente que a equipe de APH já no seu contexto laboral está exposta a riscos que favorece ao adoecimento, pois as condições de trabalho trazem locais arriscados de atuação, demandas psicológicas intensas, sobrecarga de trabalho, insatisfação e recursos insuficientes na maioria dos serviços. **Conclusão:** constatou-se a necessidade de buscar soluções para minimizar as dificuldades que a equipe vivencia no seu cotidiano, pois requer novas visões e perspectivas que possam garantir um ambiente laboral favorável e uma boa saúde do trabalhador, consequentemente uma melhor assistência.

Palavras-Chave: Assistência Pré-hospitalar Ambiente de Trabalho. Serviços Médicos de Emergência. Prática Profissional.

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INTRODUCTION

Prehospital care (PHC), according to the Ministry of Health⁽¹⁾, can be defined as the assistance provided in first level of attention to acute medical conditions, of clinical, traumatic or psychiatric nature, when they occur outside of the hospital environment.

The PHC mobile services constitute an important component of attention to emergencies, and its finality is to early assist victims of health problems in many natures in the places they occur, and besides being an immediate attendance, it secures assistance, transportation and forwarding to the needs of the population⁽¹⁾.

To answer in a quick manner, PHC in Brazil is represented by Serviço de Atendimento Móvel de Urgência (SAMU) [Mobile Service Attendance of Urgency], which was instituted by the 1864/GM decree, in September of 2003 by the Ministry of Health, that established SAMU implantation in cities and regions of the entire Brazilian territory. It was expanded in 2006, and started to establish rules that go from the specialization of the team to the characteristics of the vehicles and the equipment that must be used in the ambulances⁽²⁾.

The PHC team is composed by multiple professionals in which the nurse has essential part in care attendance and coordination of the team, and as for their

competences, they should be able to supervise and evaluate the nursing acting⁽³⁾.

With that, Decree number 1.600/2011 reformulates the National Politics of Urgency Attendance and institutes the Network of Urgency Attention in Brazil's Unified Health System (SUS), that seeks the amplification of access and accommodation, universality, equity and integrality in urgency attendance, as well as articulation and integration of diverse services and health equipment, professional acting and management, qualification of assistance through permanent education of the health teams from SUS⁽⁴⁾.

However, even with legislation, there are some obstacle that make the execution of this service harder, such as problems related to the dislocation of the ambulance, arriving to the place of the occurrence, as well as difficulties during transportation and arrival at the hospital, as verified during the experience of these researchers.

To the author⁽⁵⁾, the difficulties of the work routine are revealed during health assistance and social problems, as well as in relation to urban territory, in its different manifestations, such as attendance in busy streets and highways, agglomerations and violent places. The professionals are subject to climate changes, territorial and social problems, permanently being faced with the unexpected and unknown. Constituting a dynamic work, that is permeated in the

execution of procedures and assistance management.

However, to the authors⁽⁶⁾, the biggest challenge of prehospital care is the specific legislation for professionals and medical care.

Being faced with this problematic, the research brought up the following question: what does published literature say about the challenges that the team acting in an urgency and emergency situation suffer in their daily life? Considering the importance of identifying the challenges faced by the team that acts in this tense scenario, this research was made with the objective to identify in literature the difficulties experienced by the professionals in prehospital care.

METHODOLOGY

This study is an integrative review, defined as the one which condensates previous researches and presents global conclusions from a specific body of literature, allowing the construction of a broad analysis, contributing to discussions about methods and research results, resulting in a new learning⁽⁷⁾.

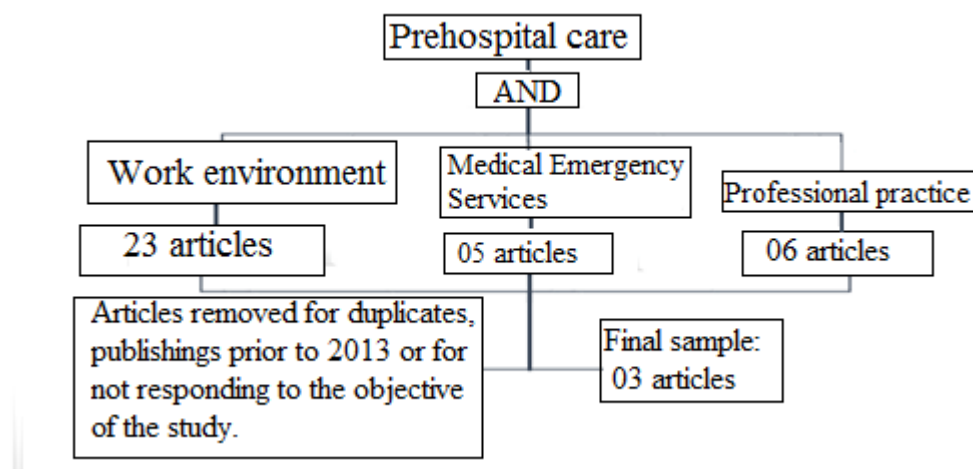
Corroborating, the authors⁽⁸⁾ affirm that this method of research allows the synthesis of multiple published studies and makes it possible to create general conclusions about an area of study, covering

research analysis that are relevant to support the decision taking and improvement of clinical practice, allowing the synthesis of a new learning, in addition to pointing out gaps in knowledge that must be filled with new studies.

Six phases were covered for the elaboration of this study: elaboration of the northing question, search in literature, data collection, critical analysis of the studies included, discussion of results and presentation of the integrative review⁽⁹⁾.

The research was conducted in April 2020, using the descriptors Controlados em Ciências da Saúde (DeCS) [Controlled in Science Health]: Work environment, emergency medical services, prehospital care and professional practice. With this definition, searches were done with term association from the Boolean operator and in the Virtual Library of Health – BVS, in which available articles were selected from Scientific Eletronic Library Online – SCIELO, Literatura Latino-Americana e do Caribe em Ciências da Saúde – LILACS [Latin American and Caribbean Literature in Health Science]. After exhausting research, the following results were obtained (image 1):

Image 1: Flux diagram of selection and inclusion of articles according to descriptors.



After the criteria of inclusion and exclusion were selected 03 (three) potential articles. The criteria of inclusion for the selection of the articles were scientific studies in full, in Portuguese, published between 2013 and 2020, of free access and for free, that meet the theme.

The criteria of exclusion were disregarded publications prior to 2013, productions unrelated to the theme, duplicated articles in the databases, monographs, dissertations, thesis and articles that were unavailable in full format.

RESULTS AND DISCUSSION

The scientific production about the line of urgency and emergency is broad, but it is distributed in many fields and when related to the multiprofessional team in this section, literature disseminate in studies that cover only one professional category or one specific difficulty faced by this category, mainly when it refers to the last 10 years, keeping the concentration of works beholders of the association among DeCS, the quantity of studies lower as it can be observed after using the filter and detailed analysis, contemplating the criteria of inclusion delineated, it came to 03 (three) articles that were available on SCIELO and LILACS.

Chart 1. Characterization of the publications: title, authors, year and results of the study

SEQ.	TITLE	AUTHOR/YEAR	RESULTS
01	Teams and working conditions in mobile pre-hospital careservices: an integrative review.	Dal Pai et al. (2015)	The work conditions reveal risky places of acting, intense psychological demand, work overload, dissatisfaction and insufficient resources for most services.
02	Aspects related to the occurrence of workplace violence in hospital emergency rooms	Souza, Costa e Gurgel (2014)	It was shown the inexistence of a protocol to guide the team in PCR cases, and the team reported to act in heterogeneous manner. In addition to that, it was also shown the insufficiency of knowledge on current protocols.
03	Risks of illness facing the nursing team of SAMU: an integrative review	Silva et al. (2014)	It was verified that the risks of illness in the nursing team of SAMU are related to these factors: physical (noise and high temperatures such as cold or hot), chemicals (contact with chemical products), biological (bacteria, viruses and fungi), psychological (stress and moral aggression) and mechanical (automotive accidents and skin lesions).

Source: The authors.

In order to make a better analysis of the articles selected and answer to the northing question, we identified two categories: the professional environment and the work conditions of PHC professionals.

Category 1: the professional environment

The professional environment is considered a risky place that could favor illnesses, because of its diverse factors during the prehospital care periods such as the scene of the occurrence, the transportation to the hospital and the arrival during the victim in the hospital institution⁽¹⁰⁾.

Therefore, the risks could occur during the performance of the professionals, which are exposed to bacteria and viruses, climate factors, accidents caused by cutting tools or automotive accidents and others, and that can create a stressful and wearing work environment⁽¹⁰⁾.

The study of the authors⁽¹¹⁾ emphasizes that one of the main problems faced is when violence enters the work environment and the professional becomes prone to threats, psychological violence and physical aggressions during their work, such as the round trips. It becomes clear that the professionals are more susceptible to violence are females, but some

professionals have trouble acting in adequate manner in these situations.

To the authors et al.⁽¹⁾, these factors affect the stay of the professionals in their jobs as well as the health of these professionals.

However, the studies reveal that the professional environment show risks to the PHC team from the exposition to contaminated fluids, movement of equipment and of the patient inside the ambulance, climatic change, difficulty of access to the patient, highway conditions, automotive accidents, among others. As the execution of their professional activities is in public space, they become susceptible to the “curious eye” of others and it can create anxiety. This general difficulty or constant worry can create stress and make the professional sick.

Category 2: work conditions

The work conditions are not favorable to the work actions and not even to the health of the worker, because it brings low payment, work overload and double work hours^(1,10).

Another worry is the composition of this team, if these workers are capacitated or not, since there are no specific formation requirements to attend this work area⁽¹⁾.

Since this lack of experience or specific formation can cause a greater impact when dealing with stressful or risky situations, the workers cannot have the same dexterity as a professional that has been working for a longer time in PHC⁽¹⁰⁻¹¹⁾.

However, it can be observed among the articles that the low payment can create all of the

other difficulties, meaning that if the professional does not have a good payment they will have more than two jobs to have a nice family income, but as consequence will deal with work overload that could act as a decisive thing for physical and mental suffering. That generates a stress that could reflect into the professional’s interpersonal relationships and their performance in professional activities, as well as reflect in their disqualification since they have no time or money for continued education, since in many companies the permanent education is not offered.

It is also highlighted the lack of human resources that could serve as a factor for the increase of work load of the existing professionals. Another point is the deficiency of material resources, creating low productivity and work quality, dissatisfaction and disorganization of the team’s work. These points tend to be demotivating to the professionals that, besides the difficulties faced, are always willing to do a better job and they also create a terrible relationship between work and the worker.

Another important factor, is that even though all of these situations favor the appearance of illnesses in these professionals, the authors⁽¹¹⁾ show that many professionals have trouble accepting that this behavior is completely related to the work they do, translating into an obstacle to the increase of the visibility that this problematic occupy.

FINAL CONSIDERATIONS

The research determined that Prehospital Care is a part of the network of urgency attention

supported by decrees, responsible for articulating the attendance of urgency and emergency in all national territory.

It was observed that the PHC team is marked by constant challenges that result in learning opportunities, but in another hand could create physical and emotional strain that should be discussed among the team so that these obstacles be resolved, since some professionals do not see it as a negative point, which could harm solving the problem.

In relation to the challenges faced it was possible to identify the mental strain, climate and physical conditions, environmental factors, violence, exposition to traffic accidents, verbal and physical violence are some of the challenges involved in the arduous characteristics of the team's daily lives. Another issue is the exposition of the nurses to physical and social elements, that hold elevated risks in their acting, and could be due to the agglomerations of people that are formed, since many attendances are in highways. In addition to that, there are the professional challenges in face to scenarios of death or near death, conflicts in professional relationships, mainly with professionals of hospital service that many times make it harder to admit patients. Another point is the low payment that brings as a consequence many factors, such as double work hours, work overload, many times even accumulating responsibilities and disqualified professionals.

These are factors that create de-motivation of the professionals, illnesses as well as making the professional so dissatisfied that they quit this

service, as a direct result of pressure and work situations faced.

Therefore, it becomes necessary to know the importance of good work conditions and adequate payment so that professionals are interested in qualifying themselves to have more security in the procedures, to solve problems more easily, to lower death rates and severe lesions, in addition to creating contentment to the patients and the team.

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