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Sociodemographic profile and qualification of nurses to low-risk childbirth care

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Perfil sociodemográfico y cualificación profesional de los enfermeros en la atención del parto de bajo riesgo

Perfil sociodemográfico e qualificação dos enfermeiros que atuam na assistência ao parto de risco habitual

ABSTRACT

Objective: to describe the sociodemographic profile and analyze to qualification of nurses to low-risk childbirth care. Method: This is a quantitative, descriptive, exploratory study with nurses who work in low-risk childbirth care, totaling six nurses who answered the sociodemographic questionnaire and the performance. Results: The employees are female, with an average age of 39.6 years, northerners, in a stable relationship, with a financial dependent. Average of 8.6 years of study and average of 4.3 years of care work. Graduation in private institutions. They have no specialization in the area of obstetric nursing or women's health. Learning about the theme occurred during graduation and professional practice. They did not update the area. Scale turnover and affinity were factors related to childbirth assistance. Conclusion: It is advisable to update, train and permanently educate nurses who work in childbirth care of usual risk.

DESCRIPTORS: Maternal health; Health border; Nursing team; Obstetric nursing.

RESUMEN

Objetivo: describir el perfil sociodemográfico y analizar la calificación de enfermeros que laboran en atención al parto por riesgo habitual. Método: Estudio cuantitativo, descriptivo y exploratorio. Se aplicaron cuestionarios a enfermeras que laboran en atención al parto de riesgo habitual, en un hospital de referencia en una ciudad fronteriza amazónica. Datos sometidos a análisis estadístico descriptivo y presentados mediante frecuencia relativa, absoluta y media. Resultados: Los empleados son mujeres, con una edad promedio de 39,6 años, norteños, en relación estable, con un dependiente económico. Promedio de 8,6 años de estudio y promedio de 4,3 años de trabajo asistencial. Graduación en instituciones privadas. No tienen especialización en el área de enfermería obstétrica o salud de la mujer. El aprendizaje sobre el tema ocurrió durante la graduación y la práctica profesional. No actualizaron el área. El cambio de escala y la afinidad fueron factores relacionados con la asistencia al parto. Conclusión: Es recomendable actualizar, formar y formar permanentemente a las enfermeras que laboran en la atención al parto de riesgo habitual.

DESCRIPTORES: Salud materna; Salud en la frontera; Equipo de enfermería; Enfermería obstétrica.

RESUMO

Objetivo: descrever o perfil sociodemográfico e formativo dos enfermeiros que atuam na assistência ao parto de risco habitual. Método: Estudo quantitativo, descritivo e exploratório. Foram aplicados questionários com enfermeiros que atuam na assistência ao parto de risco habitual. Os dados foram submetidos à análise estatística descritiva e apresentados através de frequência relativa, absoluta e média. Resultados: Os colaboradores são do sexo feminino, idade média de 39,6 anos, nortistas, em união estável, com um dependente financeiro. Média de 8,6 anos de estudo e 4,3 anos de trabalho na assistência. Graduados em instituições particulares, não possuem especialização na área de enfermagem obstétrica ou saúde da mulher, não realizaram atualização na área. A aprendizagem sobre a temática ocorreu durante a graduação e prática profissional. A rotatividade das escalas e a afinidade foram fatores relacionados ao trabalho de assistência ao parto. Conclusão: Aconselha-se atualização, capacitação e educação permanente.

DESCRITORES: Saúde materna; Saúde na fronteira; Equipe de Enfermagem; Enfermagem obstétrica.

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INTRODUCTION

Brazil is experiencing an epidemic of unnecessary interventions in obstetric care, which culminate in higher rates of cesarean surgeries without indication, puerperal infection and maternal mortality. [1] In this regard, it is important to highlight that maternal death from preventable causes is intrinsically related to obstetric delays, among which the third type of delay is the delay in the identification of signs and symptoms of severity in pregnant women, parturients and postpartum women through the health professionals. [2,3]

In this perspective, obstetric nursing is related to childbirth care based on scientific evidence, with the adoption of interventions at appropriate times to maintain maternal and newborn health. [4] Thus, in order to reduce maternal mortality, it is necessary to offer safe obstetric care, in which health professionals exercise good practices in childbirth and birth and are in constant professional updating. [1,4-5]

In Brazil, Rede Cegonha is a public health program responsible for the implementation of a new model of attention to women's health that proposes improvements in care for women during pregnancy, childbirth and the puerperium, through healthcare practices based on scientific evidence. [6-7] To this end, it encourages the training of obstetric nurses, as it perceives the performance of this category as strategic in the parturition process, enabling comprehensive care, respecting childbirth as a physiological process and contributing to the improvement of maternal health. [6-7]

It appears that the North Brazilian region, as well as other countries that fall within the geographical and socio-cultural contexts of Amazonian borders, [8] they have some obstacles for safe assistance based on updated scientific knowledge, such as the scarcity of qualified professionals and little or no professional training to deal with the linguistic and cultural diversity of these regions. [9]

Thus, the following guiding question was asked: what is the formative profile of nurses who work in childbirth care of usual risk in regions of Amazonian borders? Thus, this study aims to describe the sociodemographic and training profile of nurses who work in childbirth care of usual risk in a reference hospital in the Franco-Brazilian border strip. Knowledge of the profile of these professionals can be used as a tool and subsidy for directing continuing education activities, corroborating for the professional qualification of the team and improving health care during labor, delivery and birth, as well as in the management of risks to health, in assessing the effectiveness of training and professional training programs.

METHOD

Type of study

This is a quantitative, descriptive, exploratory study, carried out in a reference hospital in attendance to childbirth of usual risk in an Amazonian border municipality.

It was specified as an inclusion criterion to be a nurse and to have already provided assistance to women in labor and childbirth at usual risk. The exclusion criterion was listed: being away from the service due to sick leave, of another nature or vacation.

The sample was of the census type, that is, all nurses who work at the referred hospital, which counts nine nurses, were invited. Six of these participated in the research. The absences were distributed on sick leave, vacation and a refusal to participate. Data collection was scheduled in advance, in the evening and at night, according to the monthly service schedule, in the period of September and October 2017.

It is noteworthy that the employees answered a structured questionnaire containing sociodemographic data and on the professional training profile for childbirth assistance. The questionnaire was delivered to the participants and returned to the researcher after completion.

The presentation and analysis of the data was guided by descriptive statistics, in which relative frequency (%), absolute frequency (n) and mean were defined.

Participants signed a Free and Informed Consent Form, in compliance with Resolution 466, of December 2012, which approves the guidelines and regulatory standards for research involving human beings. The project was sent to the Ethics Committee of the Federal University of Amapá, which was approved with opinion number 2.155.880.

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Table 01. Sociodemographic profile of the study population. Oiapoque, Amapá-AP, Brazil. 2021

	N	%	AVERAGE
Sex			
F	6	100	
M	0	-	
Age group			
20-29	1	16,7%	
30-49	4	66,6%	39,6
Above 50 years	1	16,7%	
Place of birth			
North	3	50%	
North east	1	16,7%	
Southeast	2	33,4%	
Marital Status			
Single	2	33,4%	
Married/Stable union	4	66,6%	
Widow (er)			
Financial dependents			
Doesn't have	1	16,7%	
1	3	50%	
2-3	2	33,4%	

Source: Research data, 2021.

Table 2. Professional profile of the study population. Oiapoque, Amapá-AP, Brazil. 2021.

	N	%	AVERAGE
Working time in childbirth care			
Less than a 1 year			
1-5 years	4	66,6%	4,3
More than 5 years	2	33,4%	
Undergraduate Institution			
Public	4	66,6%	
Private	2	33,4%	
Lato Sensu Specialization			
Doesn't have	2	33,4%	
Collective health	1	16,7%	
Health management	1	16,7%	
Family Health	2	33,4%	
Learning about obstetrics			
Graduation	4	66,6%	
Professional practice	2	33,4%	
Update courses	0	-	

RESULTS

The collaborators were mainly characterized by being female, with an average age group of 39,6 years of age, born in the North region, married or in a stable relationship and a financial dependent, shown in table 01:

They had an average of 4.3 years of work time in care. The graduation of employees was carried out in private institutions in the southeastern region. It is also verified that they have Lato Sensu specialization, but not in the area of obstetric nursing or women's health. Learning about obstetrics occurred marjorely during the undergraduate course and professional practice.

Those who did not update themselves in the area of sexual and reproductive health predominated. When asked why they work in the area of women's health, it was found that the turnover of the scales and the affinity with the area were the main factors mentioned. The desire to change the area of activity was expressed by some, through the justifications of work overload and professional devaluation. As we can see in table 2:

DISCUSSION

The nursing team that works in assisting labor, delivery and birth on the Amazon frontier is predominantly female. These data are consistent with the profile of Brazilian nurses, in which women account for 84,6% of the workforce. 10 It can be seen on this aspect that, historically, the responsibility for work linked to care relationships in general, both in a paid and professional way, as well as unpaid work in the private sphere, is attributed unevenly and as a priority to women. [11]

These ideological bases naturalize a process of devaluation of care-related professions, in which less pay, poor working conditions, exhaustive shifts, overlapping work contracts, shortages or inadequacy of personal protective equipment (PPE) are observed. [11-12] In this sense, a study comparing the health and disease processes between nurses and nurses observed

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Professional refresher courses in the area of sexual and reproductive health		
Did not perform	4	66,6%
Performed more than 2 years ago	2	33,4%
Performed less than 2 years ago	0	-
Motivation to work in women's health		
Scale turnover	3	50%
Affinity with the area	3	50%
Motivations to the desire to modify the professional practice area		
Work overload	6	100%
Professional Devaluation	5	72,7%

Source: Research data, 2021.

that nurses expressed higher levels of wear than men, through experiences that highlight the presence of tiredness and work overload, related to the double work hours, related to care for children and other family members. [13-14]

In this study, it is also verified that the verbalization about dissatisfaction with the workday and devaluation about work was present. It is emphasized on this aspect, that, in order to offer quality care, it is necessary to have an understanding about professional exhaustion, which becomes an impediment to safe care. Thus, there is a need for public policies that promote decent wages and working hours.

With regard to naturalness, it is noteworthy that the labor force involved in childbirth assistance on the border in question is predominantly composed of migrants from other Brazilian states, with an emphasis on the north and northeast regions. This aspect is observed in other professional categories, in which there is labor from other locations.[8,15-16] As for marital status, it appears that the presence of a partner can offer comfort, in a scenario in which the professionals are far from their hometown, as they are mostly natural from different places to those who develop their work activities. A recent study observed that the marital status influenced the psychological domains, level of independence, social relations and environment, in which individuals who have a partner had better quality of life scores when compared to those who did not. [17]

It is observed that the average number of years of studies is lower when compared to nurses who work in childbirth care in large urban centers. [10] Although the employees have Lato Sensu postgraduate certification, they do not provide training to work in the field of obstetric nursing and assistance to women's health, childbirth and birth. This profile was observed in other states in the North region, in nurses who work in childbirth care. [18]

The lack of specialization in the obstetric area is referred to in the literature as an impediment to safe care, as in addition to not ensuring technical skills, the lack of specific training leads to a decrease in the autonomy of the nursing team. [8,19] In addition to the listed factor, training in obstetric nursing is associated with a reduced number of unnecessary interventions during labor and delivery [19], the use of good childbirth and birth practices and the encouragement of breastfeeding in the first hour of life. [20]

The formative deficit and the lack of training of the obstetric nurse is pointed out in the literature as one of the factors associated with the difficulty in exercising the good practices of childbirth and birth recommended by the World Health Organization. The literature also inferred the dichotomy between professional practice and legislation, in addition to the resistance of medical professionals to the performance of obstetric nursing.[21] It is also noted that permanent education does not occur on a routine basis, which makes it difficult to develop a collaborative attitude among the team. [21]

The presence of obstetric nurses in hospital institutions is capable of reconfiguring the care model, contributing to changes through an autonomous, collaborative and quality action in compliance with national and international public health policies related to labor, delivery and birth. [4,23] In this regard, it is seen the need to offer permanent education on the part of public management to working professionals and to newcomers, in order to strengthen professional practice, guiding nursing care to families experiencing habitual risk delivery in the best scientific evidence.

CONCLUSION

The study concluded that the formative profile of nurses who work in childbirth care of habitual risk in a reference hospital in the Franco-Brazilian frontier area provide updating, training and permanent education in this care area. This investigation presents preliminary results on the professional profile of nurses working in assisting labor, delivery and birth in areas of Amazonian borders, corroborating future investigations on specialized professional education and its interfaces with the reality of obstetric care provided to society.

The knowledge about the profile and training skills of these professionals may provide subsidies for directing training activities, providing greater professional qualification and, consequently, improving assistance to labor and delivery. Study limitations were the refusal of three nurses for the following reasons: vacation, sick leave and refusal to participate, which makes it impossible to generalize the findings. The study presented is an example not only of the specific reality analyzed, but is inserted as a prototype of a more amplified context, experienced in remote areas. ■

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