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Nurse Profile in the classification of risk in obstetric emergency

Perfil de la enfermera de acogimiento con clasificación de riesgo en una emergencia obstétrica

Perfil da enfermeira no acolhimento com classificação de risco em uma emergência obstétrica

ABSTRACT

Objective: to identify the profile of nurses working in a public maternity hospital at the reception with risk classification of an obstetric emergency. **Method:** this is a descriptive and exploratory research, carried out between the months of October and November 2020 through an online questionnaire. **Results:** when analyzing the questionnaire answered by the nurses who participated in the study working in the Reception sector with Risk Classification of maternity, it is noticeable that the public is predominantly of young, black and brown women, with an average of 38 years of age and from private education colleges in the city of Salvador Bahia, with an outsourced labor contract, and 62.5% with a double bond. **Conclusion:** this profile makes it possible to identify the design of professionals working in the risk classification rooms in obstetric emergencies and may be the way to point out the reality of the precariousness of bonds in public health services.

DESCRIPTORS: Job Description; Emergencies; Nursing; Obstetric Nursing; Nurse's Role.

RESUMEN

Objetivo: identificar el perfil de enfermeras que laboran en una maternidad pública en la recepción con clasificación de riesgo de emergencia obstétrica. **Método:** se trata de una investigación descriptiva y exploratoria, realizada entre los meses de octubre y noviembre de 2020 a través de un cuestionario online. **Resultados:** al analizar el cuestionario respondido por las enfermeras que participaron del estudio laborando en el sector de Recepción con Clasificación de Riesgo de la maternidad, se nota que el público es predominantemente de mujeres jóvenes, negras y morenas, con un promedio de edad de 38 años. y de los colegios privados de educación de la ciudad de Salvador Bahía, con contrato laboral tercerizado, y el 62,5% con doble vínculo. **Conclusión:** este perfil permite identificar el diseño de los profesionales que laboran en las salas de clasificación de riesgo en emergencias obstétricas y puede ser la forma de señalar la realidad de la precariedad de los vínculos en los servicios públicos de salud.

DESCRIPTORES: Perfil Laboral; Urgencias Médicas; Enfermería; Enfermería Obstétrica; Rol de la Enfermera.

RESUMO

Objetivo: identificar o perfil das enfermeiras atuantes em uma maternidade pública no acolhimento com classificação de risco de uma emergência obstétrica. **Método:** trata-se de uma pesquisa descritiva e exploratória, realizada entre os meses de outubro e novembro de 2020 por meio de um questionário online. **Resultados:** ao analisar o questionário respondido pelas enfermeiras que participaram do estudo atuantes no setor de Acolhimento com Classificação de Risco da referida maternidade, é perceptível que o público é predominantemente de mulheres jovens, pretas e pardas, com média de 38 anos de idade e oriundas de faculdades do ensino privado da cidade de Salvador Bahia, com contrato de trabalho terceirizado, e 62,5% com duplo vínculo. **Conclusão:** este perfil possibilita identificar o desenho dos profissionais atuantes nas salas de classificação de risco nas emergências obstétricas e pode ser o caminho de apontar a realidade da precarização dos vínculos nos serviços públicos de saúde.

DESCRIPTORES: Descrição de Cargo; Emergências; Enfermagem; Enfermagem Obstétrica; Papel do Profissional de Enfermagem.

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INTRODUCTION

The great demand for healthcare services in urgent and emergency units in Brazil, reveals the importance that generated the reflection on the relevance of the development and quality of the screenings in serving the population. The reception with risk classification (ACCR - acolhimento com classificação de risco) was developed as a strategy to improve care in urgent and emergency units, optimize care, minimize possible complications caused to patients by overcrowding of health services, being the gateway to the service, establishing a trust relationship between professional and client.¹

The ACCR makes it possible to direct the patient to the treatment area and/or medical specialty best suited to their need, with professional nurses qualified to work in the classification room, through the nursing consultation, for this purpose, the nurse based on in a protocol recommended by the institution, it classifies the user using a color system.²

In the case of an obstetric emergency, the ACCR presents specificities unique to the needs and demands related to the pregnancy process, which can often mask situations of clinical

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emergencies that require the skills of properly trained professionals.

One of the important factors to be observed is the professional qualification, as the Reception Policy with Risk Classification understands the importance of training and experience in urgent/emergency care, which guarantees a more effective, humane and accurate clinical sensitivity.³ In this way, professional qualification has an impact on the quality of service, waiting time and results in better results in the care of nurses and in the recovery of the health of pregnant women who await care.

Given the relevance of the services provided by nurses in the ACCR rooms of obstetric emergencies, the following questions emerged: Who are the nurses working in the ACCR room of the obstetric emergency of a public maternity hospital in Salvador? What kind of training does this professional have? What kind of professional bond do these nurses have in the institution to which they belong? This study aimed to identify the profile of nurses working in the reception with risk classification of an obstetric emergency in a public maternity hospital in Salvador.

METHOD

Exploratory research with a quanti-

Table 1. Distribution of Nurses by socio-demographic profile, Salvador, BA, Brazil, 2021.

AGE GROUP	N	%
	16	100,0
26-34	6	37,5
35-40	4	25,0
41-46	3	18,7
47-57	3	18,7
SEX	16	100,0
Female	14	87,5
Male	2	12,5
Ethnicity	16	100,0
Black	6	37,4
Brown	5	31,3
White	5	31,3
Indigenous	0	0
Yellow	0	0

Source: research data.

Table 2. Distribution of Nurses by Professional Qualification, Salvador, BA, Brazil, 2021.

POST-GRADUATION	N	%
	16	100,0
Yes	16	100,0
No	0	0
Specialization	14	87,4
Master	1	6,3
PhD	0	0
None	1	6,3
Specialization area		
Obstetrics	3	18,8
Emergency	2	12,5
ICU	4	25,0
Others	7	43,7

Source: research data.

Table 3. Distribution of participating nurses by professional profile, Salvador, BA, Brazil, 2021.

TYPE OF LINK	N	%
	16	100,0
Statutory	1	6,2
CLT	15	93,8
NUMBER OF LINKS		

tative approach carried out in the State of Bahia, city of Salvador, with nurses working in the ACCR room of a public maternity hospital in Salvador. The inclusion criteria adopted were: the participants worked in the room with a risk rating and with more than six months of experience in that maternity hospital. Subjects who were excluded from the research were: nurses who were on sick leave or on vacation, who did not complete the complete and correct filling out of the instrument or were unable to answer the questionnaire, and finally those who could not locate the telephone contact with instant messaging application registration.

The collection started in the second semester of 2020 between the months of October and November, through the application of a questionnaire available in the Google Docs[®] application, being forwarded through the email and telephone number previously requested. This had two parts: one concerning the sociodemographic profile of the participant with ten questions, and the other about training data and professional profile with nine questions.

The interpretation of the collected data was made by descriptive statistics in which they were organized and analyzed by means of an electronic spreadsheet then discussed among the authors. As for ethical procedures, the present study was approved by the Research Ethics Committee of the Catholic University of Salvador (CEP/ UCSal) under opinion No. 3,791,490 and CAEE 25933119.0.0000.5628. The participants signed the Free and Informed Consent Term (ICF), respecting Resolution No. 466/12 of the National Health Council (CNS - Conselho Nacional de Saúde), which talks about research with human beings giving consent in a virtual way after reading, in which it was only possible to continue the process after acceptance.

RESULTS

Of the 16 nurses working in the

1	5	31,2
2	10	62,5
More	1	6,3
FAIXA SALARIAL		
1 to 2 minimum wages	7	43,7
3 to 4 minimum wages	4	25,0
5 to 6 minimum wages	4	25,0
Above 6 minimum wages	1	6,3

Source: research data.

ACCR room at the maternity hospital studied, the digital collection instrument (DCI) was sent via message via the instant messaging application to nurses who met the inclusion criteria (n= 16). Thus, 16 nurses from the maternity hospital in question were analyzed. Table 1 describes the nurses' characterization by socio-demographic profile.

Regarding training, the following table elucidates the percentages referring to the variables studied:

Regarding the professional profile, Table 3 presents the findings:

DISCUSSION

As for the study participants, there was a predominance of females and the age range varied between 26 and 56 years of age. These findings corroborate several studies in the area, even with the new tendency of some studies to present rejuvenation and an acclivity in the masculinization of the profession.⁴⁻⁶

The predominance in female nursing found in the study is expected and shared by other researchers. A study on the profile of nurses in Cape Verde - Africa, elucidates that such a profile is justified by the cultural feminization of the profession attributed to the care to an action inherent to the female gender, a relationship that still persists today in the process of care in society, maintaining connections of female participation in Nursing.⁷

As for race/color, the majority is sel-

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f-declared as black and brown (68,7%). Access to professional qualification is closely related to the possibilities that individuals from different ethnic groups and income levels have in society. Since the time when Brazilian nursing was conceptualized as modern until today, there has been a commitment by segments of organized civil society to develop public policies that repair the long period in which the black population's access to education was restricted.⁸

With regard to academic training, most are from private higher education institutions. This data reflects the actions and incentives of the public policies of the Brazilian government in the 2000s, which aimed to facilitate the access of different social strata in public and private universities, through both the implementation of partial or full quotas and scholarships as well as in expansion of the private sector and/or the possibility of student financing.⁹

Regarding training, a significant percentage (94,2%) of nurses who have already attended or are attending some type of postgraduate course is noted. It is noteworthy the large contingent of professionals who have specialized, of these, 31,3% have specialized training in the area of emergency and obstetrics. This information is an important finding, as the Reception Policy with Risk Classification recommends that nurses preferably have qualification and/or experience in urgent and emergency services. The ACCR nurse must act quickly, this requires expertise, dexterity and skill with the capacity for accurate clinical judgment.²

Corroborating the finding of this research, another study carried out in Cape Verde, the regulatory policy of the profession has been demanding better training for professionals, thus encouraging the search for the technical and scientific qualification of nurses with the aim of improving the quality of services.⁷

In terms of employment, in the spe-

cific sector studied, 93.8% of nurses had an outsourced work relationship. This new conjuncture of public hospitals is a strategy of replacing personnel with a supposed and unproven idea of improving service provision, which has several consequences for the management of health services, such as: job instability, high staff turnover, discontinuity of work processes, attack on labor rights, wage standards and working conditions.¹⁰

When analyzing the salary of nurses working in the sector studied, a wide variation was identified in this variable, with an average value of R\$ 3.300,00. This fact makes us reflect on the absence of legislation that ensures workers in the nursing field a mini-

mum wage and working hours, which, associated with the fragile political organization, exposes them to the interests of employers and leaves them susceptible to different salaries, be it in the public or private sector.

A study carried out in 2015 on the salaries paid to nurses, found that the average remuneration for nurses was between R\$ 3.999,17 and R\$ 4.030,67.¹¹ This data, in comparison with the present study, identifies that the general average salary of nurses with outsourced employment is not equivalent. The high number of wages between one and two minimum wages reflects a predominance of low wages paid to nurses, as shown by a study by the International Council of Nurses.¹² The

low salaries of nurses in the public service network associated with outsourcing can mean a clear way of making the nurse's work precarious.

CONCLUSION

Identifying the profile of nurses working in the ACCR and recognizing them through this study, enables the possibility of new horizons that contribute to rethinking the management and professional profile of health services and unveiling a set of elements that can be deepened from other research, in order to explore categories of analysis of both the work process and precariousness that were not covered in this study. ■

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