

NURSE'S PRACTICE IN WELCOMING WITH RISK CLASSIFICATION: A META-SYNTHESIS STUDY

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ABSTRACT

This study aimed to analyze, by means of meta-synthesis of the literature, the role of nurses in the Welcoming with Risk Classification (ACCR) in Hospital Emergency Services (SHE). In the Systematic Literature Review step, we selected nine scientific articles to compose the meta-synthesis. The analysis of primary data enabled the collation of two synthesis-values: The role of nurses in the implementation of the ACCR in SHE; and The role of the nurse in the process of operationalization of ACCR in SHE. It was possible to recognize nurses as the protagonist in the deployment of the device studied, because it is responsible for the actions of great impact to the success of this step. Although important, the performance of this professional in the operationalization of the ACCR is not entirely clear why the risk classification is also performed by nurses and mid-level it diverges is the recommended by the Health Ministry.

Palavras-chave: Nurse's role. User embracement. Triage. Emergency service hospital.

INTRODUCTION

The scientific and technological advances in various fields of knowledge have influenced the lifestyle and health condition of people around the world. In regard to the economic and social development of each country, epidemiological changes also affect the health care processes, including the balance between supply and demand for their services^(1,2).

At the national level, with increasing exacerbation of chronic conditions, the high incidence of health problems due to external causes and by reduced resoluteness in primary care⁽¹⁾, there was an increase in the use of Hospital Emergency Services (HES)⁽²⁾ defined as hospital units for service cases with maximum speed⁽³⁾ that, in our country, are quantitatively insufficient, and have become overloaded and long lines to meet an ever-increasing number of

users⁽⁴⁾.

While the need for improvements in quality of care in SHE is recognized⁽⁵⁾, the ways to achieve them are complex because they depend a concatenated set of actions that include better resolution of cases in the primary health care network; integration between public and private networks; appropriate regulatory contracts, based on a responsive care model to the health needs of the users and professionals; and also the existence of a set as complete as possible of protocols and service devices⁽⁶⁾, such as Home with Risk Rating (ACCR), proposed by the Ministry of Health (MOH) of Brazil⁽³⁾.

The ACCR appeared in 2004 to reorganize the health care process in SHE and thus it ensures service to all demand and prioritize the most serious cases⁽³⁾. In this context, the ACCR consists of a guided device in the ordination of care through a severity classification system, usually represented by colors, according to

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clinical criteria established in institutionalized protocols⁽³⁾.

In general, the actions of welcoming for user, which are based on soft technologies, i.e. relational nature, are held by any professional acting in SHE, who is qualified and prepared to do so⁽⁷⁾. However, the graduate nursing professionals is responsible for the procedure and risk classification evaluation, and judgment on the case of each user's worsening potential⁽³⁾.

In relation to the work of nurses in the context of SHE, their responsibility to ACCR is emphasized in order that in the services the performance of this business involves specific and joints necessary for the care management of patients with complex needs, which requires scientific improvement, technological management and extensive humanization⁽¹⁾.

Although the proposal of the ACCR to highlight the role of the nurse and some studies related to the topic are emerging in an integrative review of the literature found that, in Brazil, research on nursing work in ACCR are still incomplete⁽⁸⁾. This reinforces the idea that it is difficult to find specific research on the problem at hand, which can be explained also by the fact that the role of nurses in the ACCR is a recent phenomenon⁽⁹⁾, and therefore deserves to be investigated to further explore the functional design of this professional in the management of this care management device.

Studies focusing on the work of nurses in that context reflective and systematic manner are important because new interpretations of data can deepen the results described by previous research, clarifying certain phenomena that can contribute positively to the quality of care. Thus, the present study aims to analyze, through meta-synthesis, the work of nurses in the ACCR in SHE.

METHODOLOGY

Metasynthesis literature aims to integrate primary qualitative findings forming, subsequently, interpretive synthesis data⁽¹⁰⁾. In this sense, this method explores new perspectives of the results, which may not have been addressed in any primary research report, since the analysis of each scientific product selected, and the sample as a whole, generates a

synthesized and systematic perspective of primary outcome⁽¹¹⁾.

In the application of the proposed method, initially there was a systematic review of the literature, which has its foundations in guiding question: "Considering the application of ACCR in SHE, what does the scientific literature discuss about the nursing work in the Brazilian context?" The justification for the delimitation of the study the scope of the Brazilian scientific production is based on the fact that the ACCR is a product of the National Humanization Policy⁽³⁾.

The search for articles which correspond to the stated issue was held in May 2015 on the databases Latin American and Caribbean Health Sciences (LILACS), Bibliographical Index Español de Ciencias de la Salud (IBECS), Medical Literature Analysis and Retrieval System Online (MEDLINE) and Scientific Electronic Library Online (SciELO); all covered by the Virtual Health Library (VHL). For this, it was held search with Boolean expressions in different combinations with the key words "Welcoming", "Hospital Emergency Service", and also with the uncontrolled search terms "Role of the Nurse" and "Risk Rating". In addition to the criteria, the evaluation of the included studies was based on the stratum Qualis Capes on the nursing field, in the three years from 2010 to 2012.

They included original scientific articles with a qualitative approach or experience reports; available in its entirety; published between January 2004 and December 2014; limited to Portuguese, English or Spanish, since, on the Brazilian context. The chosen time frame was intentional by the possibility of investigating ten years of scientific production, since the year 2004 marks the release of the ACCR as the national humanization policy device⁽³⁾. Thus, after the phase of location, from reading the title and abstract; they were identified 26 articles for consideration in their entirety; which, after application of refinement criteria, finalized the selection of 11 articles for analysis (Figure 1).

The articles selected were coded randomly in Roman numerals (I, II, III, XI ...), respecting the premise of the method chosen for the selected material according to a sample⁽¹¹⁾ and also to show the difference of the manuscripts with literature used to support the discussion.

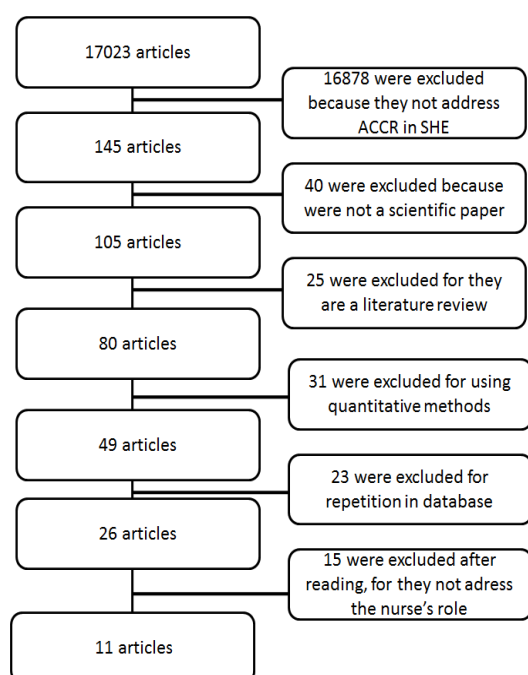


Figure 1. Selection of articles for analysis. Brazil, 2004-2014.

Regarding the results, it is worth mentioning that in this meta-synthesis the method of aggregation was used, in which the results are presented and discussed according to the fusion thematic similarities found in the studies⁽¹²⁾. Finally, there was the synthesis of knowledge evidenced in analyzed articles whose information learned through the analysis of the data were grouped into two categories, themes and/or central synthesis values, as suggested by the literature⁽¹¹⁾, which relate the nurse's performance in the implementation and operationalization of the ACCR.

RESULTS AND DISCUSSION

That is to say, in Table 1, are set up relevant information to reference data, type of research and Qualis extract, the analyzed articles.

It is observed in Table 1 that most of the articles in our sample were stratified published in journals in Qualis B1 or B2. This data can be an indication of the difficulty of publishing studies grounded in qualitative approach in high impact periodicals, classified stratification A1 and A2. This is borne out by the literature^(22,23) to mention that this and other problems may be arising from difficulties inherent in the method, which can be questioned as to the validity and sufficiency of the data gathered.

It should be noted, however, that the study of typology in question is important for the dissemination of knowledge in health and nursing, because it has potential for analysis of difficult issues to be described by another approach and/or research methods⁽²²⁾. Therefore, it is considered important that researchers continually refine their ways of investigating that, through the publication of research results, the contribution to the researched area of expertise is always approached with reality.

As already mentioned, the metasynthesis aims to provide an innovative approach of results that may not be found in any primary research report. In this sense, the analysis of each scientific product, as well as all selected sample, provides a concise understanding of a phenomenon investigated⁽¹⁰⁻¹²⁾, which in this case is the work of nurses in the ACCR in SHE.

Nurses' performance in deployment phase of ACCR in SHE

The importance of nurses in device implantation phase of ACCR was highlighted in 11 articles (Articles I, II, III, IV, V, VI, VII, VIII, IX, X and XI) which, among other things, their management skills were highlighted, for the top management of the hospital organization or other members of the health team. Moreover, it is noted that this professional, in the ACCR deployment process by exercising leadership role, acts as integrator and coordinator in the health team (Articles V, VI and VII).

Despite the nurse's leadership action, it is known that this has historically linked functions to managerial work that are performed since its formation process and should be present when inserted in the labor market⁽²³⁾. Therefore, it is considered that the findings about the nurse's performance in the implementation of assistance devices such as the ACCR are ways to reaffirm the importance of their work in the success of health actions.

The implementation of the ACCR in SHE, the nurse has been assigned the activity to raise awareness among health professionals and hospital managers. In addition, it is up to them to create multidisciplinary working groups; plan the physical, material and human resources; create institutional protocols for users risk rating and; train professionals working in the SHE (Articles V, VII, X and XI).

Chart 1. Characterization of the articles in relation to the nursing actions in ACCR in SHE in Brazil. Brazil, 2004-2014.

N	REFERENCE	TYPE OF RESEARCH	QUALIS EXTRACT
I	⁽¹³⁾ Zanelatto DM, Dal Pai D. Práticas de acolhimento no serviço de emergência: a perspectiva dos profissionais de enfermagem. <i>Cienc. Cuid. Saúde</i> . 2010; 9(2): 358-65.	Descriptive	B2
II	⁽¹⁴⁾ Shiroma LMB, Pires DEP. Classificação de Risco em Emergência – um desafio para as/os enfermeiras/os. <i>Enfermagem em Foco</i> . 2011; 2(1): 14-7.	Descriptive	B2
III	⁽¹⁵⁾ Nascimento ERP, Hilsendeger BR, Neth C, Belaver GM, Bertoncello KCG. Classificação de Risco na Emergência: Avaliação da Equipe de Enfermagem. <i>Rev Enferm UERJ</i> . 2011; 19(1): 84-8.	Descriptive	B1
IV	⁽¹⁶⁾ Nascimento ERP, Hilsendeger BR, Neth C, Belaver GM, Bertoncello KCG. Acolhimento com classificação de risco: avaliação dos profissionais de enfermagem de um serviço de emergência. <i>Rev. Eletr. Enf</i> . 2011; 13(4): 597-603.	Descriptive	B1
V	⁽⁹⁾ Bellucci Junior JA, Matsuda LM. Implantação do Acolhimento com Classificação de Risco em Serviço Hospitalar de Emergência: Atuação do Enfermeiro. <i>Cienc. Cuid. Saude</i> . 2012; 11(2): 396-401.	Experience report	B2
VI	⁽¹⁷⁾ Zem KKS, Montezeli JH, Peres AM. Acolhimento com Classificação de Risco: concepção de enfermeiros de um pronto socorro. <i>Rev Rene</i> . 2012; 13(4): 899-908.	Descriptive	B1
VII	⁽¹⁸⁾ Fernandes FSL, Lima BS, Ribeiro MN. Welcoming with Risk Classification in the Hospital São Paulo's Emergency Department. <i>Acta Paul Enferm</i> . 2012; 25(spe 2): 164-8.	Experience report	A2
VIII	⁽¹⁹⁾ Guedes MVC, Henriques ACPT, Lima MMN. Acolhimento em um serviço de Emergência: percepção dos usuários. <i>Rev Bras Enferm</i> . 2013; 66(1): 31-7.	Descriptive	A2
IX	⁽²⁰⁾ Neto AVL, Nunes VMA, Fernandes RL, Barbosa IML, Carvalho GRP. Humanization and reception in hospital emergency: conditioning under the look of nurses. <i>J Res Fund. Care</i> . 2013; 5(4): 519-28.	Exploratory	B2
X	⁽⁷⁾ Belluci Júnior JA, Matsuda LM. Implantação do sistema acolhimento com classificação de risco e uso do fluxograma analisador. <i>Texto & Contexto Enferm</i> . 2012; 21(1):217-25.	Experience report	A2
XI	⁽²¹⁾ Lima FET, Magalhães FJ, Moura AF, Queiroz APO, Matos DPM, Bezerra MS. Capacitação profissional sobre protocolo de acolhimento com classificação de risco em pediatria. <i>Rev Rene</i> . 2012; 13(1):211-9.	Experience report	B2

As regards the planning of resources (physical and human) for the implementation of ACCR in SHE, it should be noted that nurses assume important responsibilities, since some actions as building room to perform the nursing consultation and adequacy of nursing staff on the scale of work

referred to in articles V and X, directly affect care in ACCR and therefore should be permanent focus of the nurse's attention.

Still in the implementation phase, in Articles VI, IX and XI, they stated that the training of workers is recognized as one of the key activities for the success of the ACCR in SHE and also one of the nurse's duties.

Therefore, it is necessary, and properly trained, professionals of these services and hospital are aware of the importance and objectives of the ACCR, as pointed out in Articles V and X.

Under the focus of this study - the work of nurses of ACCR in SHE - it is mentioned that the training of professionals for the implementation of ACCR device must be linked by the entire staff, as stated in the above studies. However, Article XI highlights the work of nurses to self-empowerment, so that during and after the implantation of this device on pediatric SHE, the trader is able to reorganize the work process in the emergency service in line with the assumptions of the ACCR. This concept reaffirms the importance of nursing management work, given that the organization of work is an elementary administrative action inherent to its labor exercise⁽⁶⁾.

Another important facet of the education of nurses work in the context of the implementation of ACCR concerns the orientation of users seeking the SHE resolutions of problems that could be treated at the primary health care network (Articles I, II, III and VII). This is often found in reality of Brazil, the inefficiency of the system of reference and counter between SHE and non-hospital services^(1,4,5). Thus, the guidance to users looking for the right service, provided by nurses working in SHE, may be a simple and effective way to promote proper counter-demand "non-urgent", as shown by Article VII.

Despite recognition of the importance of the educational work of nurses with users, controlling of demand considered likely to be met in less complex services during the implementation of the ACCR in SHE does not guarantee the achievement of this goal. Therefore, another important aspect to be considered by the nurse in the implementation of this provision relates to the collaboration with the managers (mainly municipal) to establish pacts between hospitals and other health services, in the sense that they take responsibility for less urgent assistance and thus to guarantee access and continuity of care to the entire population (Article III).

Also in the context of the implementation of ACCR in SHE, another important activity carried out by the nurse, pointed out in articles V and VII, relates to the establishment of care, systematic and institutionalized protocols. This is important information for effective action by the clientele, but for this it is necessary that the nurse is aware of the epidemiological reality of SHE; count on the active participation and collaboration of other health team members and conduct thorough consultation in the scientific literature to the subject (Articles V and VII).

It is important to remember that the development of institutional protocols to direct the evaluation of the nurse at the time of risk classification should be based on the consensus established with medical staff⁽³⁾. In this sense, it is necessary that there is co-responsibility of both parties - nurses, doctors and other professionals - to the success of ACCR, and especially to avoid potential ethical and/or legal professional nurses.

It is noted on Article X that the construction of an analyzer flow chart led by nurses not properly understood as a protocol, but also as an investment instrument to work organization, it was based on agreements between the active multi-professional team in the SHE, in São Paulo. In this respect, even if initially there was resistance from some professionals, especially doctors, the construction and deployment of such a flow chart associated with the ACCR were successful (Article X).

In short, the studies that supported this research show that the nurses' performance in ACCR/SHE is wide and great impact on the success of its implementation because the nurse carries out the performance of resource planning actions (material, physical and human); educational and integrative activities with staff and health users and also create care protocols for the implementation of risk classification stage.

Nurses' performance on implementation phase of the ACCR in SHE

The nurse is an important professional to the operation of ACCR in SHE by stopping clinical knowledge and communication skills that make

them better prepared to carry out the risk assessment (Articles II, IV, V, VI, VII and X). In addition, HM⁽³⁾ designated the nurse as a professional responsible for risk classification in SHE, which is the first stage of operation of the ACCR.

Although the nurse is responsible for the risk classification procedure⁽³⁾, Articles I and XI, do not show clearly which category of nursing staff or even professional outside of the health sector is responsible for this procedure in the investigated site. This is because in the first study states that the user's primary contact in the SHE is with a technical-administrative professional (security), whom although without technical preparation to clinically evaluate the user, performs the prior judgment about the health condition thereof (product I).

Still on the nurse's performance of incongruity in the risk classification of ACCR in Article I it is pointed out that after the first contact that the user receives the service with a professional outside of the technical staff of health, it concerns his complaint for nursing technician and this is responsible for the planning of care in SHE performed by risk rating.

The ACCR, about the professional technically not able to risk classification, is reported similarly in another study⁽²⁴⁾, and Article I, that was held in a SHE in the city of Porto Alegre and is based that the rating actions are assignment of professional technicians and nursing assistants who have received training of 80 hours, offered by HM. In contrast, Article VI is mentioned that the very nurses highlight the unpreparedness of the average level of nursing staff in relation to the ACCR, since they did not receive formal educational activities to operationalize the risk classification, as these activities were aimed at only professional nurses.

Given the above, it is clear that the nurses' performance in ACCR with respect to the operationalization of risk classification is sometimes not fully clear, since there is evidence that disagree with what is recommended by the HM⁽³⁾. This is alarming, as the procedure to assess and classify the risk of people's health demand thorough technical and scientific knowledge to carry out the clinical

evaluation and decision-making involving different skills in the context of nursing care are private of nurse⁽²⁵⁾.

The nurse, as a responsible for risk classification, has to decide on the continued care of each user who enters the SHE and this places them as prominent subject to the operationalization of the ACCR.

The nurse acts, therefore, as a director and service advisor to the operationalization of the ACCR in SHE, contributing to the greater speed of service and reduction of long waiting lists (Articles VIII and X). Thus, their performance in SHE, conducting the assessment and classification of each case, certainly contributes to the service is ordered and decisive.

It is recognized, however, that for the operationalization of the ACCR, the duties of nurses are not limited to the risk classification procedure. This is because, in exercising leadership role, these professionals can facilitate the process of communication between members of the healthcare team and collaborate so that the ACCR is not limited to choosing who will be or not attended the service. This practice is counterproductive because it is a form of exclusionary screening, choosing who will be or not treated at emergency service^(3,5).

In the Articles VI and VII it is pointed out that the ACCR needs information and consistent communication between all professionals for the humanization and acceptance permeate all stages of care. In this practice, everyone should take responsibility for the service user so that the work of the health team converges to solving the problems of assisted clients (Article I).

During the operation of the ACCR, the work of nurses depends on the multidisciplinary team, especially in an emergency situation, and the difference between life and death of the patient depends on the orderly and synchronized work of professionals, as well as its flexibility to use different technologies for the assistance of severe cases⁽³⁾. Added to this, in Article VII it is highlighted the importance of the participation of social workers and nursing technicians in practice the welcoming, which is characterized as an action based on soft technologies and interpersonal relationships,

important in all cases seen at SHE, regardless of seriousness of the case^(3,7).

In Article VI, which covers about a survey conducted with eight nurses from a philanthropic hospital in large city of Curitiba-PR, it was found that the ACCR should be represented by shares of all SHE professionals; it became apparent in the study that only nursing is not sufficient. In this context, the research points out that the operationalization of the ACCR, nurses need to establish links with the medical staff, social care, nutrition and psychology (Article VI).

In most studies reviewed they reported that the operationalization of the ACCR in SHE nurse engages and takes actions both in the user acceptance phase (phase in which they receive support from other health professionals) as the risk classification phase. However, there are studies^(13,21) which indicate that nurses do not always run the risk rating, as it is advocated in the allusive existing policies in this device.

FINAL CONSIDERATIONS

From the primary results of 11 scientific articles, two categories were seized, "Nurses' performance in deployment phase of ACCR in SHE" and "Nurses' performance in the operation phase of the ACCR in SHE".

The first category or the study of the synthesis value indicates that the nurse in the implementation of ACCR in SHE performs planning activities of various resources;

educational activities with staff and users, and also elaborates care protocols that support the effectiveness of the device deployment.

In turn, the second category indicated that the nurse is also an active participant in the operationalization of the ACCR, because this professional performs actions of reception and risk classification. Nevertheless, a worrying fact was observed: the risk rating is not always performed by nurse. Therefore, it is considered that the nursing actions in ACCR/SHE, in the Brazilian context, are fundamental to the implementation of this device, but its field of action (or protagonism) in the risk classification is not effectuated yet.

As limitation of this study we emphasize the analysis of publications investigating only the nurses' performance in ACCR, in Brazil. In what refers to the advance, this study produced results that, in a systematic way, address the nurse's performance in an important humanizing device, planning and qualification of emergency assistance and that can mean a quick and possibly safe environment for managers, professionals and researchers to appropriate the knowledge relevant to the topic.

To promote the implementation of the ACCR in SHE, we suggest studies that have as an object, for example, the evaluation of different health team professionals and users on the implementation of the same in SHE. In addition, the accuracy of classification, when it is done by different professionals, is another aspect that deserves to be investigated.

ACÇÃO DO ENFERMEIRO NO ACOLHIMENTO COM CLASSIFICAÇÃO DE RISCO: UM ESTUDO DE METASSÍNTESE

RESUMO

Estudo que teve como objetivo analisar, por meio de metassíntese, a atuação do enfermeiro no Acolhimento com Classificação de Risco (ACCR) em Serviço Hospitalar de Emergência (SHE). Na etapa de Revisão Sistemática da Literatura, foram selecionados 11 artigos científicos para compor a metassíntese. A análise dos dados primários possibilitou o agrupamento de dois valores-síntese: a atuação do enfermeiro na fase de implantação do ACCR em SHE e a atuação do enfermeiro na fase de operacionalização do ACCR em SHE. Foi possível reconhecer o enfermeiro como protagonista na fase de implantação do dispositivo estudado, pelo impacto que suas ações exercem para o sucesso desta etapa. Apesar de importante, a atuação desse profissional na operacionalização do ACCR não é totalmente clara porque a classificação de risco também é, por vezes, realizada por profissionais de enfermagem de nível médio e isso, diverge com o que é preconizado pelo Ministério da Saúde.

Palavras-chave: Papel do profissional de enfermagem; Acolhimento; Triagem; Serviço hospitalar de emergência.

ACTUACIÓN DEL ENFERMERO EN LA ACOGIDA CON CLASIFICACIÓN DE RIESGO: UN ESTUDIO DE METASÍNTESIS

RESUMEN

Estudio que tuvo como objetivo analizar, por medio de la metátesis, la actuación del enfermero en la Acogida con Clasificación de Riesgo (ACCR) en Servicio Hospitalario de Urgencias (SHU). En la etapa de Revisión Sistemática de la Literatura, fueron seleccionados 11 artículos científicos para componer la metátesis. El análisis de los datos primarios permitió el agrupamiento de dos valores-síntesis: la actuación del enfermero en la fase de implantación de la ACCR en SHU y la actuación del enfermero en la fase de operacionalización de la ACCR en SHU. Fue posible reconocer al enfermero como protagonista en la fase de implantación del dispositivo estudiado, por el impacto que sus acciones ejercen para el éxito de esta etapa. A pesar de importante, la actuación de este profesional en la operacionalización de la ACCR no es totalmente clara porque la clasificación de riesgo también es, por veces, realizada por profesionales de enfermería de nivel mediano y esto diverge con lo que es preconizado por el Ministerio de la Salud.

Palabras clave: Papel del profesional de enfermería. Acogida. Triage. Servicio hospitalario de urgencias.

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