Urgency and emergency motorcyclist: a reflection of the daily challenges in prehospital care

Motociclista de urgência e emergência: reflexo dos desafios diários no atendimento pré-hospitalar

Motociclista de emergencia y emergencia: reflejo de los desafíos diarios en la atención prehospitalaria

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RESUMO

Objetivo: analisar e discutir as dificuldades, os riscos ocupacionais e os possíveis desafios e frustrações dos motociclistas que atuam no atendimento pré-hospitalar no serviço de urgência e emergência do Distrito Federal. **Método:** estudo descritivo e exploratório, de abordagem quantitativa, mediado por pesquisa de campo. **Resultados:** foram investigados dois grupos - A, com 33 profissionais, e B, com 18 profissionais. No grupo A, são 26 técnicos em enfermagem e 5 enfermeiros, com média de atuação de 10,6 anos, visto serem servidores estatutários, com idade média de 38 anos e tempo de motolância de 5,4 anos. No grupo B, todos são militares de carreira e combatentes, com média de 34,9 anos de idade, 11,2 anos de tempo de militar e de 5,1 anos de serviço de motorresgate. **Conclusão:** é visível que as atividades desempenhadas pelas equipes são divergentes do ponto de vista operacional e técnico. A formação do enfermeiro colaborador e educador torna-se relevante para a educação continuada dos profissionais que atuam no atendimento pré-hospitalar, sendo assim, é necessário refletir sobre as dificuldades vivenciadas no dia a dia desses profissionais e estratégias e ações precisam ser elaboradas para auxiliar no suporte de enfrentamento de seus desafios diários vivenciados.
Descritores: Trabalho de Resgate; Enfermeiro; Educação continuada.

ABSTRACT

Objective: to analyze and discuss the difficulties, occupational risks and the possible challenges and frustrations of motorcyclists who work in pre-hospital care in the urgency and emergency service of the Federal District**. Method:** descriptive and exploratory study, with a quantitative approach, mediated by field research. **Results:** two groups were investigated - A, with 33 professionals, and B, with 18 professionals. In group A, there are 26 nursing technicians and 5 nurses, with an average of 10.6 years of experience, as they are statutory servants, with an average age of 38 years and a motorcycle driving time of 5.4 years. In group B, all are career soldiers and combatants, with an average of 34.9 years of age, 11.2 years of military experience and 5.1 years of motor-rescue service. **Conclusion:** it is visible that the activities performed by the teams are divergent from an operational and technical point of view. The training of collaborative nurses and educators becomes relevant for the continuing education of professionals working in pre-hospital care, therefore, it is necessary to reflect on the difficulties experienced in the daily lives of these professionals, also strategies and actions need to be developed to help in support of coping with their experienced daily challenges.
Descriptors: Rescue Work; Nurse; Continuing education.

RESUMEN

Objetivo: analizar y discutir las dificultades, riesgos laborales y los posibles desafíos y frustraciones de los motociclistas que laboran en la atención prehospitalaria en el servicio de urgencia y emergencia del Distrito Federal. **Método**: estudio descriptivo y exploratorio, con enfoque cuantitativo, mediado por investigación de campo. **Resultados:** se investigaron dos grupos: A, con 33 profesionales, y B, con 18 profesionales. En el grupo A, hay 26 técnicos de enfermería y 5 enfermeros, con una media de 10,6 años de experiencia, por ser servidores estatutarios, con una edad media de 38 años y un tiempo de conducción en motocicleta de 5,4 años. En el grupo B, todos son soldados y combatientes de carrera, con un promedio de 34,9 años de edad, 11,2 años de experiencia militar y 5,1 años de servicio de rescate motorizado. **Conclusión:** es visible que las actividades realizadas por los equipos son divergentes desde el punto de vista operativo y técnico. La formación de enfermeros y educadores colaborativos cobra relevancia para la formación continua de los profesionales que laboran en la atención prehospitalaria, por ello, es necesario reflexionar sobre las dificultades que viven en el día a día de estos profesionales, además de desarrollar estrategias y acciones para ayuda en apoyo para hacer frente a sus experimentados desafíos diarios.
Descriptores: Trabajo de rescate; Enfermero; Educación continua.

ORIGINAL

Introduction

Mobile Pre-Hospital Care is considered to be the early care of the victim, after there has been a health injury and may be "of a clinical, surgical, traumatic and psychiatric nature, which can lead to suffering, sequelae or even death".[1] In this sense, the victim needs adequate care and transportation and that the health service be hierarchical, fast, of quality and safety to the population.[2]

The Ministry of Health recognized Ordinance GM/MS No. 2,048/2002, which deals with the Technical Regulation of Emergency And Emergency Services, due to the need to organize a system of emergency care in Brazil.[2-3] Considers four components for the organization of comprehensive emergency care networks: Fixed Pre-Hospital, Mobile Pre-Hospital, Hospital and Post-Hospital.[4]

Pre-hospital care (PHC) can be defined as any and all care provided to the patient directly or indirectly outside the hospital environment. Ordinance GM/MS No. 2,048/2002 defines this service, in its Annex, Chapter IV, as one that "seeks to reach the victim early, after there has been a health problem".[2] Considers that the area of urgency and emergency is an important component of health care in Brazil.[2]

The Mobile Emergency Care Service (SAMU), a mobile pre-hospital component, was established by Ordinance No. 1,864/2003, although it first appeared during the first World Wars. Its purpose is to assist people with high risk of life, being, in most cases, a local emergency service with municipal management.[3]

The SAMU is divided into two teams: Basic Support Unit (USB), composed of a nursing technician and a rescue driver; and Advanced Support Unit (USA), composed of a physician, a nurse and a first-time driver, according to Ordinance No. 2,048/2002.[2]

Also according to the aforementioned Ordinance, the basic principles that guide the actions of PHC are that interventions at the place of occurrence should be fast and safe, effective and with adequate means; the responsibility of each professional and the interrelationships with the other must be clearly established; the quality of care provided is directly related to the level of competence of professionals and teamwork.[2]

Numerous situations can hinder the dynamics of PHC, requiring the team, in addition to scientific knowledge, skills, skills, improvisation allocated capacity and physical preparation. In addition to these, working conditions also have a significant influence on the daily challenges faced by motorcyclists in the emergency and emergency services.

The team that works at SAMU faces urgent and emergency situations on a daily basis, which makes them liable to get sick. In this sense, the work lived in situations of great tension and experiences of suffering leads to fatigue and illness.[5]

This work arose, then, from the need for analysis and understanding of the aspects involved in the daily challenges faced by professionals who are urgent and emergency motorcyclists in pre-hospital care, since there are numerous situations that lead to these challenges on a daily basis.

The research sought to know the daily challenges of motorcycle professionals working in the PHC of the SAMU of the Military Fire Department

of the Federal District (CBMDF).In addition, we sought to list the reasons that led these professionals to work in this type of service and to analyze and discuss, in addition to the difficulties encountered, the occupational risks and the way to avoid them, in order to understand what the greatest challenge and the factors they want bring frustrations to motorcyclists who work in the emergency and emergency service.

This theme is relevant, because situations involving health problems in urgency and emergency can happen at any time, without distinction individually and/or collectively.

The research problem lies in the perception of the reality of urgent and emergency motorcyclists with the following guide question: What are the daily challenges of professionals working in pre-hospital care? For this, the difficulties and challenges mentioned by the professionals working in this area were descriptively presented.

Method

Quantitative, descriptive and exploratory study aiming at the compilation of a list of situations and problems experienced in the care, with the objective of exploring the necessary actions in search of a safe and excellent care in emergency and emergency situations.

Initially, all motorcyclists working in this type of care of SAMU-DF and CBMDF were contacted, 46 of whom answered the questionnaire. Next, a literary search was conducted in the following databases: Cumulative Index to Nursing & Allied Health Literature - CINAHL, National Library of Medicine and National Institutes of Health - PubMed, Latin American and Caribbean Literature in Health Sciences (LILACS).

Data collection was performed by the researcher in September and October 2019, through access to the portal of the Coordination for the Improvement of Higher Education Personnel (CAPES). The search was carried out in an uncontrolled manner, through the following descriptors: Rescue Work; Nurse; Continuing education; Rescue Work; Nurse, nurse, nurse, nurse. Continuous education, indexed in MeSH - Medical Subject Headings and DeCS - Descriptors in Health Sciences, in the Portuguese and English. The search for articles from the aforementioned descriptors resulted in 79 sources.

After the full critical reading of some articles and abstracts, 18 were used in the manuscript. To perform the questionnaire, professionals were excluded in the following situations: vacation, premium leave, medical attests. This study followed Resolution No. 466 of December 12, 2012, of the National Health Council of the Ministry of Health, and was previously submitted to Brazil Plataform for consideration by the Research Ethics Committee of PEPECS - Health Teaching and Research Foundation, with Opinion no. 2,852,573.

Results and Discussion

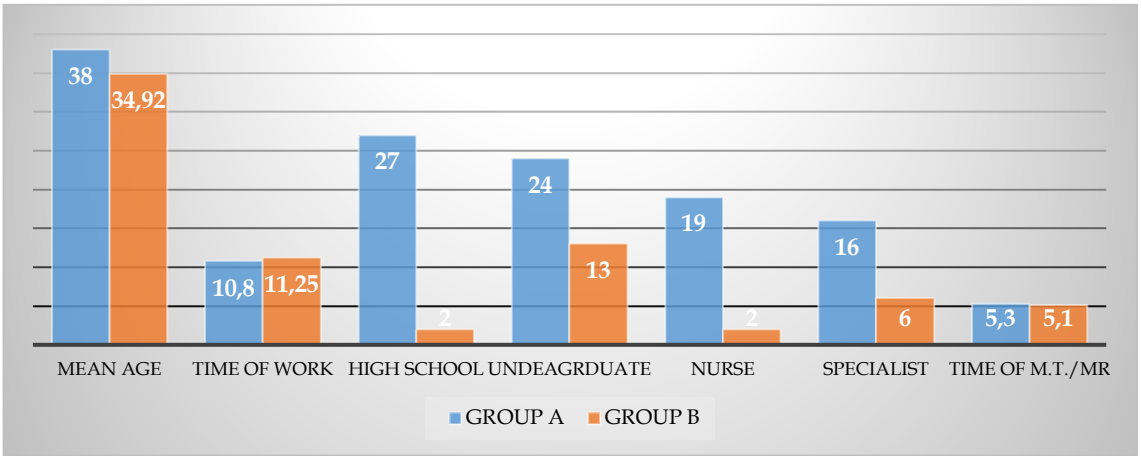
Data analysis allowed identifying relevant factors that justify the vision and judgment of service members in relation to the challenges experienced by them in the day-to-day of their performance. For better analysis and understanding, it was determined that the participants would be separated into Group A - Emergency Motorcyclist Group of the Federal District (GMAU-DF) - and Group B - Pre-Hospital Emergency Care Group (GAEPH)/Motorresgate (MR).

Group A consists of 33 professionals, among whom two refused to participate in the study. The training base in this group is more technical, which shows that all nursing professionals are distributed as follows: 26 middle-level, who are nursing technicians, and five nurses, one of which performs both functions, because they have an employment relationship in both categories.

This information corroborates the information that deals with other data, such as the time of public service that is, on average, 10.6 years, since all are career servers, statutory, with an average age of 38 years among the members and, finally, as the motorcycle time on average of 5.4 years, taking into account the 31 members who currently work in the motorcycle service, as named in the Ministry of Health Ordinance no. 2,971/2008, which establishes the motorcycle service at the national level as an integral service of pre-hospital care of SAMU 192.[6]

Group B presented the following reality in the professional profile: 15 members participated in the research of a total of 18, all career military and combatants working in the MR service, according to Normative Instruction No. 02/2005, which provides for the service within the military institution and establishes attributions, routines, and criteria for the progress of the service, as well as it is connected to a central that can be via headquarters and / or Integrated Call and Dispatch Center (CIADE), where is the call center 193 CBMDF. This team has an average of 34.9 years of age, 11.2 years of military time and 5.1 years of MR service. In this case, the following reality is profiled in the service: 2 military personnel of medium level and 13 of higher education, who make up the MR team, and in whose situation is composed of two training nurses, remembering that they do not act as health professionals in the service due to their entry as a military combatant.

Figure 1 - Sociodemographic profile of professionals from samu 192-DF/CBMDF teams. Federal District, 2021**.**



All of them perform the role of first responders in patient care, equipped with skills and qualifications that allow them to provide non-invasive care, acting as a first responder together with the qualified team.

Once they are not in accordance with Ordinance No. 2,971/2008, which defines criteria for them to act as urgent and emergency motorcyclists, these professionals are nursing technicians and/or qualified nurses.[6]

Ordinance No. 2,048/2002 highlights the attributions of this professional in an adjunct way in patient care, through qualification mentioned in the Ordinance together with the institution to which it belongs.[2]

In this context, it is important to highlight that the Single Medical Regulation Center (CURM), provided for in Ordinance No. 2,048/2002, has the group A team at the time of urgent and emergency care, unlike the group B team, which is triggered by another form of resolution, as mentioned above, in addition to the provision and execution of invasive procedures to be performed on the patient, as an intervention, is also the activation of two or more teams for the same occurrence without communicating with each other.[7]

In this first scenario, it is possible to know the professional profile of each institution, showing its technical arsenal for working in the emergency care service provided by the two institutions, which leads us to reflect on the daily lives of these professionals who deal with the exhaustive routine in their daily lives, in the search to provide care to the patient who needs care.

Ordinance No. 2,971/2008 establishes the motorcycle service at the national level, as part of the SAMU 192 fleet throughout its service network, and defines technical criteria in its use.[6] This determination is to standardize a service provided to the user of the emergency service, requiring professionals, skills, technical knowledge, teamwork among others so that they can perform their activity- which is care.[6]

The motorcycle service, due to the characteristic of the vehicle, allows greater agility in local care with efficiency and resolution and has fundamental equipment in the conduct of the rescuer in the care.

The materials most used by the motorcycle service team are: automatic external defibrillator (DEA); procedure gloves and sterile; bandages, compresses, gauze; immobilization splints of various sizes; venopuncture material (including syringes and catheters of various sizes); basic airway material (Guedel cannula, oxygen mask with reservoir, O^2 catheters, adult/infant manual resuscitator with reservoir); stethoscope and sphygmomanometer; portable oximeter.[6]

According to the recommendations of the current legislation, the motorcycle service is mentioned in Ordinance No. 1,010/2012, defining the profile of the professional to work in the service of the SAMU 192 system, considering the professionals capable of performing conducts and procedures at the time of care in an attempt to solve cases when possible, through medical regulation, according to the service guidelines. It is noteworthy that, in order to be an integral member of this service, one must be a nursing technician and/or nurse duly qualified for this purpose.[8]

The emergency care system of SAMU 192 is composed of several devices that aim to assist patients who are victims of clinical, traumatic and psychiatric problems, among other situations. It is important to mention the device directly linked to the motorcycle service, with regard to the activation, regulation and against regulation and mainly as legal support for the execution of its actions.

Also, according to Ordinance No. 1,010/2012, the Central System of Emergency Regulation requires professionals (physicians, telephone operators and auxiliary medical regulation and radio operators) trained in regulating telephone calls that require guidance and/or emergency care, through a classification and prioritization of emergency care needs, in addition to ordering the effective flow of references and against references within an Attention Network.[8]

The motorcycle service acts in a complementary way to the service of vehicles of the SAMU 192 system, mainly the Advanced Life Support (USA) device, which is composed in full of three professionals who are: an emergency vehicle driver, a nurse and a doctor.

These professionals offer advanced medical service to the patient, which does not prevent it from being triggered as a first response in cases that are necessary to confirm major injuries, where response time is fundamental in care.

Examples can be cited as cases of multiple victims, where the motorcycle service stands out from all for its agility in traffic, efficiency when arriving at the scene site, the technical/scientific capacity for initial evaluation of patients with greater injury and thus requesting the resource as necessary support for the demand.

The service of group A has as differential the decentralization of the service, which is defined according to the degree of demand, and currently performs its actions in ten administrative regions of the Federal District, each of which has a capacity of a pair of motorcyclists and acts in conjunction with basic and/or advanced support vehicles.

It is worth mentioning the performance of the nursing professional in the mobile pre-hospital care service teams. According to Law No. 7,498/1986 of the Federal Nursing Council, nursing professionals with a diploma or certificate of Nursing Technician.[9]

The nurse is the main responsible for nursing actions in the context of patient care, whether in the in-hospital or extra-hospital emergency scenario where care involves the professional categories specified.

Ordinance No. 2,048/2002 corroborates and structure the emergency network at the national level, and cites technical skills so that there is legal support in the operation of the service. Here, the nurse is responsible for the responsibility related to the nursing team within the service, configuring in addition to supervision assistance.[2]

In the document called Normative Instruction No. 02/2015 of the CBMDF, the attributions, competencies as well as organization are inserted regarding the distribution of professional pairs that work centrally, meeting the level of priority determined according to normative.

Shifts are directed to a region within the priority and according to the number of pairs available in the period. On the other hand, it can be mentioned that, in working group B, the executions of actions take place centrally. When investigated about the motivation to make up the urgent and emergency motorcycle team, many revealed that it is due to personal satisfaction, totaling 6.52%, then as motivation, professional improvement, with 76.08%, and professional recognition, with 17.39%.

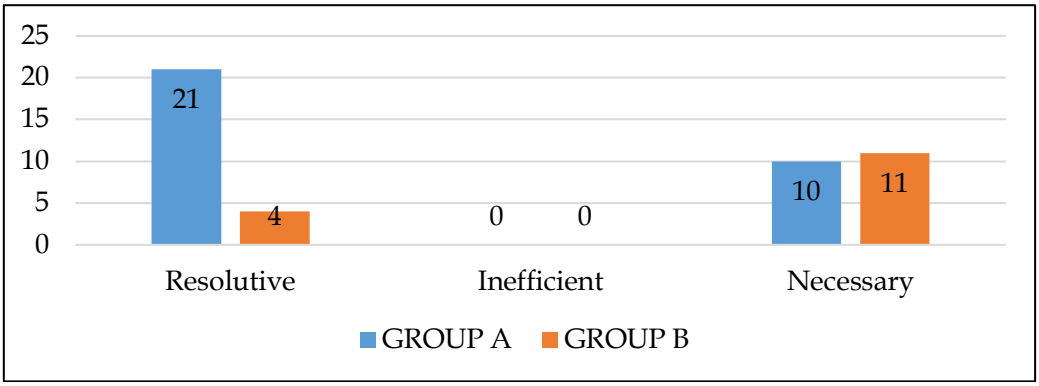
Table 1 - Distribution of data to the variable: What motivated you to be part of a group of urgent and emergency motorcyclists? Federal District, 2021**.**

CATEGORIES	GROUP A	%	GROUP B	%
Financial valuation	0		0	
Professional recognition	3	9,67	0	
Personal satisfaction	21	67,74	14	93,33
Professional improvement	7	22,58	1	6,66

Next, another aspect can be identified, the professional's perception of the PHC service that the urgent and emergency motorcyclist performs. In this sense, the following answers were identified: resolutive service (54.34%) and service of the necessary type (45.65%).

This result corroborates the study for the evaluation of the Mobile Emergency Care Service (SAMU) in Santa Catarina, Brazil, which addresses the good performance for sufficiency of human resources in care through the adoption of effective administrative mechanisms.[10] In this study, the "lack of investment in qualification, difficulty in the fixation of professionals and precariousness through temporary and outsourced employment links are issues that are often unfavorable in the literature".[10]

Figure 2 - Distribution of data for the variable: What is your vision of the pre-hospital care service that the emergency and emergency motorcyclist performs? Federal District, 2021.



The result is balanced, according to the participants' point of view. Some considered that it is a service of assistance actions that are completed regarding the problem-solving capacity that the service presents, through the solution of problems directed to these teams. It is worth noting that, in cases where invasive intervention is necessary, there is a difference in the attributions between teams through the mentioned profile of each one.

As observed, this theme brought the discussion about the view of professionals who, for the most part, considered periodic training (59%) as the main tool for occupational risks involving the activity of urgent and emergency motorcyclists to be minimized

Seen as a risk activity to which these professionals perform, as well as a fundamental role in patient care, it is important to highlight issues such as the occupational risk involved in the activity.

When investigated about possibilities of minimizing risks for professionals contained in PHC, issues such as periodic training, adequate use of PPE and professional risk awareness were considered.

Table 2 - In reality, what can minimize these risks in pre-hospital care? Federal District, 2021.

CATEGORIES	GROUP A	%	GROUP B	%
Periodic training	18	58,06	9	60
Proper use of EPIs by offering	6	19,35	2	13,33
Professional risk awareness	7	22,.58	4	26,66

There are other factors that, added to the training, can provide the motorcyclist with safe driving, such as care and posture in the execution of their daily activities. Associated with the previous theme, the route, traffic and the scenario of care that may interfere and compromise the displacement and response time of this patient care can be mentioned as challenges.

For the theme of the professional challenge, the options of speed in travel, difficulty in traffic and ignorance of the scene were offered.

The Brazilian Traffic Code (CTB), provided for in Law No. 9,503 of September 23, 1997, in article 29, establishes that ambulances, in addition to transit priority, enjoy free movement, parking and stop, when in emergency service and properly identified by regulatory devices of audible alarm and intermittent red lighting.[11]

When the devices are activated, indicating the proximity of the vehicles, all drivers should leave the passage through the left lane, going to the right of the road and stopping if necessary. Failing to give passage represents a very serious infraction, and it is appropriate to apply a fine. It is emphasized that the SAMU can request the support of non-health agencies, such as municipal guard and police, to assist in mobility and signaling, among others. With community awareness and the use of emergency services support bodies, it is possible to improve ambulance mobility during the transport of critically ill patients.[12]

According to the CTB, in its article 29, item VII, the criteria that involve these vehicles, as well as legal support, also set the criteria for drivers who commit infractions that hinder and make it impossible to pass and flow so that there is patient care.[11]

Table 3 - Distribution of data to the variable: Among the challenges and difficulties encountered in the daily life of the urgent and emergency motorcyclist, what is your challenge as a professional? Federal District, 2021.

Variable	Group A	Group B
The speed in the displacement	1	2
Difficulty in traffic	20	5
The ignorance of the scene	10	8

When asked about the theme of integration between teams, it is possible to observe that the view of these professionals from both groups shows the need to seek and improve communication between teams, through the profile between teams, which is similar in the end-activity, which is patient care.

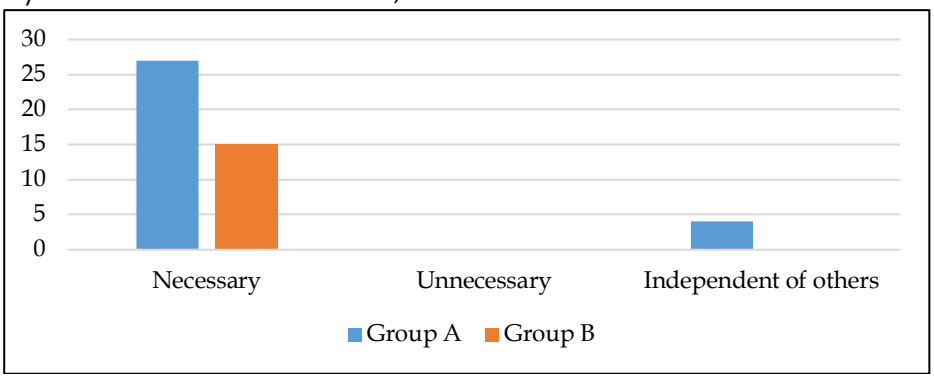
Currently, both institutions maintain a subtle communication, which hinders the operationalization of the work process, because each has its protocols and service criteria, which usually presents conflicts.

In this sense, Ordinance No. 2,048/2002 regulates and deals with the care provided by other institutions involved in the emergency care service to the patient.[1] An example is the military firefighters, other entities/corporations/organizations, the highway police and other organizations in the Public Security Area. All must follow the criteria and flows defined by the medical regulation of the urgencies of the SUS.[2]

When asked about how they see the integration between SAMU and CBMDF, that is, their perception of this service, it was identified, according to the perception of the professionals, that it is extremely important the integration between institution and teams and it was identified that 91.30% believe in this purpose.

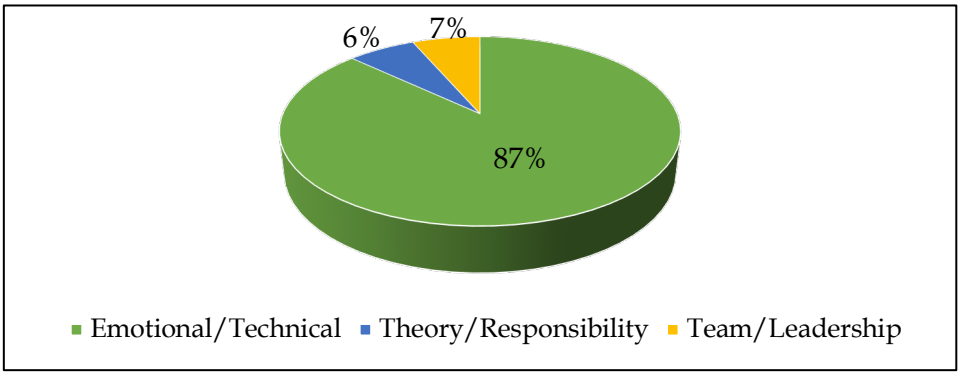
The justification is that, with the integration and communication between teams, the result is improvements to care, decreased response time, resource optimization and other results that increasingly enable the maintenance or expansion in the number of teams in this profile, always aiming at user service, which is the ultimate goal.

Figure 3 - The perception of motorcyclists about the integration between SAMU/CBMDF. Federal District, 2021.



The professional who works in this service faces, in its context, a series of challenges and mechanisms in them so that it can circumvent situations to add measures to its reality, however, in situations of conflict of technical and/or emotional origin involving these professionals, the wrong decision can cause injury to the team and/or patient. Regarding this theme, when questioned, 86.95% of the total professionals working in the service think that, within the scope of the profile of the professional motorcyclist, it is necessary the presence of attributes such as emotional control /technical knowledge, so that they can perform their activities satisfactorily and as less harm to the professional, who may face situations where these two questions, decision or action, can bring immeasurable feelings.

Figure 4 - Distribution of data for the variable: Which profile should the professional who works in pre-hospital care as an emergency motorcyclist have? Federal District, 2021.

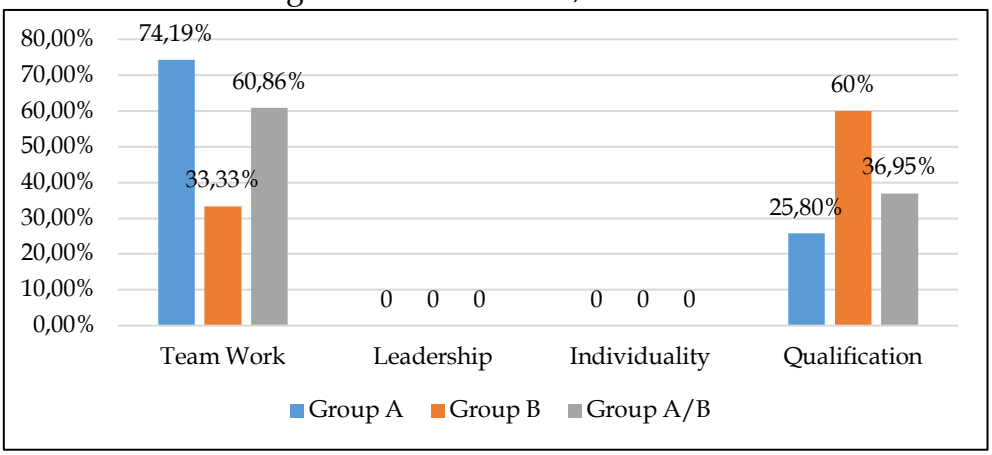


With everything, it is possible to mention some cases of professionals who individually seek refuge, as a measure of protection, avoiding that external factors, such as conflicts and complacetion, can interfere in their professional performance to the point of keeping them from their activities.[13]

In addition to the measures mentioned within the professional context, it can be mentioned that, in the search for subsidies that can help face this challenge, two situations were addressed in the questionnaire that, in the professional view, collaborate as measures to face the challenges as a motorcyclist of urgency and emergency: teamwork, where 28 professionals identify with this variable, and 17 with the qualification as measures that can contribute to the reality of these professionals.

In this scenario, it is clear the importance of the nursing professional, in the roles of collaborator and educator, to act directly on the patient and at the same time contribute to the qualification of the teams involved in PHC, following legal supervision guidelines, according to the Federal Nursing Council.[7]

Figure 5 - Distribution of data to the variable: Do you, as a professional, seek as a basis to face the challenges? Federal District, 2021.



From the discourses of nursing professionals, we approach their lived world. His statements express that they live with different feelings: tiredness, exhaustion, anguish, impotence and pain due to work overload, caused by lack of material and professionals.

Conclusion

Considering the reality of the services, it is visible that the activities performed by the teams are divergent from the operational and technical point of view. Therefore, in the service of motorresgate, the motorcyclists are military career and their performance is focused on the varied occurrences, due to the articulation of the institution to which it belongs.

What was perceived is that the presence of the nursing professional is fundamental in direct and indirect care to the patient, especially those with severe health status, thus following the criteria of composition of the teams according to the Ministerial Ordinance that deals with the subject.

The training of the collaborating nurse and educator becomes relevant for the continuing education of professionals who work in PHC, moreover, the nurse is the professional responsible for the nursing technician.

Therefore, it is concluded that it is necessary to reflect on the difficulties experienced in the day-to-day of these professionals, such as overload, emotional exhaustion, stress and absences due to accidents involving them. Strategies, mechanisms and actions that can help support coping with the challenges experienced daily at work are important tools.

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