



## ORIGINALES

### Evaluation of the working environment between nursing professionals in an urgent and emergency unit

Avaliação do ambiente de trabalho entre profissionais de enfermagem em uma unidade de urgência e emergência

Evaluación del ambiente de trabajo entre profesionales de enfermería en una unidad de urgencia y emergencia

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#### ABSTRACT:

A quantitative, descriptive and exploratory study was carried out in an Emergency Care Unit of the Municipality of Curitiba, Paraná, Brazil, which aimed to identify the perception of the nursing team regarding their work environment and to compare the perception of the working environment among nurses and nursing technicians. For data collection, the Nursing Work Index - a revised version adapted to the Brazilian context (B-NWIR) was used, composed of 57 items, which is subdivided into four subscales: autonomy, control over the environment, relationship between doctors and nurses and organizational support. Scores below 2.5 are considered positive and above this negative value. The data obtained inserted in an Excel® worksheet and analyzed by SPSS Statistics software v.20. The research presented a favorable ethical opinion, according to the national legislation in force for studies with human beings. Participants were 17 nurses and 46 nursing technicians. There was a predominance of young women, only the subscale "Autonomy" obtained an average of less than 2.5 and evaluated positively by nursing technicians. Among the items that make up the instrument, 11 obtained satisfactory results regarding the perception of the work environment, however there was no agreement among the groups studied for the averages per item. The work environment evaluated in a negative way for the professional practice of the nursing team and the results can subsidize future actions of the nursing professionals and managers of the service with a view to providing an adequate environment to the attendance in an emergency and emergency unit.

**Keywords:** working environment; nursing team; emergency nursing.

#### RESUMO:

Pesquisa quantitativa, descritiva e exploratória, realizada em uma Unidade de Pronto Atendimento do Município de Curitiba, Paraná - Brasil, que objetivou identificar a percepção da equipe de enfermagem quanto ao seu ambiente de trabalho e comparar a percepção do ambiente de trabalho entre

enfermeiros e técnicos de enfermagem. Para a coleta de dados foi utilizado o instrumento *Nursing Work Index* – versão revisada e adaptada ao contexto brasileiro (B- NWIR), composto por 57 itens o qual é subdividido em quatro subescalas: autonomia, controle sobre o ambiente, relação entre médicos e enfermeiros e suporte organizacional. Escores abaixo de 2.5 são considerados positivos e acima deste valor, negativos. Os dados obtidos foram inseridos em planilha Excel® e analisados pelo software *SPSS Statistics v.20*. A pesquisa apresentou parecer ético favorável, conforme a legislação nacional vigente para estudos com seres humanos. Participaram 17 enfermeiros e 46 técnicos de enfermagem. Houve o predomínio de mulheres jovens; apenas a subescala “*Autonomia*” obteve média inferior a 2,5 e avaliada positivamente por técnicos de enfermagem. Entre os itens que compõem o instrumento, 11 obtiveram resultados satisfatórios quanto à percepção do ambiente de trabalho, contudo não houve concordância entre os grupos estudados para as médias por item. O ambiente de trabalho foi avaliado de forma negativa para a prática profissional da equipe de enfermagem e os resultados podem subsidiar futuras ações dos profissionais de enfermagem e gestores do serviço com vistas a proporcionar um ambiente adequado ao atendimento em unidade de urgência e emergência.

**Palavras chave:** ambiente de trabalho; equipe de enfermagem; enfermagem em emergencia.

## RESUMEN:

Investigación cuantitativa, descriptiva y exploratoria, llevada a cabo en una unidad de emergencia de la ciudad de Curitiba, Estado de Paraná - Brasil, que tuvo como objetivo identificar la percepción del personal de enfermería acerca de su entorno de trabajo y comparar la percepción del entorno de trabajo de las enfermeras y técnicos de enfermería. Para la recolección de datos se utilizó el instrumento *Nursing Work Index* - revisado y adaptado al contexto brasileño (B- NWIR), compuesto por 57 elementos que se dividen en cuatro subescalas: autonomía, control sobre el medio ambiente, relación entre los médicos y las enfermeras y apoyo organizativo. Los puntajes inferiores a 2,5 se consideran positivos y por encima de este valor, negativo. Los datos se introdujeron en la hoja de cálculo Excel y se analizaron mediante el software *SPSS v.20*. La investigación mostró opinión ética favorable conforme a la legislación nacional existente para los estudios en humanos. Los participantes fueron 17 enfermeras y 46 técnicos de enfermería. Hubo un predominio de mujeres jóvenes; sólo la subescala "autonomía" tuvo un promedio de menos de 2,5 y evaluada positivamente por el personal de enfermería. Entre los ítems que componen el instrumento 11 obtuvieron resultados satisfactorios en cuanto a la percepción del ambiente de trabajo, pero no hubo acuerdo entre los grupos estudiados para las medias por ítem. El ambiente de trabajo se evaluó negativamente para la práctica profesional del personal de enfermería y los resultados pueden ayudar a las acciones futuras de los profesionales de enfermería y gestores de servicios con el fin de proporcionar un entorno adecuado para la atención en la unidad de emergencia y de emergencia.

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**Palabras clave:** ambiente de trabajo; grupo de enfermería; enfermería de urgencia

## INTRODUCTION

The quest for quality of care in health is, in actuality, one of the foci of the hospital medical institutions, which has invested in the continuous improvement of work processes, in adherence to scientific evidence-based practice, on the appropriateness of physical structures and promoted the qualification of human resources. Regarding the quality of care offered by health teams, professional interaction with the working environment appears as a crucial element for ensuring positive results and in keeping the prerogatives of patient safety <sup>(1)</sup>

To approach this issue of nurses and nurse technicians, met their perceptions about laborative conditions in which they inserted, whether relating to tasks that perform and interactions with the multidisciplinary team, for example. These, for your time, impact on quality care offered and encourage the absenteeism, accidents at work and *turnover* <sup>(2)</sup>. In this sense, the implications of a suitable working environment result not only satisfied, but also professionals in positive effects for patients, families and healthcare organizations <sup>(3)</sup>.

Environments that promote emotional stress, physical and professional nursing teams worn, characterize critical units such as intensive care and emergency Centers, and

there is a risk of low job performance <sup>(4; 5)</sup>. In Brazil, the Er units (UPA'S's) are the main route of access of the population to the attention of urgencies and emergencies. The UPA'S has provided for in National Policy Attention to the emergency room and Resolute actions in order to minimize overcrowding in hospital emergency <sup>(6)</sup>. To this end, these units work 24 hours every day of the week and rely on teams of doctors, pharmacists, radiographers, nurses and nurse technicians, being this last group responsible for a significant portion of users.

In General, the UPA'S's feature a high number of calls per day, which results in long waiting lines and excessive demand. In addition, because public funding of the service, many feature human and physical resources disabled <sup>(7)</sup>.

On these arguments, the perception of the team of nursing professionals active in UPA'S's on the desktop which are inserted, appears as a strategy with a view to identifying the key issues that impact on assistance for critical patients, in addition to subsidize strategic actions of the managers of these units. In this context, the *Nursing Work Index* is a tool that enables the identification of the perception of nursing staff about your working environment and been used in Brazil <sup>(8-12)</sup>. When we consider the importance of this subject, the influence that the urgent and emergency care generates for the Brazilian public health system and with a view to encouraging actions directed to the improvement work of the nursing staff of the UPA'S's, the guiding question of this research was "*what is the perception of the nursing staff of a ER customer service about your desktop?*".

Therefore, the objectives that guided the methodological procedures of the research were:

- (a) Identify the perception of nursing staff about your work environment,
- (b) Compare the perception of the working environment between nurses and nurse technicians.

## METHODOLOGY

For the purposes of the survey, we opted for the quantitative approach, descriptive and exploratory character, and as a setting UPA'S of the municipality of Curitiba-PR, founded in 2014. In this unit are serviced approximately 5000 patients per month which access occurs by direct search or referral through the Mobile service of urgency of the city. The space consists of screening room, room for drug delivery and way for critical care, semi-critics and clinical trials, 23 beds. This unit also includes five doctor's offices and two rooms for support/administrative teams <sup>(13)</sup>.

With regard to the target population, this made up of 87 nursing professionals (24 nurses and 63 nursing technicians). The criteria of inclusion were nurses and nursing technicians who were active in laborativas activities, active in the institution for a period exceeding 30 days, which agreed to participate in the research and complete an informed consent, excluded as those who do not met the pre-established criteria.

Thus, the final sample made up of 63 professionals, being 17 nurses and 46 nursing technicians. To guarantee the confidentiality preserved in accordance with the ethical principles of research with human beings, and the project received approval after approval on the Ethics Committee of the Municipal Health Secretariat of Curitiba, under number CAEE: 54697716.8.3001.0101.

In order to meet the first objective, we used the *Nursing Work Index* (NWI) version translated and validated to the Brazilian context (B-NWIR)<sup>(14)</sup>. The instrument aims to measure the presence of main characteristics of the work environment that promote the professional practice of nursing. This questionnaire consists of 57 items, divided into 25 subscales: autonomy, control over the environment, the relationship between doctors and nurses and organizational support<sup>(15)</sup>.

**Picture 1** - Subscales of the B-NWIR and number of items. Curitiba, 2017.

Subscale	Issues
Autonomy	4, 6, 17, 24 and 35
Environmental control	1, 11, 12, 13, 16, 46 and 48
Relationship between doctors and nurses	2, 27 and 39
Organizational support	1, 2, 6, 11, 12, 13, 17, 24, 27 and 48,

The issues that make up the questionnaire are evaluated by using Likert-type scale which ranges from *totally agree* to *totally disagree*, in that for the first value is attributed with 4 weight and the last weight 1. The assessment follows by subscales and values below 2.5 are consistent with an environment conducive to professional practice, while over 2.5 indicates the opposite<sup>(14)</sup>.

Data collection took place from May to July 2016. At first, the project and its objectives presented to managers of the UPA'S's and explained to your purpose. Complete this step, the nursing professionals approached during the workday (early morning, evening and night) and was the application of questionnaires. The data from the B-NWIR were tabulated in *Excel*® spreadsheet and then analyzed using the *software SPSS Statistics v. 20*, as well as applied the Mann-Whitney and Kruskal-Wallis, for comparison between groups, Student's t test (age) and Fisher exact (sex and time of operation) for independent samples and  $p < 0.05$  indicated statistical significance (...)

## RESULTS

Among the 63 participants, there was the predominance of women in both groups surveyed, the average age of nurses from 33.1 years and 35.8 to nursing techniques. With respect to the time of operation, 13 middle-level professionals operating in the UPA'S for less than one year, which denoted a statistically significant difference between the groups for this variable.

In table 1, the demographic data of the population studied.

**Table 1** - Profile of nursing professionals working in an Er unit. Curitiba, 2017.

Variable		Nurses (n,%)	Nursing technician (n,%)	P value**
Sex	Female	16 (94.1)	41 (89.1)	1
	Male	1 (5.9)	5 (10.9)	
Time of performance	< 1 year	-	13 (28.3)	0.013
	1 to 5 years	17 (100)	33 (71.1)	
Middle ages		33.1	35.8	0.183
Total		17 (100)	46 (100)	

\*\* p < 0.05, t-Student's test and Fisher.

Source: The authors, 2017

In the comparison of the results of the B-NWIR subscales between the professional categories, the average and median scores. For this analysis, there was no statistically significant difference between the groups.

**Table 2**- Comparing the average scores for the subscale B-NWIR between nurses and nurse technicians of a unit of ER Service. Curitiba, 2017.

Subscales of the B-NWIR	Nurses		Nursing technicians		P value *
	Average	Median	Average	Median	
Autonomy	2.7	2.4	2.4	2.6	0.249
Control over the environment	2.9	2.9	3.1	3.3	0.168
Relationship between doctors and nurses	2.6	2.7	2.8	2.7	0.498
Organizational support	2.6	2.6	2.8	2.8	0.228
General average score	2.8	2.6	2.9	2.8	0.197

\* p < 0.05, Mann-Whitney test.

Source: The authors, 2017

In table 3, the average scores obtained by professional category to each item of B-NWIR, which allows a detailed assessment of the results obtained. Of the 57 items in 11 (2, 6, 13, 15, 17, 23, 24, 32, 33, 35, 53 and 56) average score less than 2,5, indicating positive perception to the work environment. However, 10 average scores were close to cutting value and the result was favorable only for one of the groups studied. Only in "*flexibility in changing the scale of work*", there was agreement to values below, between 2,5 and nurses (1,47) and nursing (2,17).

Regarding the change of the values of the averages, which determine the homogeneity of the answers, provided by participants, through the standard deviation (SD), the results point to a greater dispersion of responses between nursing technicians. Attention DP for five items of B-NWIR in the results between nurses and nurse technicians obtained sharp divergence, namely: "*opportunities for improvement*" (Nurses = 0.49; Nursing technicians = 0.97); "*I work with nurses who are clinically competent*" (Nurses = 0.00; Nursing technicians = 0.99); "*A program of mentoring for newly-hired*" (Nurses = 0.47; Nursing technicians = 1.05); "*The nurses who work regularly and permanently together never have to cover another drive*" (Nurses = 0.51; Nursing technicians = 0.90) and "*personal offset to balance the teams between units*" (Nurses = 0.59; Nursing technicians = 1.15).

Even with this in mind, a statistically significant difference was observed for the items "A good orientation program for newly hired nurses" (p = 0.006); "A satisfactory salary" (p = 0.02); "Flexibility in changing the working range" (p = 0.02); "Sufficient Staff to do the job" (p = 0.02); "Freedom to take important decisions in the care to the patient and at work" (p = 0.006) and; "The contributions nurses make to patient care are publicly recognized" (p = 0.03).

**Table 3-** Comparison of the values of the mean, standard deviation and p-value for items of each issue of the questionnaire of the two professional categories. Curitiba, 2017.

B-NWIR Issues	Nurses		Nursing Technicians		P value *
	Average	DP	Average	DP	
"Present in current job"					
1) appropriate support services that allow me to devote time to patients	2.82	0.64	3.07	0.83	0.229
2) doctors and nurses have good working relationships	2.35	0.49	2.50	0.98	0.730
3) a good orientation program for newly hired nurses	3.65	0.49	2.74	1.18	0.006
4) a team of supervisors who supports the nurses	2.59	0.94	2.76	1.20	0.586
5) a satisfactory salary	2.65	0.86	3.22	1.03	0.029
6) nursing has control over your practice	2.59	0.71	2.43	1.00	0.568
7) continuing education programs effective, service, for nurses	3.24	0.75	3.22	1.05	0.641
8) career development opportunity	3.35	0.86	3.28	1.09	0.950
9) opportunity for nurses participate in administrative decisions	3.00	0.94	3.04	1.03	0.767
10) support new and creative ideas related to the care of the patient	2.65	0.79	2.65	1.20	0.766
11) enough time and opportunity to discuss, with other nurses, patient care-related problems	3.35	1.00	2.96	1.15	0.174
12) team with enough nurses to provide patients with quality care	2.82	1.01	3.24	1.18	0.062
13) the nursing Manager is a good manager and leader	2.50	0.89	2.80	1.12	0.298
14) the Director of the Nursing Department is accessible and always present to the team	2.56	0.89	2.82	1.05	0.330
15) flexibility in changing the working range	1.47	0.72	2.17	1.14	0.024
16) team enough to get the job done	2.88	0.86	3.41	0.83	0.022
17) freedom to take important decisions in the care to the patient and at work	2.00	0.79	2.76	0.99	0.006

18) recognition and praise for a job well done	2.59	1.06	3.00	1.05	0.163
19) nurses experts who provide guidance on patient care	2.88	0.78	2.96	1.05	0.608
20) team such as Nursing provision of nursing care (nursing team: when the nurse assigns to the nursing technical responsibility for the care of a certain number of patients)	2.71	0.69	2.61	1.06	0.771
21) total patient Care as providing nursing care (total care to the patient: when nurses assume full responsibility for all the needs of the patients they designated during your working hours)	3.06	0.90	2.65	1.12	0.209
22) reference such as nurse provide nursing care (nurse of reference: when the nurse assumes responsibility for planning patient care since your admission so far of high)	3.18	0.95	2.74	0.98	0.105
23) good relations with other support services such as general services and nutrition	2.76	1.09	2.50	1.15	0.419
24) will not be placed in a position of having to perform tasks that are against my principles	2.47	1.07	2.78	1.25	0.276
25) high standards of nursing care are expected by the Administration	2.65	0.86	2.76	1.06	0.668
26) the Director of the Department of nursing has the same power and authority that other directors of the senior management of the hospital	2.65	1.06	2.84	1.11	0.494
27) nurses and doctors work very hard as a team	2.63	0.62	3.00	0.92	0.106
28) physicians provide high quality care	2.88	0.70	2.74	0.93	0.611
29) opportunities for improvement	3.35	0.49	3.24	0.97	0.779
30) nursing staff receives support to advance career	3.59	0.62	3.63	0.74	0.452
31) a nursing philosophy that permeates the patient care environment	2.88	0.70	3.04	0.84	0.369
32) nurses actively participate in efforts to control costs	2.41	0.94	2.76	1.08	0.198
33) Work with nurses who are clinically competent	2.00	0.00	2.30	0.99	0.304
34) nursing staff participates in the selection of new equipment	3.71	0.47	3.63	0.83	0.616
35) the nursing Manager supports your team, in its decisions, even if they conflict with those of the doctor	2.50	0.73	2.98	1.14	0.063

36) an administration that listens and responds to the concerns of workers	2.82	0.88	3.20	0.96	0.120
37) an active quality assurance program	3.41	0.71	3.33	0.90	0.938
38) nurses are involved in the internal direction of hospital (e.g. in standards committees and clinical practice)	3.47	0.80	3.41	0.91	0.941
39) (joint) Collaboration between nurses and doctors	2.94	0.75	2.91	0.94	0.921
40) a mentoring program for newly-hired nurses	3.71	0.47	3.28	1.05	0.255
41) nursing care is based more on nursing models than medical models	2.76	1.03	2.70	1.05	0.846
42) nurses have the opportunity to participate in committees of hospital nursing	3.41	0.71	3.17	0.97	0.505
43) the contributions nurses make to patient care are publicly recognized	2.76	0.97	3.33	0.87	0.033
44) nursing managers to consult staff on the procedures and your everyday problems	2.88	0.89	3.26	0.93	0.091
45) the work environment is pleasant, attractive and comfortable	3.06	0.83	3.41	0.72	0.112
46) opportunity to work in a highly specialized unit	3.29	0.85	3.33	0.87	0.836
47) nursing care plans written and updated for all patients	3.06	0.90	2.87	1.07	0.598
48) the designation of patients promotes continuity of care (that is, the same nurse takes care of the same patients on consecutive days)	2.53	0.80	2.96	0.84	0.063
49) nurses who work regularly and permanently together never have to cover another drive	3.53	0.51	3.37	0.90	0.930
50) nurses participate actively in the preparation of your working range (i.e.: days that should work, time off, etc.)	2.82	0.95	3.22	1.07	0.102
51) standardizing rules and procedures	3.29	0.77	2.89	1.10	0.245
52) use of nursing diagnosis	3.53	0.72	3.11	0.95	0.107
53) displacement of people to balance the teams between the units	2.29	0.59	2.54	1.15	0.444
54) each nursing unit determines its own rules of procedures	2.71	0.77	3.11	1.10	0.091
55) using problem-oriented medical record (System of organization of the chart, in which therapeutic and diagnostic annotations are related to a specific problem)	3.06	0.66	2.96	1.09	0.889

56) work with experienced nurses who know the hospital	2.29	0.85	2.13	1.09	0.390
57) nursing care plans are transmitted verbally from nurse to nurse	2.59	0.80	2.63	1.10	0.828

\*  $p < 0.05$ ; Kruskal-Wallis test

**Source:** The authors, 2017.

## DISCUSSION

Although the research carried out in only one of the nine Emergency Services Units in the city of Curitiba-PR, the results provide nursing teams and managers, for a wide-ranging discussion regarding the relationship between the workplace and quality of nursing care in urgency and emergency units. In addition, we highlight as limitation, restricted collection of socio-demographic data, since these could related to the values assigned to the items and subscales of the B-NWIR.

The prevalence of young female professionals meets Brazilian study recently depicts the profile of Brazilian nursing, consisting mainly of women, accumulating more than a job and has double workday<sup>(16)</sup>.

The findings in this research indicate that there is agreement between nurses and nurse technicians that work in that environment UPA'S presents unfavorable conditions for the exercise of nursing care, with emphasis on subscale "*control over the environment*", which it measures how much control of the environment is favorable to activities of nurses<sup>(14)</sup>. In this sense, it is valid to point out that the activities of the nurse in UPA'S are characterized in particular, assistance with regard to the implementation of administrative and managerial procedures, as reference material and human resources, plan and supervise the assistance performed by the technicians of nursing, describe routines and promote education on duty<sup>(17)</sup>. Thus, the low perception of the group that drives the subscale assert that the location of the search does not offer the necessary conditions both for the performance of a quality and safe care, as for the Organization of the private activities of the nurse.

The subscales "*relationship between doctors and nurses*" and "*organizational Support*" obtained medium equal when compared the results in pairs (average for nurses 2.8 and nursing technicians 2.6). As far as relations between doctors and nurses, among the items that make up this subscale, the *nurses and doctors work very hard as a team*" for nursing (average equal to 3.00), followed by "*Cooperation-Joint-practice between nurses and doctors*" for nurses (average equal to 2.94). In this regard, it is pertinent to point out that the care offered at health services is dependent, first, the performance of doctors and nurses, who must work in harmony once the goal of his actions is the same: improving the health and well-being of the patient. However, the study points to problems and conflicts from the relationship between such professionals because of differences in decision-making, ineffective communication, influences on the health team, professional recognition and wage differences<sup>(18)</sup>. On these questions, and to relate to urgent and emergency services, it is clear the negative impact of problems inter-for user assistance professionals in critical condition, which is dependent on the effectiveness of multidisciplinary work.

The "Organizational Support" corresponds with the perception of the workers about the recognition of the work of their organization, associated with the performance of their workload, support materials and human resources and salary increase<sup>(19)</sup>.

In the B-NWIR this subscale consists of 10 items and in this research, two negative averages were obtained (up to 2.5), perceived by nurses in "*time and enough opportunity to discuss, with other nurses, patient care-related problems*" (average equal to 3.35) and nursing technicians in "*team with enough nurses to provide patients with quality care*" (equal to average 3.24).

About these data, the discussion about the State of the patient and the collaborative work between the nursing staff is considered to be one of the means to an individualized nursing care, quality and humane, independent of health care context<sup>(20)</sup>. Factors that hinder or prevent the execution of the nursing process, fragmentation of care create opportunities, the occurrence of failures in the care process and, consequently, of adverse events<sup>(21)</sup>. The Brazilian nursing constantly faced with insufficient in the context of professional influence on task overload, occupational stress, emotional Burnout, increase in the number of accidents at work and of adverse events, as well as offer the occurrence of occupational diseases as the *Burnout*<sup>(4)</sup>.

On the other hand, to the above-mentioned medium positive subscale (below 2.5) were assigned to "*Nursing has control over your practice*" evaluated by nursing technicians (average equal to 2.43), and "*Freedom to take important decisions in the care to the patient and at work*" for both groups (averages for Nurses: 2.00; Nursing technicians: 2.76) which denotes autonomy of nursing staff about patient care. These items are also contained in the subscale "*Autonomy*", which was the only one to be evaluated positively, however, only nursing technicians (average equal to 2.4). Attention the item "*nursing Manager supports your team, in its decisions, even if they conflict with those of the doctor*" which received 2.5 average for nurses, which reinforces the importance of nursing managers committed to their teams and, above all, to understand the needs of teams that are under your supervision. The autonomy of the nursing staff, in particular in the perspective of the nurse, been discussed for years by nursing, due to the need of the profession constitute a body of knowledge that support the professional practice and lead to social recognition of the profession<sup>(22)</sup>. On the urgency and emergency units, in the patient care record, with definite risk of life, the nurses as nursing team leader, if faced with ethical dilemmas and questions about the professional autonomy in relation to other professionals, especially the doctor<sup>(24)</sup>. Thus, the knowledge of the legal bases of the profession, by means of legislation in force, in addition to institutional support, especially of managers, promotes attitudes directed, safe and effective in UPA'S.

In Brazil, studies that used the B-NWIR, applied both to nurses as nursing technicians, achieved generally positive results<sup>(8, 9, 10, 11, 12)</sup> which demonstrates the peculiarity of working environments of urgent and emergency, in particular the UPA'S's, spaces that are increasingly sought after by the population to the resolution of health problems, whether of high or low complexity.

## CONCLUSION

The research demonstrated that in the Emergency Service Unitworking environment not conducive to nursing care, which implies in reducing the quality of care. Under this argument, there is the need for a broad discussion among nursing staff, managers and other multidisciplinary authorities of the emergency services and the Municipality in

order to fit the gaps that interfere in assistance to critical patients who depend on the effectiveness and efficiency of the care of this unit.

Several are the associated factors for a working environment is adequate, however, provide nurses and nursing technicians, who are the driving force of the health assistance, the support required for the implementation of the activities inherent to the profession, is one of the means to ensure a care free of damage.

The answers to the questionnaire, which obtained the greatest disparity between the analyzed groups, indicate that nursing technicians perceive weaknesses in the skills required by the emergent nurse and report on the importance of continuing education actions in this service so that the leaders and leaders of the nursing team recognized by their peers.

The comparison between groups, nursing technicians and nurses allowed the identification of the gaps that influence daily care in complex environments and with high demand of activities that are commonplace to the sites with the same service profile of the research site.

The present Situational diagnosis can direct the local leaders to intervene in the weaknesses, especially those with negative results. The relevance of more studies on the perception of environmental health teams working in ER units to the encouraging improvement in the service provided in urgent and emergency services.

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