

WHAT DO NURSES OF THE SAMU (MOBILE EMERGENCY CARE SERVICE) THINK ABOUT THEIR WORK PROCESS*

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ABSTRACT: The purpose of the present study was to determine the way nurses of a Mobile Emergency Care Service (SAMU) perceive their work process, in a state of the Southern region of Brazil. Descriptive-exploratory study conducted between January and March 2014. Data from 63 nurses was collected through an instrument with close-ended and open-ended questions. Content analysis and critical theorization of Karl Marx to interpret the nurses' statements. The assessed categories were work in the Mobile Emergency Care Service – description of the activities, work process at the Mobile Emergency Care Service and what guides the professional actions taken. Given the nurses' understanding of work and the elements of work process in the light of dialectical and historical materialism, the results obtained in this study were found to be connected with this theoretical foundation. It is concluded that the reflections made during the analysis of the referred categories can be useful to improve nursing care in this field.

DESCRIPTORS: Ambulances; Emergency medical services; Nurses; Work.

O QUE PENSAM OS ENFERMEIROS DO SAMU SOBRE O SEU PROCESSO DE TRABALHO

RESUMO: Objetivou-se identificar a percepção de enfermeiros de um Serviço de Atendimento Móvel de Urgência sobre o seu processo de trabalho em um estado da região sul do Brasil. Estudo exploratório descritivo realizado entre janeiro e março de 2014. Os dados foram coletados com 63 enfermeiros utilizando um instrumento com perguntas fechadas e abertas. Para a análise dos dados, utilizou-se a análise de conteúdo e a teorização de Karl Marx para interpretar as formulações dos enfermeiros. As categorias analisadas foram: o trabalho no Serviço de Atendimento Móvel de Urgência - a descrição das atividades, processo de trabalho no Serviço de Atendimento Móvel de Urgência e o que orienta o agir profissional. Considerando-se o entendimento de trabalho e elementos do processo de trabalho no materialismo histórico-dialético, os resultados da pesquisa aproximam-se desta fundamentação teórica. Conclui-se que reflexões obtidas, a partir das análises das categorias, podem ser úteis para a qualificação da assistência neste campo.

DESCRIPTORES: Ambulâncias; Serviços médicos de emergência; Enfermeiros; Trabalho.

QUÉ PIENSAN LOS ENFERMEROS DEL SAMU ACERCA DE SU PROCESO DE TRABAJO

RESUMEN: Se objetivó identificar la percepción de enfermeros de un Servicio de Atendimento Móvil de Urgencia sobre su proceso de trabajo en un estado de la región sur del Brasil. Estudio exploratorio descriptivo realizado entre enero y marzo de 2014. Los datos fueron obtenidos con 63 enfermeros, utilizándose un instrumento con preguntas cerradas y abiertas. Para el análisis dos datos, fue utilizado el análisis de contenido y la teorización de Karl Marx para interpretar las formulaciones de los enfermeros. Las categorías analizadas fueron: el trabajo en el Servicio de Atendimento Móvil de Urgencia – la descripción de las actividades, proceso de trabajo en el Servicio de Atendimento Móvil de Urgencia y lo que orienta la acción profesional. Considerándose el entendimiento de trabajo y elementos del proceso de trabajo en el materialismo histórico dialético, los resultados de la investigación se acercan de esta fundamentación teórica. Se concluye que reflexiones obtenidas por medio de los análisis de las categorías pueden ser útiles para la cualificación de la asistencia en este campo.

DESCRIPTORES: Ambulancias; Servicios Médicos de Emergencia; Enfermeros; Trabajo.

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INTRODUCTION

The Mobile Emergency Care Service (SAMU) integrates the *Política Brasileira de Atenção às Urgências e Emergências* (Brazilian Policy for Urgency and Emergency Care). The service is provided by teams consisting of I) Team of the Central Regulation consisting of regulation doctors, medical assistants, fleet managers and radio operators; II) Team of Advanced Support Units consisting of doctor, nurse, emergency ambulance driver; III) Team of the Emergency Helicopter (Federal Highway Patrol - PRF/SAMU) consisting of doctor and nurse; pilot and a Special Operations Technician of PRF; and IV) Team of the Basic Support Mobile Emergency Unit, consisting of nursing technician and emergency ambulance driver⁽¹⁾.

The work process of SAMU nurses is part of the work of health teams. These professionals perform their duties in advanced support units, in the air, land and maritime domains. They perform nursing coordination and technical responsibility functions.

The Marxist theory of the organization of work was used in the analysis of the work process of the nurses. According to this view, the work process is the human activity in which workers take physical and mental energies and use instruments to transform a given object into a product or outcome. This process involves three elements: a) an activity aimed to achieve a desired result, which is work itself/the transforming action; b) the material on which the work is performed, the object of labor; c) the means production/instruments of production⁽²⁾.

Using the referred theory to analyze the work performed by SAMU nurses, we can infer that after the provision of the care, the nurse and the patient are no longer the same. The nurse provides assistance to an individual, and such assistance may involve family members or community groups. These, in turn, constitute the object of labor of the nurses. In order to perform the transforming action, nurses use their skills and knowledge to save lives and minimize injuries.

To perform their care duties, the teams need various types of equipment that are available in the basic and advanced support emergency units, which are equipped with the necessary materials, drugs and items. To deliver care, nurses work in collaboration with doctors, nursing technicians, emergency ambulance drivers and other above mentioned professionals⁽³⁾.

The actions carried out by nurses in the exercise of the nursing profession are governed by specific legislation and health care guidelines. Law no. 7.498/86 regulates the Exercise of the Nursing Profession. According to this law, the tasks assigned to mid-level nursing professionals can only be performed under the guidance and supervision of a nurse⁽⁴⁾.

Therefore, the present study aimed to determine the way nurses of a SAMU service perceive their work process in a state of the Southern region of Brazil.

METHOD

Descriptive-exploratory study with nurses who performed their duties at the SAMU of a state in the Southern region of Brazil.

The 120 nurses who worked in a southern Brazilian state were invited to participate in the survey. However, at the beginning of the survey, only 104 professionals were able to participate, since 13 were on vacation and 03 on maternity leave.

For data collection, since physical access for face-to-face interviews with the nurses in the state was difficult, individual instruments with closed-ended and open-ended questions were sent to the participants to accelerate the process. The questionnaires were sent to the nurses in January 2014, and in the beginning of February they were available in all the eight SAMU regulation centers in the state. The completed questionnaires were returned to the researchers in March by 63 nurses, 60.5% of the total number of nurses able to participate in the research.

The participants received a cover letter explaining the purposes of the study and the importance of their participation, two copies of the Informed Consent (IC) form and the instrument (questionnaire). These documents were sent to the nursing management body at state level that shipped them via pouch to the eight regulation centers of the SAMU in the state. One copy of the IC form was retained by the participant and the other was returned with the completed questionnaire to the researchers in sealed envelopes by mail or else sent to the SAMU regulation center, and were later collected by the researchers.

All the stipulations of Resolution no n° 466, of 2012, of the National Health Council that regulate research with humans were observed⁽⁵⁾.

The project was approved by the Research Ethics Committee of Universidade Federal de Santa Catarina (UFSC), under no 364.784, of August 12, 2013.

For data analysis, the assumptions of thematic content analysis were observed, and the theoretical framework of dialectical and historical materialism was used in the interpretation of the answers provided by the participants. The process was developed according to the following flow: pre-analysis, material exploration and processing of results, including inference and interpretation⁽⁶⁾.

RESULTS

The data were organized in three categories: the work at the SAMU – description of the activities; work process at the SAMU according to the nurses; and the last category describes the guidance of the professional activities performed by SAMU nurses.

The work at the SAMU: description of the activities

In order to understand the work process at the SAMU, the transforming action in the sense given by Karl Marx to human labor, we described the workflow performed by nurses at the SAMU. These data show the way the SAMU services are activated, the composition of the team, how the work is performed by the team and the nurse until its completion, with which people does the nurse interact and in what situations. The results, including the quantity of statements, are shown in Chart 1.

Asked about how SAMU services are activated, 79.4% of the participants said that this is done by dialing number 192 (Central Regulation). Then, the central office contacts the team via tablet or mobile phone. In total, 20.6% of the participants did not answer this question.

Regarding the composition of the team, 100% of the participants informed that the team consisted of a doctor, nurse and emergency ambulance driver. However, it should be stressed that these workers were also part of the advanced support unit, and the basic support teams, which accounted for 81.6% of the set of teams, consists of nursing technicians and emergency ambulance drivers.

There were 69 statements regarding the way the work is performed by the team, that is, some nurses made more than one statement. Of this total, 47.8% said that they performed their regular

work duties and obligations established by protocols. Subsequently, 31.9% of the participants reported that the work is done in a dynamic and integrated way, 14.5% reported that the work is performed according to the needs of the patient, and for 5.8% the work is performed according to instructions provided by the regulation doctor.

There were 72 statements explaining the work of nurses at the SAMU. Of these, 41.7% reported that it is performed within their responsibilities, for 25% nurses provide and organize care practices, 18% said the work of nurses was based on scientific and technical expertise (protocols), for 7%, it was performed with calm and dexterity, for 5.5% nurses performed their work ethically and 2.8% said the work was performed with satisfaction and very responsibly.

There were 65 statements explaining when the work performed by the emergency team and nurses is finished. Of these, 49.2% said that the work is finished when the patients are taken to their destination (home or health service), 40% explained that the work is finished when the team returns to the base, and the nurse cleans the ambulance and restores the material used, and 10.8% said that the work is finished in shift changes. Thus, almost 90% of the statements reported that the work at mobile emergency care services is finished when the patient is treated and taken to his/her destination. Even for the 40% who said that the work is finished when the ambulance is cleaned and the materials are restored, such activities can only be performed after the completion of the emergency assistance provided to the patient.

Still regarding this element of the work process, there were 59 statements explaining what was the outcome of the work of SAMU team and SAMU nurses. Of this total, 55.9% reported that the outcome/product of the work of SAMU team was the assistance to the population in urgency and emergency situations, and for 33.9% the outcome is saving the lives of the patients. Again, for nearly 90% of the nurses, the outcome of the work of SAMU team and SAMU nurses is the care provided to the individuals. In the other statements, corresponding to 6.8% and 3.4%, respectively, of the respondents it was reported that the outcome of the work is “knowledge, skill and agility” or “commitment and expertise”.

Regarding the question about the professionals and workers with whom SAMU nurses interacted, there were 279 statements, distributed in 21 groups of professionals and workers. The most

Chart 1 – Work flow and quantity of responses according to data obtained from nurses of the SAMU, Santa Catarina, Brazil, 2014

Workflow		
Activation of the service	Through a phone call to number 192, and the team is contacted via tablet or mobile phone (50)	
Composition of the team	Doctor, Nurse, Emergency ambulance driver (63)	
How is the work performed by the team	Each one has its responsibilities/ obligations to perform under specific protocols (33) According to the needs of the patient (10)	In a dynamic and integrated way (as a team) (22) Based on the regulations (4)
How is the work performed by the nurse	Within our responsibilities (30) Based on our scientific and technical expertise (protocols) (13) Ethically (4)	Provides care and organizes care practices (18) Calm, agility, skill (5) With satisfaction and very responsibly (2)
When the work of the emergency team and the nurses is finished	When the patients are taken to their destinations (home, health service) (32) In shift changes(7)	Upon arrival at the central office, clean the ambulance and restore the materials used in the emergencies (26)
With which people do the nurses interact	Physicians (53) Nurses (39) Hospital team (19) Police officers (PRF, PM, PC, GM*) (16) Medical assistants (12) General services (4) Pharmacists (4) Psychologists (3) Social workers (2) With prison employees (1) Educator (1)	Emergency ambulance drivers (51) Nursing technicians (27) Firefighters (18) Radio operators (13) Administrative technicians (5) Coordination (4) Emergency care professionals (3) Forensic Institute (2) Nutritionist (1) Civil Servants (1) -----
Which situations involve interactions with other workers or services	In the emergency services (38) In transfers (12) At the hospitals (7) In support to firefighters (2) In the meetings between teams (2) During trainings (1)	In several situations (16) At the Base (regulation) (10) At the Emergency care (4) During duty (2) In the event of deaths (1) -----

*PRF – Road Patrol Officer; PM – Military Policeman; PC – Civil Policeman; GM – Municipal Guard

commonly mentioned were: physician (19%), emergency ambulance driver (18.3%), nurses (14%), nursing technicians (9.7%), the hospital team (6.8%), the Fire Department (6.5%), Policemen - (Federal Highway Patrol, Military Police, Civil Police and Civil Guard – (5.7%), the radio operator (4.6%), the medical assistant (4.3%), the administrative technician (1.8%). The other 26 statements distributed in 6 groups of workers account for 9.3%.

The interaction of nurses with the several other professionals and workers occurs in many situations. Of the eleven different situations of interrelation with other groups of workers, the most frequently mentioned (40%) was in the assistances/emergencies. Other situations or places cited were transfers (12.6%), at the central office/regulation (10.5%), hospitals (7.4%) and emergency units (4.2%). Most statements

about the interactions of nurses with the other professionals occur during the provision of care to the patients. In almost all these interactions the patient is present.

Work process at the SAMU according to the nurses

In Chart 2, we describe the need that generates the work at SAMU, according to the nurses, who is the target (object) or the work provided by the team/nurse, what is the purpose of the work and what are the working tools. These data and the corresponding quantity of statements are presented in Chart 2.

Regarding the elements of the work process of SAMU nurses, the first question concerned the need/situation that activates the work process of SAMU and SAMU nurses, and nine situations were described. The most frequently mentioned

Chart 2 - Elements of the work process and quantity of answers of nurses of the SAMU, Santa Catarina, Brazil, 2014

Elements of the Work Process of Nurses at the SAMU		
Need/situation that activates the work of the SAMU service and the nurse	Urgency and emergency situations (34) Inter-hospital transfers (9) Traffic accidents (5) Labor and delivery (1) Lack of resolution of health services (1)	Population that needs the service (17) Service request coming from the Regulation Center (5) Requests for guidance regarding prevention and promotion (2) Violence (1) -----
Object of the work of SAMU and nurse at the SAMU	The population in general (those individuals whose lives are at risk) (58) The setting, the team, the regulation and the coordination (2)	The hospitals (2) The commerce (1)
What is the purpose of the work of the SAMU and of the SAMU nurse	Provide assistance to the population in urgency and emergency situations (reducing harm, minimizing sequelae) (59)	Perform transfers (6) Treat patients onsite and release them (3)
What is the outcome of the SAMU work and the SAMU nurse	Provision of care to the population in urgency and emergency situations Knowledge, skill and agility (4)	Save patients' lives (20) Commitment and expertise (2)
What are the working tools	Mechanical ventilator (21) Technical and scientific knowledge (17) Equipment available in the ambulance (13) Cardiac Monitor (12) Training activities (10) Evolution of Nursing (8) Care protocols (8) Systematization of Nursing Care (6) Apparatus for glycemia (4) Electrocardiogram (4) Dressing material (3) Mobile phone (3) Personnel (3) Flashlight (2) Suture material (1) Thoracic drainage (1)	Infusion Pump (18) Materials and drugs (15) Cardioverter Defibrillator (13) Materials for Immobilization/rigid stretcher (11) Blood pressure monitor (9) Catheters (8) Tablet (6) Oximeter (6) Urinary cateter and nasogastric tube (4) Incubator (4) Books and scientific magazines (3) Retractable stretcher (3) Thermometer (2) Vehicles (1) Ambulance (1) Application forms (1)

situation was urgency and emergency (45).

According to the participants in the survey, the service is usually activated by individuals who need emergency care (22.7%), followed by inter-hospital transfers (12%), medical regulation and traffic accidents (6.7%). The other situations (5) account for 6.6%.

Regarding the purpose of SAMU work and SAMU nurses work, there were 68 statements. In 86.8% of them, the purpose was to provide care to the population in urgency and emergency situations, reducing harm and minimizing sequelae. In 8.8%, the purpose was to perform intra-hospital transfers, and in 4.4% the purpose was to treat and release the patient onsite.

Regarding the equipment used by the nurses, 221 statements indicated 32 types of equipment. The most frequently mentioned were mechanical ventilator (9.5%) infusion pump (8.1%), available technical and scientific knowledge (7.7%), com materials and drugs (6.8%), equipment available in the vehicle (5.9%) and the same percentage for cardioverter defibrillator, cardiac monitor (5.4%), materials for immobilization/rigid stretcher (5%), training (4.5%), and blood pressure monitor (4.1%). Other equipment such as catheters, tablet, oximeter, etc. was also mentioned.

The answers regarding adequacy, quantity and status (proper and good working order) of the work equipment are shown in Chart 3.

Of the 60 statements related to the quantity

and sufficiency of instruments of work, 71.7% informed that they are sufficient, 23.3% informed that they are sometimes sufficient and only 5% informed they are not sufficient. Regarding adequacy, 74.6% of the statements contained affirmative answers, for 22% the instruments were sometimes adequate and 3.4% reported non-adequacy. Regarding the status of the equipment, for 78% it is in good working order and for 22% the equipment is sometimes in good working order.

Regarding the adequacy of work conditions, there were 59 statements: for 81.4% of the nurses, they were adequate and for 18.6% they were not adequate.

Regarding the relationships in the workplace, for 54 nurses they were satisfactory, corresponding to 87.1% of the answers to this item. A percentage of 11.3% of the answers, corresponding to seven statements, indicated that relationships in the workplace were not adequate. For 1.6%, corresponding to one statement, such relationships were sometimes adequate.

Chart 3 – On the adequacy, sufficiency and conditions of the instruments of work available at the SAMU, according to the nurses, Santa Catarina, Brazil, 2014

On the Instruments of Work				
Instruments required for performing your duties as a SAMU nurse	Yes	No	Some-times	
Are sufficient	43	3	14	
Are adequate	44	2	13	
Are efficient	46	--	13	

What guides the professional action of SAMU nurses

In order to understand the nurses' perception on their work, regarding the interrelationship between the role prescribed by the Política Nacional de Atenção às Urgências- (PNAU (Brazilian Policy for Urgent Care) and expressed in the pertinent legislation, the participants were asked about the emergency policies in force in the state and in the country, the law that regulates the Exercise of the Nursing Profession and the Resolutions of the Federal Nursing Council (COFEN) regarding the work performed by SAMU workers.

The answers of the nurses, with the respective numerical specification, are described in Chart 4.

Chart 4 – What guides the professional activities of SAMU nurses, Santa Catarina, Brazil, 2014

On the nursing professional action			
	Yes	No	Some-times
Do you know the Emergency Policies in force in the state and in the country?	58	2	-
Do they influence your work?	58	2	-
Do you know the law that regulates of the Exercise of the Nursing Profession and the Resolutions of the COFEN regarding nursing activities in urgency and emergency care and at the SAMU?	57	3	-
Do they influence your work?	55	1	-

Asked about their knowledge of the legislation that regulates the Exercise of the Nursing Profession, 95% said they were aware of the legislation, and 5% were not. Questioned whether this legislation had impact on their work activities, 98.2% responded affirmatively and only 1.8%, said it had no impact on their work activities.

DISCUSSION

The need/situation that activates the work of the SAMU is the existence of citizens in an urgency or emergency. However, the request for service made by this citizen can be either a situation of urgency/emergency or an inappropriate call (e.g. in the case of hoaxes). According to a study conducted in 2012 in the State of Santa Catarina on the telephone calls made to the SAMU that were not accepted, hoaxes accounted for 45.2% of the calls in 2007, 31.8% in 2008, 23% in 2009 and 12.3% in 2010. Despite the decrease in hoaxes, this situation is still highly significant⁽⁷⁾.

In their description of "how team work is performed", 31.9% of the participants in the survey mentioned that it is performed "in a dynamic and integrated way (as a team)", understanding the work of a nurse as being part of a teamwork. The participants seemed to recognize that the integration of different expertise and training is required in emergency care. Another aspect reported by the participants, which is, "work in this field is dynamic", indicates their awareness of the typical unpredictability of emergency actions.

This outcome is consistent with a finding obtained in another study⁽⁸⁾, according to which team work in pre-hospital care favors integrated

actions, ensuring greater agility in the care provided to the patients. It transcends the hierarchical relations between the professionals and workers that compose the teams and provides fast and high quality care,

The nursing work is most often performed collectively and in collaboration with other health care professionals and workers. In the present study, the nurses of the SAMU interact with other nursing and health professionals, as well as with other workers (policemen, educators, administrative personnel, among others)⁽⁹⁾.

It is a complex work that involves many interactions. And since for 11.1% of the respondents these relationships are not adequate, the training of nurses in interpersonal relations deserves greater attention. In this field, cooperation is essential to ensure safety and quality in the care provided.

Regarding the need/situation that activates the work of the SAMU and SAMU nurses, it can be said that the work at the SAMU is generally activated by the need for professional assistance to an individual in a situation of urgency or emergency.

There were 63 statements about "who is the target (object) or the work provided by the SAMU team/and the SAMU nurse," and for 92% of these respondents, the target are the people whose lives are at risk (individual or collectively). This finding is consistent with those from other studies indicating that the object of the work of nursing professionals are the human beings, individually or collectively, that need curative, preventive actions, or other actions within the scope of health promotion⁽³⁾. The other statements (05) accounting for 8% of the total statements were different from the findings obtained in the relevant literature on the issue⁽²⁻³⁾.

In the theorization about the human labor process, the purpose guides the process and the intended object. Therefore, the outcome of the work corresponds to an objective formulation of the purpose⁽²⁻¹⁰⁾. According to this theoretical approach, in most activities in the service sector, the product or outcome of work is different from the product or outcome of industrial production, or else, the work is finished with the accomplishment of the activity, which is the case of the work in health care and in education⁽²⁻³⁾.

Regarding the product of the work of the SAMU team and of the SAMU nurse, most participants said it is the care provided to the individual,

which corresponds to the labor process theory⁽²⁻³⁾. So, the product/outcome of the work of SAMU nurses is the service delivered, the care provided. It is not something tangible, a material product. Care is produced and consumed simultaneously. The other statements, outnumbered, reported that the outcome of work is "knowledge, skill and agility" or "commitment and expertise". They concern attributes or requirements related to the workforce, differing from the labor process theory. This finding can be related to difficulties in the understanding of the issue expressed in the data collection instrument, once the researchers were not present during the completion of the forms.

Knowledge is referred as a working tool, which also corresponds to the definition of working tool found in the literature⁽³⁾. In this regard, knowledge on the Systematization of Nursing Care (SAE) and nursing evolution, which is part of the SAE, and the care protocols.

The purpose of the process of work of health professionals is the therapeutic action; object: individual or group of individuals sick, healthy or exposed to risk, requiring curative measures, preservation of health or disease prevention; the working tools are the tools and behaviors that represent the levels of knowledge – the expertise in health, and the final product/outcome is the delivery of care, which is produced and consumed simultaneously^(3:161).

Most participants reported that the equipment used in their work activities was adequate, sufficient and available in good working order. Less than 5% responded negatively to these questions. The result demonstrates that nurses are satisfied with the equipment used for performing their work activities.

Regarding relationships and work conditions, the results indicate a very favorable scenery, unlike the findings of the Brazilian literature regarding work conditions in health care and nursing.

When nurses are prevented from performing their activities, they are faced with the confrontation between acting (violating the law), on the one hand, to meet the needs of the target population, and complying to the rules that limit their action⁽¹¹⁾.

Appropriate relationships and work conditions are essential for teamwork, since these professionals perform many daily tasks, some of

them highly complex and that sometimes pose risks to their own lives⁽¹²⁾.

Sixty (60) participants answered the question about what guides the professional action and on the knowledge of nurses on the emergency policies in force in the state and in the country. Of this total, 96.7% said they were aware of the legislation and 3.3% were not. The same percentages were obtained for the answers given to the question on the influence of macro policies in health care on their work activities. That is, the prescribed policies have a significant role in the definition of the assignments of nurses and the way to perform them.

According to the results, the nurses know the emergency policies and the legislation that regulates the exercise of the nursing profession, and are aware of the relationship between their professional activities and the current legislation. However, these activities are more influenced by the pertinent health care policies (protocols and parameters defined in Urgency and Emergency Policies in force in Brazil) than by the legislation.

The literature describes the importance of protocols in the daily activities performed by nurses. According to the Pre-hospital Treatment Protocols General Operating Procedures of the City of New York, the protocols were developed to ensure and standardize pre-hospital treatment to individuals in urgency and emergency situations, in order to provide high-quality care⁽¹³⁾.

Regarding the composition of the teams, the legislation that regulates the exercise of each profession and the pertinent health policies establish the components of the team and their respective assignments. Here again health policies prevailed over the legislation (e.g. in the state where the study was conducted there were no nurses in the basic support teams, which is in disagreement with the provision of Law no 7.498/86 and COFEN Resolution no 375/2011⁽¹⁴⁾).

Regarding the influence of legislation on the exercise of the nursing profession, there was a predominance of the recognition of care practices followed by managerial activities. According to the literature, the nursing work has three dimensions: care, management and education⁽¹¹⁾. Regarding how the work is performed by the nurse, the participants mentioned care actions ("provides care") and management actions ("organizes care practices"). There were few or no statements concerning educational activities and the development of specific nursing

actions, such as the systematization of care, and problematizing the need for professional nurses in the composition of all the teams that perform nursing tasks.

Ensuring that the professional activities performed by the different health workers are guided by their specific legislations and their expertise allows the construction of an important requirement for the visibility of these activities within the context of health care work.

Analysis of the work performed by nurses at the SAMU indicated that the referred mobile emergency service is under construction⁽¹⁵⁾. Although the practices of mobile emergency services are governed by pre-established national guidelines, the services seek to adapt to the local circumstances.

FINAL CONSIDERATIONS

At the SAMU, nurses interact with several health professionals and workers of different fields, and at various situations. One of the requirements for proper nursing care at the SAMU team is associated to the types and effectiveness of relations established within collective work.

Regarding the elements of the work process of nurses at the SAMU, most participants described that the need/situation that activates SAMU work are the urgency and emergency situations experienced by people. The object of the work is the individuals whose lives are at risk. The purpose of the work is providing care/assistance to the population in urgency and emergency and the outcome/product of the work is the care provided to the individuals. Also, for most participants the work equipment is sufficient, adequate and good working order. Given the nurses' understanding of work and the elements of work process in the light of dialectical and historical materialism, the results obtained in this study were found to be connected with this theoretical foundation.

We suggest including moments of reflection on the work process of nurses in health care and at the SAMU, during trainings, to strengthen nurses' understanding of this process, and providing a greater understanding of the entire health care team on the work process at the SAMU. This reflection may provide greater insight on the complexity of the activities performed by the SAMU, on the interfaces between the different professions and the different nursing professionals.

We emphasize that the activities performed by the SAMU require teamwork, involving interactions with different professions and workers that collaborate to the desired outcome. Therefore, reflecting about the work process contributes to improve the quality of health care, provided by the nurses and the SAMU team.

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