

Difficulties in urgent and emergency care in small municipalities: Literature review



<https://doi.org/10.56238/sevened2023.004-006>

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ABSTRACT

The objective of this study was to point out the difficulties faced in urgent and emergency care for critically ill patients in small municipalities, according to the current literature. This is a bibliographic research, with a qualitative, retrospective approach, of a basic nature, with the exploratory purpose of data, having as a data source articles published between the years 2006 and 2021. From February to November 2021, 576 articles were collected, but only 13 met the inclusion criteria, and 563 articles were discarded. The results were separated into axes. Axis 1 grouped articles that discuss the management and conditions of the urgency and emergency service in small municipalities. Axis 2 describes elements that identify and report all the difficulties faced by nurses on a daily basis in the urgent and emergency service. Axis 3, on the other hand, contains the reports that express all the feelings of stress and suffering experienced in the hospital environment. The first axis is headed for 3 articles, the second axis is 7 for articles and the third axis is for 3 articles. The difficulties faced by small municipalities involve issues related to the physical structure, the excessive demand for work that could be reviewed and distributed among the less complex services, and the feelings generated by the obstacles experienced, such as the work overload that causes stress.

Keywords: Difficulties in the Emergency Room, Hospital emergency service, Cities.

1 INTRODUCTION

The health professional who is part of the front line of a hospital must always be prepared to identify and recognize a critically ill patient, classifying him efficiently and correctly (MELO E SILVA, 2011).



Since 2004, the Ministry of Health (MH), through the National Humanization Policy (PNH), has recommended that services seek training and qualification of nurses for the implementation of Reception with Risk Classification.

According to the PNH Booklet (2004), "the Risk Classification Assessment technology presupposes the determination of agility in care based on the analysis, from the perspective of a pre-established protocol, of the degree of need of the user, providing care centered on the level of complexity and not on the order of arrival".

After classifying the patient who seeks an emergency room, he can be referred to the red axis – patients at risk of death – or he can be referred to the blue axis – patients classified as urgent, slightly urgent or non-urgent (WHITAKER, 2015). Critically ill patients treated in a small municipality are referred to the stabilization room, established and provided by the urgency and emergency network (RUE) for the care of critical or severe patients, with the condition of guaranteeing 24-hour care, linked to a health equipment articulating and connecting to other levels of care (BRASIL, 2011).

After the stabilization of this patient, the transfer to the referral service in the case of hospitalization is carried out by the SAMU (Mobile Emergency Care Service), where, through a regulation center, with the proper collection of data regarding the patient's health status, the regulation of this patient is made for acceptance by the referral service and transportation (CONSÓRCIO INTERMUNICIPAL DE URGÊNCIA E EMERGÊNCIA DO NOROESTE DO PARANÁ, n.d.).

In Brazil, about 62% of hospitals are considered small, that is, they have up to 50 beds registered in the National Registry of Health Establishments (CNES), and small municipalities are those with up to 20 thousand inhabitants (BRASIL, 2010) and according to Ugá and López (2007), these municipalities have significant importance in the Unified Health System (SUS). because they are strategic elements for the formulation of the care model for a given territory.

In 2004, the Ministry of Health published Ordinance No. 1044/04, which established the National Policy for Small Hospitals (PNHPP), where financing was organized and stimulated the insertion of Small Hospitals in the health care network (BRASIL, 2004).

Health care networks or systems (HCN) are "organizational arrangements of health actions and services, of different technological densities, which, integrated through technical, logistical and management support systems, seek to ensure the comprehensiveness of care" (WHITAKER, 2015).

However, municipalities with small hospitals face difficulties in caring for the population, whether with the availability of resources, with the structuring of the unit or with the structuring of the team. In a study carried out by Souza and his collaborators (2019), in small municipalities in the State of Paraná, it was found that there is a desire to maintain small hospitals, even if they do not respond resolutely to the demands of the population, but their closure would cause a negative impact on the legitimacy of the managers in office. And, the same authors also emphasize that these hospitals should



participate in the RUE, even if they do not solve many of the problems, but they manage to play the role of regulator and their users are referred to larger hospitals.

According to the IBGE (Brazilian Institute of Geography and Statistics), 3770 Brazilian municipalities (67.7%) have less than 20 thousand inhabitants and concentrate 31.6 million inhabitants, which corresponds to 14.8% of the population (IBGE, 2021). As there is an important number of municipalities in this condition, it is worth emphasizing the importance of studying the difficulties faced by them, therefore, this study sought to point out the difficulties faced in urgent and emergency care for critically ill patients in small municipalities, according to the current literature.

2 METHODOLOGY

This is a bibliographic research, with a qualitative, retrospective approach, of a basic nature, with the exploratory purpose of data.

This study was based on articles published between 2006 and 2021, and the year 2006 was chosen, as it was when the reception policy began to be structured in the services and from that date on there was a risk classification, based on the 2004 NHP. The articles were found in the Bireme, Google Scholar and *Scielo* articles databases, and should answer the guiding question "What is the difficulty faced in urgent and emergency care in small municipalities?". And the descriptors used were: emergency hospital services, difficulty and urgency and nursing in the emergency service, emergency treatment.

The inclusion criteria were: Brazilian articles in Portuguese, which had in their context reports experienced by nursing professionals as nurses, nursing technicians and auxiliaries, during urgent and emergency care, and answered the guiding question.

Exclusion criteria were: articles that did not have reports and descriptions of nursing professionals in the urgency and emergency service in their context were excluded. And the research of the works took place between the months of February and November 2021.

The results were separated into categories, according to the content extracted from the articles, one of which was in the content analysis based on Bardin's content analysis, but with analysis of articles and were arranged in tables.

As this is a literature review, there is no need for a Human Research Ethics Committee.

3 RESULTS AND DISCUSSION

From February to November 2021, 576 articles were collected, but only 13 met the inclusion criteria, and 563 articles were discarded.

For better visualization, the titles of the articles, the objectives and the data related to the publications are shown in Table 1.



Table 1: Presentation of the analyzed articles regarding their title, objectives, and publication data, MARINGÁ, PR 2021.

Title	Authors	Magazine	Year of publication	Objective	Axis
The structure of a public emergency service, from the workers' point of view: quality perspectives	Larissa Gutierrez da Silva , Laura Misue Matsuda , Maria Angelica Pagliarini Waidman	Texto Contexto Enferm,	2012	To apprehend the perception of workers of a public emergency service in relation to the quality of the local structure.	1
Conditions and motivations for the work of nurses and physicians in high-complexity emergency services	Antonio da Cruz Gouveia Mendes; José Luiz do Amaral Corrêa Araújo Júnior; Betise Mery Alencar Souza Macau Furtado; Petra Oliveira Duarte; Ana Lúcia Andrade da Silva; Gabriella Morais Duarte Miranda	Rev. Bras Enfermagem	2013	To investigate the motivations for work and to evaluate the working conditions offered to nurses and physicians in the care of users in emergency services.	1
Challenges for emergency care management from the perspective of nurses	José Luís Guedes dos Santos; Maria Alice Dias d Silva Lima; Aline Lima Pestana; Estela Regina Garlet; Alacoque Lorenzini Erdmann	Acta paul. enferm	2013	To analyze the challenges for care management in an emergency hospital service, based on the perspective of nurses.	1
Nursing in the process of hospital accreditation in an urgent and emergency service	Suzinara Beatriz Soares of Lima; Alacoque Lorenzini Erdmann ¹	Acta paul. enferm	2006	build nursing actions to restructure the Emergency Room of a university hospital according to the standards of Hospital Accreditation in urgency and emergency according to the Ministry of Health.	2
Evaluation of emergency hospital services of the QualiSUS program	Gisele Oliveira O'Dwyer; Sergio Pacheco de Oliveira; Marismary Horsth de Seta	Ciênc. saúde coletiva	2009	evaluate the emergencies of the QualiSUS program.	2



Patient safety in emergency situations: perceptions of the nursing team	Andréa Tayse de Lima Gomes Federal University of Rio Grande do Norte. Natal, Rio Grande do Norte, Brazil. Marcos Antônio Ferreira Jr Pétala Tuani Candido Oliveira Manacés dos Santos Bezerril Flávia Barreto Tavares Chiavone Viviane Euzébia Pereira Santos	Rev. Bras. Enferm	2019	To know the perception of nursing professionals regarding the essential aspects for the provision of safe care to polytrauma patients in the emergency service.	2
The humanization of emergency care from the perspective of nurses: focus on polytrauma patients	Jéssica Siqueira Perboni Renata Cunha da Silva Stefanie Griebeler Oliveira	Interações	2018	to understand the perception of the nurses of the emergency unit about the humanized care of polytrauma patients.	2
24-hour UPA Emergency Care Unit: Perception of the disease	Saionara Nunes de Oliveira Bianca Jacqueline Ramos , Marina Piazza , Marta Lenise do Prado, Kenya Schmidt Reibnitz , Adalbi Cilonei Souza	Texto Contexto Enferm,	2015	to describe the perception of the nursing team about the UPAs, as well as to know the weaknesses and potentialities found by the professionals inserted in this service.	2
Mobile care for psychiatric urgencies and emergencies: perception of nursing workers	Lucidio Clebeson de Oliveira Harlon França de Menezes Richardson Lemos de Oliveira Dhyanine Moraes de Lima Sâmara Fontes Fernandes Richardson Augusto Rosendo da Silva	REBEN	2018	To understand how nursing workers perceive the care of people in situations of psychiatric urgencies and emergencies in SAMU.	2



Work process of nurses in an emergency hospital service	Simone Kroll Rabelo Suzinara Beatriz Soares de Lima José Luís Guedes dos Santos Valdecir Zavarese da Costa Emilene Reisdorfer Centennial College, Tanise Martins dos Santos Jocelaine Cardoso Gracioli	Rev. Bras. Enferm	2020	To analyze the work process of nurses in a hospital emergency service.	2
Symptoms of stress in nursing workers in an emergency room	Maycon Rogério Selegim Monica Augusta Mombelli Magda Lúcia Félix de Oliveira Maria Angelica Pagliarini Waidman Sonia Silva Marcon	Rev. Gaúcha Enferm	2012	OBJECTIVE: To identify the association of sociodemographic, occupational, and economic data with the presence of stress symptoms in nursing workers at an ED unit in southern Brazil.	3
Work in hospital emergencies: suffering and defensive strategies of nurses	Maria de Lourdes Custódio Duarte Cecilia Helena Glanzner Leticia Passos Pereira	Rev. Gaúcha Enferm	2018	2018To analyze distress factors and defensive strategies of nurses who work in an emergency room of a university hospital	3
Feelings experienced by nursing professionals working in an emergency unit	Salomé, Geraldo Magela; Maria de Fátima Moraes Salles; Victoria Helena Cunha Sposito	Revista Brasileira de Enfermagem (Online)	2008	To know the meaning of working in an emergency unit for nursing professionals.	3

Source: Survey data

The selected articles were separated into 3 thematic axes, namely: Axis 1: Physical conditions and challenges in the structure of the urgency and emergency service; Axis 2: Nurses' perception of the urgency and emergency service; Axis 3: Symptoms of stress and suffering experienced in urgent and emergency care.

Axis 1 grouped articles that discuss the management and conditions of the urgency and emergency service in small municipalities. Axis 2 describes elements that identify and report all the



difficulties faced by nurses on a daily basis in the urgent and emergency service. Axis 3, on the other hand, contains the reports that express all the feelings of stress and suffering experienced in the hospital environment. The first axis is headed for 3 articles, the second axis is 7 for articles and the third axis is for 3 articles.

3.1 THEMATIC AXIS 1: PHYSICAL CONDITIONS AND CHALLENGES IN THE STRUCTURE OF THE URGENCY AND EMERGENCY SERVICE

In this axis, it was observed that nursing goes through many challenges in its work environment on a daily basis, which, due to the lack of good physical structure, materials, good management and professional organization, affect care.

In emergency situations, care is difficult when conditions are not favorable, such as, for example, many stretchers on site, the non-separation of patients, the lack of organization of the sector and the lack of qualified professionals, in addition to the lack of responsible physicians with good coordination with the team.

An example is the fragment below:

[...] The management of overcrowding, of the excess of patients with our conditions [...] I like to have the unit as organized as possible within the disorganization of the emergency, we live and coexist with it, always trying to alleviate it, but a sector that soon has 20, 60, 100 patients, and you are seeing things, one patient on top of the other[...] (SANTOS et al, 2013).

In this case, in order to improve the service, it would be important to invest in professional qualification and team management. The increase in beds is not always a feasible condition, as public services depend on government offices (SANTOS et al 2013).

The difficulties faced during the working day of the nurses in the emergency unit were highlighted. Dissatisfaction with material resources that often do not work or are in a precarious situation, making professionals feel insecure, as excerpted from the article by Perboni et al (2019).

[...] The quality of the equipment, it arrives on time and things don't work as they have to, we never work alone, or sometimes divergences of ideas with the medical team are complicated also because you have a vision, you try to do the best and they, have a focus, don't even understand each other.

[...] With the lack of equipment or equipment that works properly during an emergency, it is very complicated to have a good quality of care, and with that, it ends up generating discussions between doctors and nurses [...]. Perboni et al (2019).

To program and implement changes aimed at improving care and emergency services, leadership emerges as an important managerial tool for nurses. Exercising it is a challenge in relation to the resistance of the nursing and health team in the face of the proposition of new actions (SANTOS et al, 2013).



The above description of the problems is common in emergency rooms, even in small municipalities, as they face a lack of material and crowded services, often without the capacity to solve the patient's condition.

3.2 AXIS 2: NURSES' PERCEPTION OF THE URGENCY AND EMERGENCY SERVICE

The Emergency Hospital Service (EHS) is a complex scenario in health care in Brazil and in the world. Despite the increasing implementation of care protocols and policies, the care provided by EHS still presents weaknesses, especially due to the lack of back-up beds and the continuous demand for care that characterizes these care scenarios. (RABELO et al,2020)

In addition to cases that are treated in the UPAS (Emergency Care Units) that do not qualify as emergencies, generating a flow of patients, which exceed the capacity of the service. The care of these cases becomes time-consuming, causing stress, not only for the patient who waits, but also for the team that faces this situation on a daily basis, having to repeat the purpose of the UPAS for each patient, according to Oliveira et al (2015).

[...] Here it should only be urgency and emergency to try to stabilize cases of more serious patients, to refer more and quite different patients to the hospital; They [the population] come for outpatient cases that should be treated at the clinic, such as ringworm, foot bugs [...]
Oliveira et al (2015).

In this case, it is observed that the lack of orientation of the population leads to conflicts and stress because they do not know what urgent and emergency care is and the cases that should be treated in a UBS (Basic Health Unit), and the patient ends up seeking the emergency service because he thinks he will be treated faster. This reality also happens in smaller cities. (OLIVEIRA et al, 2015)

Emergency service professionals recognize that this is due to the failure of the health system to absorb this demand in primary care, as we can see in the following statement taken from Oliveira et al, 2015.

[...] It's not the patient's fault, it's the system's fault that can't accommodate this patient. This guy even tried to go to the clinic, we see the record in the medical record, but they told him that there was no doctor, or that there was no vacancy on the agenda, or that he had to make an appointment, as it is difficult to access the clinic, they come to the UPA because they know that we cannot deny care. So they think it's easier to come here than to go there at dawn to get a token [...]
Oliveira et al (2015).

It was also observed that the insecurity in relation to the medical team could be related to the lack of preparation and segmentation of the care provided in the emergency service. (PERBONI et al, 2019).

[...] It's with the relationship with some surgeons, I see that some surgeons get very nervous [...]. The technicians here are very well trained, so, as there are many attendances, polytrauma



patients arrive several times, they are already ace like this, in knowing what the care is like, the sequence of care [...].
[...] The biggest difficulty for us is because we don't have a back-up to hold us together [...] I think the service here is very good in terms of nursing, but in the medical part we often don't have it, our back-up, which would be the medical team, doesn't give this security, you know [...] here we have residency right now, there are residents entering the surgery and everything new [...] Perboni et al (2019).

In view of the obstacles experienced by urgent and emergency workers in their practice related to the lack of an articulated and integrated mental health care network, they report that they do not have training in the area of mental health, which shows the need to work on this issue, since the number of users in emergency situations is increasing every day. according to Oliveira et al (2020).

[...] In addition to the obstacles in the care of psychiatric patients, such as the health network that is not articulated and integrated, we are not prepared to serve these users [...] so the care will never be comprehensive [...]. We have frequent training aimed at pre-hospital care, such as updating basic and advanced life support, but directed to psychiatric urgencies and emergencies specifically was never offered [...] what I know about psychiatry I saw in college [...]

Oliveira et al, 2020, further write:

SAMU concerns situations that affect the intersubjective premises of humanization and comprehensiveness
[...] the care provided to the SAMU to the mentally ill and inhumane user is not comprehensive [...] and a violence to the user [...] practically based on sedation and restraint [...] the abuse of these drugs is great [...] there should be a better alternative for our work: to be more humane [...] the psychiatric user and a human being.
[...] Thinking about our own safety and that of the team and the family, sometimes we end up being a little inhumane, making it difficult to provide comprehensive care [...] and to contain and sedate [...] I have seen colleagues even assaulting patients. Oliveira et al, (2020).

When the nursing team takes over the shift, it is a great challenge, since it basically starts by "putting out fires", due to lack of medication, excess of patients, insecurity in the environment (RABELO et al, 2020).

It is observed that the perception of the workers is that the emergency services are crowded due to the lack of orientation of the population regarding the difference between the Emergency Room and the UBS. It is noted that the lack of backup in the emergency services is something that is worrisome, because the lack of assistance or the non-continuity of care is eminent, in addition to the need for specialized care, where we do not have a specialized network for care, and SAMU, as a mobile regulator, ends up paying for the care of victims where the smaller municipalities are not able to attend.

3.3 AXIS 3: SYMPTOMS OF STRESS AND SUFFERING EXPERIENCED IN URGENT AND EMERGENCY CARE

Tiredness, exhaustion, anguish, impotence and pain due to work overload caused by the lack of material, structure and professionals are signs pointed out by SALOMÉ et al (2009), it is observed



that the activities of nursing professionals, whether care or administrative, require a high degree of agility, physical dexterity and energy. (SALOMÉ et al, 2009)

[...] When I am alone on duty I get very tired and stressed during and after the shift, for the reason that we have a reduced number of employees in the EU and in addition to being a clinical nurse I have to work in administrative work.

[...] The shift in the EU is usually stressful, mainly because during the night the patients are not evolved and I end up doing all the systematization of the patients and the worst thing is that I have to collect all the routine exams [...]

[...] The stress is so much that when the shift ends I feel that my whole body hurts, too much in the lumbar and cervical region. I don't feel like leaving the house and going for a walk [...]

Salomé et al (2009)

Something that is observed is the night work hours of nursing professionals and the continuous delay in sleep due to work schedules, leading to insomnia and, consequently, stress. Shift workers or night shift workers usually have poor quality sleep during the day because of social conflicts, things we do during the day and things we do at night – excessive daytime noise. (SELEGHIM et al, 2012)

With the overload in night care, professionals end up being more worn out, tired with a heavy body, due to the fact that they cannot have a moment of relaxation and tranquility, because they do not have professionals to take turns and with that they end up working at night without resting, and overtime it can lead the professional to have depression and loss of sleep. (SELEGHIM et al, 2012).

In smaller cities, sometimes there are not enough professionals to take turns and rest, especially at night, causing the overload and stress of an isolated job.

4 FINAL THOUGHTS

Through this study, it was verified that the difficulties faced by small municipalities involve issues related to the physical structure, the excessive demand for work that could be reviewed and distributed among the less complex services, and the feelings generated by the obstacles experienced, such as the work overload that causes stress.

Even though this is the reality of an important portion of Brazilian municipalities, we still realize that the activities carried out by these cities are still quite exhaustive, but necessary, because sometimes it is the only health offer for the population living in these municipalities.



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