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Embracement in urgency/emergency and relationships in nursing care

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ABSTRACT
The objective of this paper is to review on the reception by nurses working in emergency rooms, through papers and literature published between 2000 and 2010. for both the methodological approach is an exploratory descriptive qualitative approach, aimed to describe and develop as a review of the literature in the context of reception of the users by nurses working in the area at emergency. The methodological design for this study was the literature search. We tried to base the database of journals in the VHL (Virtual Health Library): focusing on the following databases: Lilacs (the Latin American and Caribbean Center on Health Sciences Information), SciELO (Scientific eletronics library online) and BEDENF (Database of Nursing), using the keywords: nursing in emergency care, care in emergency rooms, humane nursing. Following the established inclusion criteria, such as full texts in English in the period 2000 to 2010 and emphasizing the protection of users by nurses working in the area of emergency care, we selected 25 articles. The results showed that the inter-demands-care needs of emergency services and emergency services are quite complex, since it depends largely on the health, among other factors, quality of life, how to characterize it, the cultural translation of health and disease and healing, the profile of social protection in this sector and modes of attention directed to built and human needs. In this scenario, it behooves the nursing process to accommodate the customer in emergency rooms, looking for a more efficient screening and qualifying, where the professional can establish through this unique service, the actual need of the patient.

Keywords: Emergency nursing and emergency, Care in emergency rooms, Humane nursing.

1 INTRODUCTION

Currently, after great technological development and the increase of techniques that help the lives of individuals, where in many sectors the production line has become automated, there is a resumption of the process of perceiving the subject as a unique being with needs and perceptions of his own experience. In this context, caring for the human being emerges as a focus of attention in the services that provide care to people, such as the health, educational and organizational areas, in relation

to the ways in which professionals from different backgrounds perform their functions, emphasizing respect for the human being, in the procedures performed or in the manifestations directed to them (MONTIEL, 2004).

As the focus of this study is the health area, the activity of receiving health services in urgency/emergency is highlighted as a space in which the user's needs are recognized through the investigation, elaboration and negotiation of which ones will be met.

In this scenario, considering the evolution of health care models in Brazil, the creation of the Unified Health System (SUS) in 1988 stands out at the legal level, which represented an advance, especially for its general principles of organization. These principles point to the guarantee of access to health services for all people, and to citizen participation, through their representative bodies, in the process of formulating public health policies and controlling their execution. However, it is known that although health is a constitutionally guaranteed right, a look at the reality of health practices demonstrates a contradiction between these achievements established at the legal level and the crisis experienced by users and professionals in the sector.

In this sense, it is intended, through the realization of this research, to focus on the reception provided by nurses in the urgent/emergency area to users who seek their services. It is known that welcoming is determined by the conception of the human being and of health/disease on which the work is based. It is understood that welcoming shows the way in which the implementation of the Unified Health System (SUS) was implemented and how the workers involved apply it in their daily care.

It is understood that welcoming in health care must establish a new ethic, of diversity and tolerance of those who are different, of social inclusion with supportive clinical listening, committing to the construction of citizenship. In this context, welcoming should derive from the relationships in the care process. In this meeting between professionals and users, there is an exchange of information that seeks to identify the individual's needs with the objective of instigating autonomy regarding their health, that is, the beginning of welcoming (SCHIMITH; LIMA, 2004).

In view of this vision of welcoming, as an essential prerogative for effective care to the user, where the understanding of the causes that brought him to this place is sought, through listening to the subject, the following questions are raised: "How is welcoming given by the nursing team in urgent/emergency health services?". "Do nurses who work in urgency/emergency perceive welcoming as part of their qualifications?"

Thus, the present study seeks to perceive the reception in the practice of nurses in the urgent/emergency area, where effective reception is essential to achieve universal care and listening, which is fundamental for care aimed at recovering health and/or saving the patient's life.

In this scenario, the present study is considered relevant, as it seeks to ascertain in published research on the welcoming process, how it has been worked with nurses who work in urgency/emergency.

It is known that a basic network must be inserted in a care model that is guided by general guidelines of: welcoming, taking responsibility for the other and for the community, caring, keeping in mind the autonomy of users and citizens to solve their problems and get involved in the difficulties of the collectivity, integrating individual and group care, assessing risks and intervening in advance on them, increasingly seeking that individuals become builders of their own history. However, in the emergency room setting, this reality changes due to the life-threatening aspect of the patient who seeks and/or is helped and referred to such a unit, which often makes it difficult to welcome them in the form of listening.

In this context, the objective of this study was to review the literature on the reception of nurses working in urgency and emergency, through articles and literature published between 2000 and 2010

2 METHODOLOGY

The present study is a literature review and has an exploratory descriptive character with a qualitative approach, as it aimed to describe and develop a literature review in the context of the reception of users by nurses who work in the urgent/emergency area. The methodological design for the present study was bibliographic research. As defined by Gil (1999, p. 65) "bibliographic research is developed from material already elaborated, consisting mainly of books and scientific articles".

According to Galvão, Sawada and Trevizan (2004, p. 5) refer to the importance of literature review in nursing, mentioning studies that identify this resource in relation to the "beneficial and harmful effects of different interventions in care practice; It can also establish knowledge gaps and identify areas that need future research in nursing, with implications for the care provided." The authors also point out that the literature review is an important tool for information regarding research.

The use of a broad strategy to search for studies consists of searching electronic databases, manually searching journals, references listed in the identified researches, so in the present study we searched electronically, studies developed in the area of urgency and emergency with regard to nurses in relation to the reception of patients who seek this service.

Gil (1999, p. 68) describes that in almost all studies some type of work of this nature is required. However, there are studies developed "exclusively from bibliographic sources". The author goes on to conceptualize that "part of the exploratory studies can be defined as bibliographic research, as well as a certain number of researches developed from the content analysis technique".

To obtain the information from the bibliographic research proposed for this study, the database of journals of the VHL (Virtual Health Library) was used: privileging the following databases: Lilacs

(Latin American and Caribbean Health Sciences Information System), Scielo (Scientific electronic library on line) and BEDENF (Nursing Database). considering the period from 2000 to 2010.

When selecting electronic databases, it is necessary to consider which journals are listed in them, which publications are indexed, and the feasibility of access. IN THIS CONTEXT, THE SEARCH WAS CARRIED OUT USING THE KEYWORDS: NURSING IN URGENCY AND EMERGENCY; RECEPTION IN URGENCY AND EMERGENCY, HUMANIZATION IN NURSING.

The sample consists of all literature that met the proposed objectives and the following inclusion criteria:

a. national articles and bibliographies (books) (in Brazilian Portuguese);
b. in full;
c. from 2000 to 2010;
d. with emphasis on the reception of users by nurses who work in the area of urgency and emergency.

Data collection occurred from the reading of the selected journals and followed the following steps, according to Gil (1999):

a. identification of sources;
b. location of sources and obtaining of material;
c. reading the material;
d. exploratory reading of all selected material;
e. selective reading, which consists of a more in-depth reading of the parts that matter;
f. Analytical reading that aims to organize the information contained in the sources and identify the key ideas of the text.

After the preparation of the forms, they were classified according to their subjects so that similar questions are as close as possible. The forms were arranged according to the order of the subjects, which facilitated the final writing of the work.

The documentation sheets were divided into bibliographic and note sheets. The first was done in order to note the bibliographic references and the second, the ideas obtained from the reading of the texts (GIL, 1999).

Materials that responded to the objective of the study were selected and the stages of the bibliographic research were developed based on Gil (1999, p. 84-7), that is, formulation of the problem, elaboration of the work plan, identification of sources, reading of the material, logical construction of the work and writing of the text.

According to Bardin (apud GIL, 1999), data analysis occurred in three phases: pre-analysis; exploration of the material and processing of the data, inference and interpretation.

According to Galvão, Sawada and Trevizan (2004), the success of the literature review will depend on the quality of the studies found. Therefore, it will be necessary on the part of the researcher that there is a critical evaluation in all selected studies, which must be evaluated with methodological rigor, seeking to ascertain whether the methods and results of the research have a valid basis to be used. Therefore, the studies presented are considered according to the methodology applied and the source of the database.

Thus, citing Galvão, Sawada and Trevizan (2004), it was observed in relation to the advantages of literature review in the nursing scenario, that this methodological script uses a scientific basis that can be updated through new studies that address the same clinical issue that can be inserted later; indicates gaps in areas of knowledge, leading to the development of research; It does not require the researcher to spend a lot of money, saving resources, as it enables the synthesis of the knowledge already produced, also helping in decision-making related to health care.

As for the presentation of the results, after presenting the theoretical basis, it was developed in the form of demonstrating, through the studies carried out, the perception of nursing regarding the reception of the user in urgency and emergency, with regard to the reality experienced by these professionals.

3 DISCUSSION

Regarding the articles found, when the research using the term "nursing in urgency and emergency" was found, 2,721 studies were found, as follows: English (2192); Portuguese (345); French (68); Spanish (34); German (12) and Italian (5); Thus, in the first moment, according to the inclusion criteria, 345 studies were selected in Portuguese. The period of publication varied from 1987 to 2010, but from 2000 to 2010, there were 289 articles in Portuguese.

Regarding the term "reception in urgency and emergency" in the VHL database, 16 studies were found, of which 15 were in Portuguese, in the period from 2000 to 2010.

Regarding the term "humanization in nursing", 535 studies were found, of which there were 518 studies in Portuguese, compared to the period from 2000 to 2010, 464.

According to the established inclusion criteria, such as: full texts, in Portuguese, in the period from 2000 to 2010 and with emphasis on the reception of users by nurses working in the area of urgency and emergency, 25 articles were selected. It should be noted that when comparing the studies, there was a high number of repetitions of articles published in different journals or dates, most of which were only available for abstracts.

In relation to the studies found, there is a search for welcoming by nurses, but in some cases, the lack of physical structure and even emotional conditions cause this level of care to be compromised.

It is known that professionals who work in emergency units live with patients in unstable health conditions on a daily basis. Therefore, for their performance, they must receive training, technical and scientific knowledge, as the rooms are equipped with portable monitors, respirators, defibrillators, pacemaker generators and complete trauma care material. This scenario that signals the maintenance of life can generate stressful situations, especially when the patient dies (SALOMÉ; CAVALI; ESPÓSITO, 2009).

The authors point out that the philosophy of nursing is to provide care to patients holistically. In other words, this care includes the needs related to the physical, emotional, social and spiritual aspects of the sick individual. At the moment of death, there is a reflection on the spiritual need of the patient, as this is of great importance for the relief of the suffering of the people involved in a dying process (SALOMÉ; CAVALI; ESPÓSITO, 2009).

Thus, it can be seen that nurses work on all work fronts. They coordinate nursing activities, articulate, supervise and control the work dynamics in the service, as well as select patients at higher risk, within the established priorities. In the context of urgency and emergency, they also interconnect medical work with other workers, sectors and services (MARQUES; LIMA, 2008).

Marques and Lima (2008) point out that despite the demand, the reception of an urgent and emergency service is a strategic point. All users who need urgent care or not pass through the reception. Therefore, it must be designed in such a way that it can give qualified answers to the user. It can be seen that it is in this place that they expect to have their demand accepted, which does not mean that they will obtain the solution to all the problems that come to the service, but it is necessary that the attention given in the care relationship involves listening, accountability and respect for the person who has the need.

In this context, Baggio, Callegaro and Erdmann (2009) mention that the practice of caring reveals the importance of cordiality between human actions and relationships, which are diffused simultaneously, presenting in a harmonious way the divergences and convergences of each individual. It should be noted that in order to build relationships of trustworthiness, care, concern and respect are vital in the first moment. Consequently, concern and responsibility for and for the care of others arises from the involvement and affective connection established between beings. Regardless of whether the patient's health condition is critical or not, the actions and care relationships in the emergency unit occur naturally, in a process of mutual exchange between the nursing professional and the client, considering the differences and plurality of beings, the experiences lived and acquired, individually or collectively.

Most patients seek emergency care in an emergency or urgent situation. This means that the person may or may not be going through a pathological process and it may or may not be related to the current symptoms. The intensity of the symptoms causes a certain apprehension and numerous

questions in the person that lead the mental and cognitive organization to seek to understand the situation. At this moment, it is important to welcome the nursing, as they are qualified to evaluate the client upon arrival at the emergency service (DAL PAI; LAUTERT, 2008).

Furtado (2009), in his doctoral thesis, describes that the functions of the emergency nurse range from listening to the patient's history, physical examination, execution of treatment, guidance to patients, to the coordination of the nursing team, in addition to being necessary to combine scientific knowledge and leadership skills, agility and quick thinking and maintain tranquility. The author points out that most patients in the triage sector do not identify the professional nurse, because they cannot be seen by him, due to the intense flow of the sector. In most hospitals with urgent and emergency care, there is a room for administering medication to patients considered to be less compromised, but who need medication to relieve some symptom that brought them to the hospital. After these procedures and waiting for time for observation and improvement of symptoms, they are reassessed by the doctor and then admitted or released. It is worth noting that, in addition to the inappropriate environment for the provision of care, nurses also suffer physical and verbal aggression, being treated in a hostile manner by users and, sometimes, by their own co-workers. This hostility that the individual encounters in the emergency environment can be understood as the intensification of manifestations related to the evolution of the classic hospital culture of isolation; the impersonal attitude, supported by technicality or positivist medical scientism; defense mechanisms, given working conditions; as well as the reaction to the conditions of misery and social violence found in Brazilian regions. Thus, welcoming as a way to qualify care is compromised.

On the other hand, Bittencourt and Hortale (2007) report on some institutions where the form of reception in the receptions of emergency services is carried out by employees of the security sector, who define the priority of care. Perhaps here, the most serious aspect of care in these services is identified, when the individual, in addition to the terrible conditions of the environment, is exposed to an unqualified criterion for the selection of his problems, in which severe cases are not prioritized.

Gusmão-filho, Carvalho and Araújo Júnior (2010) describe the importance of Qualisus, which applies the notion of welcoming in hospital emergency departments, emphasizing its meaning as a managerial action to reorganize the work process, through the institution of a defined physical space and a trained team for the application of standardized and specialized routines. Among these, the risk classification stands out, a screening tool widely used internationally, which provides agility to the service based on the analysis of the severity, the potential for risk or the degree of suffering of the user, instead of the simple order of arrival at the service.

According to Salomé, Martins and Espósito (2009), the nursing professional has man as the work agent, and man himself as the subject of action. There is a close connection between work and the worker, with the direct and uninterrupted experience of the process of pain, death, suffering,

despair, misunderstanding, irritability and so many other feelings and reactions triggered by the disease process.

Corroborating Ferreira (2006), he reports that most professionals feel gratified in caring for patients, but experience intense anguish and stress due to the fact that they have to perform a large number of complex procedures. A study of professional reports showed that they are benevolent and attentive to patients. Despite the exhausting system and the burden of psychic suffering, they manage to maintain and express their emotions, that is, reaffirm the commitment to offer affection, cordiality and humanized work.

Andrade, Caetano and Soares (2000) affirm that nurses in emergency units, because they have more control and speed in the actions and special ways of care, aimed at clients with pathologies/health problems of urgencies and emergencies, based on protocols created and approved by these services, should act according to a managed care process. accompanying patients throughout their clinical process, until the definition and conclusion of their treatment.

As already seen in previous studies, the strategies used by the services, upon the arrival of the client, are based on the processes of clinical triage, currently integrating the humaniza SUS program of the Ministry of Health and the reception program for a humanized triage, selecting those who need consultation, in which complaints are heard and provided, as far as possible, solutions, especially in public emergencies. The triage process of emergency services, especially in Brazil, is not performed only by the health professional, this process is often carried out by an administrative employee or security agent, who separates patients by the medical specialty sought, not investigating the cause of their visit to the emergency services at that time (FERREIRA, 2006).

According to Valentim and Santos (2009), due to the very characteristic of the emergency unit, which is related to all other sectors of the hospital, as well as to all the multiprofessionals who work in it, it is necessary to strengthen the work in the emergency department with a management model that focuses on the patient as a whole, focused on the continuity of treatment and care. The nurse can be the responsible professional and act as a case manager, to direct and integrate patients, favoring their bond with the health team – including an assistant physician –, the primary health care network and their health operator.

On the other hand, in the conception of Souza, Silva and Nori (2007), the routine in the urgency and emergency environment tends to hinder the perception of professionals, leading to greater appreciation of the physiological and exclusion of the psychosocial and psychospiritual being, which should not occur, because these aspects are not autonomous and, as professionals, it is necessary to consider them all the time. that is, how the patient behaves, what he feels and thinks. Mechanization is so important that it is common to observe the use of the same phrase for the same procedure for all patients, by the simple act of performing the prescribed task. For example, in a peripheral venipuncture

it is common to hear: "It's just a little prick, Mr. So-and-so", most of the time with the nurse looking at the patient's upper limbs from the first moment in search of the best venous access. The authors point out that the problem is not in the repetition of the same phrase, but in the impersonal form, in the lack of care for the individual and of looking at his face when starting an interaction that tries to convey security. The eyes perceive and qualify interpersonal relationships. Humanization must include competence without dispensing courtesy.

Peterlini (2004) points out that the nurse, as a member of the nursing team or a member of the health team in urgency and emergency and in the entire complex health system, is committed to acting as a facilitator of the care process. In this aspect, care takes on another dimension of care-interaction. It is in this dimension that the care agents, individual/family/caregiver, need the professional nurse to provide different channels of communication between the person being cared for and the other professionals. Nurses in care management provide conditions for care to occur, becoming a product of their professional practice.

Along the same lines, Campos and Teixeira (2001) refer to communication as the reciprocal exchange of information, ideas, beliefs, feelings and attitudes between two people or between a group. Knowledge and the ability to communicate effectively are paramount for nurses who work with patients in urgency and emergency. Through daily practice, members of the nursing team end up forming a critique of their practice. In the research carried out by the authors, which deals with urgent and emergency care for patients with mental problems, the nurses are aware of the purely organicist procedure offered, and even feel the need to have a less mechanical contact with the patient, but they excuse themselves from the impossibility of performing it, due to the short time available and the volume of activities developed. in addition to the lack of preparation to act with the mentally ill.

Carneiro (2008) states that only through effective communication can nurses help patients and their families to report their problems and look for ways to face them. This communication should be bidirectional, so the nurse needs to be attentive to the verbal and non-verbal aspects. Body language, which is expressed through gestures, can further welcome or distance people. As already mentioned in previous studies, communication through the gaze is an important dimension in care, configuring itself as an expression of nursing care.

Souza et al. (2008) conducted a study with nurses who work in urgency and emergency care in relation to the evaluation of individuals with a medical diagnosis of hypertensive crisis, in order to differentiate urgencies from hypertensive emergencies for emergency care, avoiding the worsening of the clinical condition. The need to institute the correct medical treatment in the first twenty-four hours in the hypertensive emergency department and in less than one hour in the emergency room is of fundamental importance in the treatment of hypertensive crisis, as well as in the prevention or limitation of damage to saved organs. Therefore, a waiting time of more than sixty minutes can be

extremely harmful to the person with hypertensive crisis, and can even cause death. Understanding good care is a subjective process and depends on individual evaluation. However, being well cared for is related to satisfaction issues, such as being well received by health professionals, waiting time shorter than expected, receiving accurate information about health status, proper management of health problems, among others.

Araújo and Marques (2007), on the other hand, in their study deal with the intensity of symptoms in relation to patients with AMI symptoms, reporting that the person tends to be confused and afraid. Among the fears, the fear of death is the main one. This is due to the fact that the person recognizes that the intensity of the symptoms is life-threatening. And that the circumstances of its occurrence require the patient to expend energy to understand what is happening. Therefore, it is extremely important for the team that works in the emergency room, with greater emphasis on the professional nurse, that the professional knows how he is seen by the patient at the moment of his anguish, at the moment he receives care during the peak of the symptoms of AMI. With this perception, the professional can dedicate some time to also assist the aspects related to the patient's psychospiritual needs. It is concluded that the knowledge obtained about the meanings of pain can contribute to the nursing professionals to better understand what happens to patients at the time of the occurrence of this pain in the emergency room. Strategies to alleviate these feelings should be part of future studies, thus preventing these feelings from further influencing the patient's clinical condition.

Monteiro et al. (2006) report that professionals care for women who are victims of domestic violence in health services is limited to care for injuries. However, support should begin in the emergency service, in an articulated manner with other services that deal with the same issue, it is observed that the vast majority of the conducts adopted by health professionals are limited to the care of less complex procedures, such as, for example, in the simple suturing of lesions. The quality of the records should also better contemplate the record of the care given to these women since, for the most part, the cases that are admitted to the health services, especially in the emergency room, are reported only as aggression, allowing the real statistics of the cases that are treated in the health services to be lost.

The authors report that many of the failures in this care are not centered on the technical practice, but on the approach to patients and companions. The communication process is often quite compromised, mainly due to the user's lack of understanding about what is happening to him or his family member, as it is observed that the style of speaking and the choice of words compromise the dialogue. Therefore, it is in the reception that the nurse will help the client to signal the real reason that took him to the urgency and emergency unit. Health caregivers should always seek to establish adequate communication with patients and their families in order to effectively assist them (MONTEIRO et al., 2006).

Woiski and Rocha (2010), on the other hand, report that when the child who suffers sexual violence is referred to the hospital emergency service of reference, he must, from his arrival, remain in an inpatient unit and, after discharge, be attended by a multidisciplinary team so that all his needs and those of his family are addressed. It is known that the family member/guardian who seeks hospital care for this child does not always disclose the veracity of the violence that occurred. Among the professionals involved in this care of the child are the nurse and the nursing team. The essence of nursing, care, has as its main focus the well-being and comfort of the client, which requires professionals to make a constant effort to understand the complexity and fragility of the human being under their responsibility. This human being is understood in this study as the child who has suffered sexual violence and his/her family/guardian who accompanies him/her. The nursing team, in all phases of the nursing process, must conquer the child, creating a bond of trust, and expressing sincere and true attitudes in the care. It should also familiarize the child with the hospital environment and the people who will be involved in their care, trying to explain the routines and procedures that will be performed, the reason for each one, the possibility of pain or delay, always transmitting trust and affection.

According to Condorimay and Vendruscolo (2004), in emergency care, nurses develop different actions, including managing human resources, nursing technicians and auxiliaries, as well as ensuring the availability and quality of material resources and infrastructure that allow the team to act in emergency care. In addition to the physical and vital impairment that affects the child in an emergency, one should not forget the emotional burden, suffering and pain of the parents, facts that generate tension and anguish in the care environment. Families need communication and information to relieve their emotions, and nurses must have special sensitivity to deal with family members, demonstrating communicative skills appropriate to each situation and favoring forms of physical and spiritual comfort, such as accompaniment, an area reserved for the family, or the provision of the telephone.

The act of caring, therefore, comprises an interactive action, based on values and knowledge of the being who cares for and with the being who is cared for. Care activates behaviors of compassion, solidarity, and help, aiming to promote the good and, in the case of health professions, the well-being of the person being cared for, their moral integrity, and their dignity as a person (ELIAS; NAVARRO, 2006).

For Lima and Erdmann (2006), in the process of caring, the relationship is characterized by being with the person, that is, the one who cares is with the person being cared for, in his or her world, and both are participants in a process of discovery and mutual learning. In nursing care, a profession whose main focus is to care for people, care has no reason to exist if it does not consider people's experiences, beliefs and values regarding health and disease and the limitations and difficulties that result from it, especially when referring to users treated in urgent and emergency units.

Thus, the nursing care process is interactive and should consider the person being cared for as an active element of the process and responsible for their own care and preservation of their own existence. In a reflective essay, care is considered as health care that is also focused on the existential meaning of the experience of becoming ill, in the physical or mental dimensions, valuing the practices of health promotion, protection or recovery, with regard to urgency and emergency, welcoming is understood as a form of care that will result in adequate referral of care (SAMPAIO; MUSSI, 2008).

ACCORDING TO BOSSATO ET AL. (2010), THE PERSPECTIVE OF WELCOMING SHOULD, IN A RESOLUTIVE WAY, BE PART OF THE HUMANIZATION POLICY IN EMERGENCIES, BECAUSE THESE SERVICES ARE THE GATEWAY TO THE HOSPITAL ENVIRONMENT IN SITUATIONS OF HEALTH PROBLEMS, AND IT SHOULD BE EMPHASIZED THAT THE RECEPTION AND CONTINUITY OF THE HUMANIZATION PROCESS SHOULD ALSO BE EXTENDED TO FAMILY MEMBERS. WHO, IN A WAY, ARE ACCOMPANYING THEIR RELATIVES. THIS FAMILY WELCOMING MAY FAVOR THE TEAM IN THE FUTURE INTERVENTIONS OF THE HEALTH TEAM IN RELATION TO THE MAINTENANCE AND PROMOTION OF THE CLIENT'S HEALTH. THE PROFESSIONAL MUST LISTEN TO THE COMPLAINT, FEARS AND EXPECTATIONS, IN ADDITION TO IDENTIFYING THE VULNERABILITY, ALSO ACCEPTING THE USER'S OWN ASSESSMENT AND TAKING RESPONSIBILITY FOR PROVIDING A RESPONSE TO THE PROBLEM. IN THIS PROCESS OF LISTENING, THE INCLUSION OF THE FAMILY MEMBER OCCURS WHEN WE WELCOME THEIR QUESTIONS.

Reinforcing the strategies of embracement by nursing in urgency and emergency, Wehbe and Galvão (2001), through a research entitled "The nurse of the emergency unit of a private hospital: some considerations", which aimed to present the activities of the emergency nurse of a private hospital, making considerations about leadership as a strategy to improve the management of nursing care provided to the patient/client, The results were the recognition that nurses need to improve communication, interpersonal relationships, decision-making and clinical competence, and apply them in professional practice. They highlighted the need for these professionals to rethink their practice and use leadership as a strategy for change.

4 FINAL THOUGHTS

In the studies presented, it was observed that the needs brought to the health services, despite having a broader dimension or social determination, have a component for each person, which the service needs to be aware of and know how to interpret. Despite the diversity and scope of the proposals under discussion and the experiences in process in the country, it can be considered that none of them alone can account for all the aspects involved in nursing care in urgency and emergency units, where

the territorial dimension of the country is highlighted, where its regions differ not only at the cultural level, but also at the national level. but also with socioeconomic aspects.

WHEN WORKING ON THE NEEDS OF USERS OF URGENCY AND EMERGENCY UNITS, THE USER'S 'OPINION' SHOULD BE CONSIDERED, WITH ITS SUBJECTIVITY COMPONENT, AND ALSO THE MORE 'SCIENTIFIC' SIDE, RELATED TO THE KNOWLEDGE OF HEALTH PROFESSIONALS, ESPECIALLY NURSING PROFESSIONALS.

It is also essential to understand that, in relationships, those involved are important to each other, because in them one does not exist without the other. There is a need for this mutual respect, in which the availability to listen is opened, to allocate an internal space-time for the relationship, in which one can welcome the other in his moment of difficulty, which is not only biological; On the contrary, every day, other factors become preponderant in determining human sufferings than those merely involved with physical pain. This availability should also be open to the person being responsible for the health action, for caring, for increasing the user's autonomy coefficient.

Thus, it can be seen that health practices do not only have a technical dimension; They are, at the same time, complex social practices, which pass through cultural, economic, political and especially ideological dimensions, which is why changes are not easy.

It is verified that the interrelationship needs-demands-reception of urgent and emergency services is quite complex, since health largely depends, among other factors, on the quality of life, the way of characterizing it, the cultural translation of health-disease and cure, the profile of social protection present in the sector and the modes of care constructed and directed to human needs.

It is also highlighted that the theme addressed should be further debated, where research should be developed so that, at a cultural and scientific level, both professionals and users perceive not only the eminence of care, but above all the context of welcoming, where there are rights, but also duties of both parties, so that the process of humanization of health, It is not only a guideline, but on the contrary, it is the practice of all those received by the Brazilian health system. However, there is a need for debates in academic communities and institutions, where differences are respected and the listening process is improved.

This study provided the finding of the meanings of nursing care relationships in emergency units in the perception of the human being cared for and the caregiver, where the importance and appreciation of human care relationships in their multiple dimensions is highlighted, in order to promote actions and interactions that contemplate and respect the universe that permeates the context of welcoming. where the caregiver and the cared for are allocated, enabling the understanding of the complex web of relationships between the beings involved in the process of this care, where it is often through welcoming that the real situation of the client is obtained.

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