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The knowledge of the nursing team in the use of protocols to care for polytraumatized patients

ABSTRACT | Objective: To analyze the social representations of the nursing team about the technical scientific knowledge of the protocols for the care of polytrauma patients. Method: field and qualitative research with data collected by audio-recorded semi-structured interviews in December 2019. Results: The analysis of the data obtained allowed the construction of six speeches based on the key expressions, with their respective central ideas. Final Considerations: Although the nursing team performs some of the steps of the protocol recommended by the institution, in an unsystematic way, they have difficulties in recognizing and the meaning of protocols.

Keywords: Nursing Care; Wounds and Injuries; Nursing, Team; Nursing Assessment,

RESUMEN | Objetivo: Analizar las representaciones sociales del equipo de enfermería sobre el conocimiento científico técnico de los protocolos para la atención de pacientes politraumatizados. Método: investigación de campo y cualitativa con datos recolectados por entrevistas semiestructuradas grabadas en audio en diciembre de 2019. Resultados: El análisis de los datos obtenidos permitió la construcción de seis discursos a partir de las expresiones clave, con sus respectivas ideas centrales. Consideraciones finales: Si bien el equipo de enfermería realiza algunos de los pasos del protocolo recomendados por la institución, de manera no sistemática, tienen dificultades para reconocer y el significado del protocolos.

Palabras claves: Atención de Enfermería, Heridas y Traumatismos; Grupo de Enfermería, Evaluación en Enfermería.

RESUMO | Objetivo: Analisar as representações sociais da equipe de enfermagem sobre o conhecimento técnico científico dos protocolos para atendimento de paciente politraumatizados. Método: pesquisa de campo e qualitativa com dados coletados por entrevistas semiestructuradas áudio-gravadas no mês de dezembro de 2019. Resultados: A análise dos dados obtidos permitiram construir seis discursos a partir das expressões-chave, com suas respectivas ideias centrais. Considerações Finais: A equipe de enfermagem apesar de realizar algumas das etapas do protocolo preconizado pela instituição, de forma assistemática, têm dificuldades em reconhecer e o significado de protocolos.

Palavras-chaves: Cuidados de Enfermagem; Ferimentos e lesões; Equipe de enfermagem; Protocolos de enfermagem.

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INTRODUCTION

Every year there is an increase in the percentile of mortality from trauma, as this is the main factor of death among young people under 44 years of age and, added to violence, it reaches the value of 5,8 million victims in the world. ⁽¹⁾ This public is often with physiological instability and, consequently, more vulnerable to the setback of events, therefore, the poor management of polytrauma patients due to lack of knowledge and failure to implement the protocols, leads to worsening or injuries that could be avoided. In this sense, it is essential to have a competent team to recognize injuries and prevent possible damage to polytrauma victims. ⁽²⁾

A study carried out in the United States showed that safe practice has been a topic of significant relevance, emphasizing the exorbitant

number of preventable deaths per year due to errors in health care. ⁽³⁾

When a team receives guidance and training, they present more satisfactory results, which highlights the importance of constantly carrying out permanent and continuing education. And, taking into account that the nursing team represents more than half of the health professionals in Brazil, the precision of scientific studies that reflect on improvements in the nursing care provided to polytrauma patients is justified. ⁽⁴⁻⁵⁾

In a literature review, nurses' basic knowledge is indispensable to understand the priorities of trauma patients, as well as its updating through clinical studies that favor Evidence-Based Practice (EBP). To this end, we recommend practices based on protocols such as Advanced Trauma Life Support (ATLS) and

Prehospital Trauma Life Support (PHTLS).⁽⁶⁾

Protocols, in addition to being theoretical tools that enhance the quality of care, minimize the susceptibility to errors and contribute to the standardization of services, thus favoring positive results and safer practices.⁽⁷⁾

Bearing in mind the importance of the nursing team acting with practices based on protocols, with a view to reducing mortality caused by empirical actions, this research was structured based on the following question: "What is the technical-scientific knowledge about care protocols for polytrauma patients of a nursing team working in an urgency and emergency service of a medium-sized hospital in the interior of São Paulo?" Therefore, the objective was to analyze the social representations of the nursing staff about the technical-scientific knowledge of protocols for the care of multiple trauma patients.

METHOD

Field and qualitative research based on the assumptions of the Theory of Social Representations (TSR), with data collected through semi-structured interviews and recorded by audio recording.

For the development of the research, the requirements established by the COREQ Guideline were followed, which directs the consolidated criteria of a qualitative research.⁽⁸⁾

The research scenario was an emergency service of a medium-sized hospital, located in the interior of São Paulo. The structure of this service is composed of an emergency room with 10 beds, for patients in general, and a bed for patients in need of isolation. In addition, the service includes an external area

for ambulance disembarkation. This hospital works with assistance of medium and high complexity and several specialties, being a reference for 62 municipalities.⁽⁹⁾

All mid-level or higher-level nursing professionals working in



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the emergency room were invited to participate in the research. The general population corresponds to a total of 11 nurses and 56 technicians/nursing assistants. The choice

of this professional category was based on the fact that it represents the largest professional class in the research site.

Data was collected through individual interviews in December 2019. A semi-structured script with guiding questions was followed and there was no need for repetition. The sample of this research was intentional, and data collection ended with 13 interviews, given the saturation of data, defined at the time when new data did not provide further clarification for the object studied.

Data were recorded by audio recording and transcribed in full. They were organized in the light of the Discourse of the Collective Subject (DCS), which guides the elucidation of the collective thinking of a given social group based on the individuals' positions on the subject in question. For the construction of the DCS, the following methodological figures were taken into account: Key Expressions (KE), Central Idea (CI) and Anchorage (AC).⁽¹⁰⁾

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This research began after approval by the Research Ethics Committee, under protocol nº 25078719.5.0000.5413, according to resolution nº466/2012 and nº510/2016. All participants received the relevant information through the Informed Consent Form and, in accordance with ethical precepts, were represented in the research by the letter P for PARTICIPANTS and, followed by the ordinal number of the interviews: P1, P2, P3.

RESULTS

A total of 13 professionals, from medium to higher education, were interviewed. The sample consisted of 10 female participants (76,92%) and 3 male participants (23,07%), 3 were nurses (23.07%) and 10 were nursing technicians (76,92%). Of this group, 7 were married (53,84%), 4 were single (30,76%) and 2 were divorced (15,38%). The average age of participants was 37 years and the average time in the institution was 7 years.

Data analysis allowed the elab-

oration of six CI, built from the KE of the participants' speeches. Each CI is presented accompanied by its speech, which were organized according to the guiding questions, as shown in Chart 1.

DISCUSSION

The survey data discussed the care of a nursing team with empirical practices regarding the care of multiple trauma patients. The first central idea portrays the prioritization of the patient's hemodynamic stability.

The ATLS protocol establishes that the first action to be taken is the preparation and organization of the service location, in addition to materials, staff and Personal Protective Equipment. ⁽¹²⁾ Regarding the sequence of care, the patient is evaluated by raising their treatment priorities in the follow-up: maintenance of the airway and restriction of movement of the cervical spine, breathing and ventilation, circulation with hemorrhage control, assessment of neurological status and environmental exposure. ⁽¹³⁾

The first discourse constructed

Chart 1- Central ideas and respective speeches of each guiding question. Marília/SP, Brazil, 2019.	
When a polytraumatized patient arrives, how do you practice this care?	
CI 1- In the care of polytrauma patients, the nursing team prioritizes their hemodynamic stability	DCS 1- We see the vital signs, level of consciousness, do the monitoring, prioritize the cervical and the rigid plank, see how we are going to remove the plank, help the doctor to turn to palpate the spine, with block movements, see if you will remove or keep the collar. In addition, puncture a large vein, wait for the doctor's conduct, follow what the doctor asks, if he is in a lot of pain we will medicate, do analgesia or if there is something to stop, we stop and forward it to the imaging sector, asks for x-ray, performs tomography and takes laboratory tests (P1, P2, P3, P4, P5, P6, P8, P9, P10, P11)
Talk about the protocol(s) for the care of multiple trauma patients used in the institution you work for.	
CI 2- Lack of knowledge of the nursing team about the protocol for the care of polytrauma patients	DCS 2 - I can't say if there is or not, we were never oriented towards this, in the room I don't think there is any, to our knowledge, not that I know, if there is I don't know, There was never a continuing education in relation to this there, if have, is unknown to us. (P2, P3, P4, P7, P9 e P10) DCS 3- The institution has a trauma protocol, I believe it is the institution's own, we have the protocols that are filed, there is for medicine, we follow this protocol, in quotes, which is what we do with every patient (P1, P5, P6 e P8)
Did you participate in the elaboration of protocols or did you participate in any training to treat a polytrauma patient in your institution? () Yes () No. If yes, ask how was that for you.	
CI 3- Participation of the nursing team in the development of protocols for the care of multiple trauma patients	DCS 4- No, there was already training for cardiac arrest, I spent a month in training, right, we stay with someone who already knows, they are more qualified, right, we did some training, to work at the institution, but for multiple trauma patients, no. (P2, P7, P8, P9 e P10)
CI 4- Participation of the nursing team in diversified training	
What is your opinion on the development of protocols and institutional training on the care of polytrauma patients?	
CI 5 - The protocols qualify nursing care	DCS 5- I think it's important because it outlines the work process, it's for our knowledge, for us to work in the right way. Therefore, there should be more training and qualifications, I think it is important to train the team to serve the patient well, have more dexterity, more firmness when doing things, it could be faster if everyone speaks the same language, you see and you already know what to do, you don't need to wait for the doctor. (P1, P2, P3, P4, P5, P7, P8 e P9)
CI 6 - Protocols do not benefit nursing action	DCS 6- I think that for nursing it would not help, there is no time to study protocols every day. (P10 e P11)

from the participants' statements reports fragmented actions, which are not in line with what is recommended in the ATLS protocol, and the nursing team is committed to complying with medical determinations. Therefore, we see actions based on what they see from other colleagues, without a theoretical framework.

According to the TSR assumptions, the individual reacts with actions that are strongly linked to the place where they live on a daily basis, these representations, which are shared by so many, penetrate and influence the mind of each one, they are not thought by them, they are rethought, recited and resubmitted. ⁽¹¹⁾

The protocols, in addition to providing a scientific basis, direct the actions that must be taken for good patient care, being carried out in a complementary and interdisciplinary manner. A study developed with the nursing team in an emergency service in Santa Catarina showed that the team does not have a protocol for the care of trauma patients and also identifies that in the primary assessment, most cite the ABCDE as a rule for care, but they do not know how to define the actions proposed in the steps. Such evidence agrees with the findings in this study, taking into account the second central idea that reported on the nursing team's lack of knowledge about the institutional protocols used for the care of polytrauma patients. ⁽¹⁴⁾

The second and third speeches echo about the inexistence of protocols for polytrauma in the emergency room. Participants claim that if there are established protocols, they were not disclosed, which reinforces the idea of empirical actions. Thus, it appears that, despite following up on conducts and procedures, the nursing team does

not clearly understand the meaning of the term protocol or its actions, which is in line with the TSR, where the specific phenomena related to a particular way to understand and communicate, creates both reality and common sense. ⁽¹¹⁾



The service protocol encompasses information that helps direct the work, encouraging a critical view of professionals, collaborating in the performance of individual and collective behavior capacity.



The service protocol encompasses information that helps direct the work, encouraging a critical view of professionals, collaborating in the performance of individual and collective behavior capacity. Since, when the team does not practice the segment of actions recommended through a protocol, the effectiveness of assistance decreases. ⁽¹⁴⁾

The implementation of protocols demands much more than care, for this, it must also be considered that professionals acquire a theoretical basis through continuous theoretical-practical training, scientific knowledge underlies clinical reasoning and aims to assume the dynamics of systems of polytrauma patients and possible complications. ⁽¹⁵⁾

Given the need to incorporate practices based on science, guided by protocols, it is ideal that the nursing team is engaged in this process, from its construction, even to its practical application. However, the third and fourth central idea reaffirm that the institution's nursing staff in the scene did not participate in the elaboration of protocols and also reports on various training, except for the care of multiple trauma patients, as described in the fourth speech.

The nursing team represents the highest percentage of professionals in the health team and their practice consequently reflects on the qualification of the service. It is necessary to have Continuing Education associated with Evidence-Based Practice (EBP) and standardized language to ensure better patient care, in addition to adding value to the profession by demonstrating mastery of the scientific bases of care, and providing professional development. ⁽¹⁶⁾

In this logic, the fifth central idea brought the awareness of the nursing team to recognize that protocols, training and training benefit both professionals and the patient, emphasizing the improvement of technical-scientific knowledge and the provision of more adequate care. In the fifth speech constructed, professionals expressed a feeling of fragility on the part of institutional availability, and showed themselves

to be lacking in participating in training or means that had knowledge updates and improvement in technical dexterity, indicating a vertical management of the work process.

A study carried out in Australia showed that, after applying a patient assessment module, the nursing team showed an evolution in knowledge and self-efficacy in care, indicating that continuing education and opportunities for appropriate resources are essential to improve performance of these professionals. In this aspect, the placements of the fifth discourse are in line with the literature, as protocols and training help in the work process, offer support in standardizing care and, consequently, in direct and indirect patient care. ⁽⁴⁾

Divergences were elapsed in the sixth central idea, where two participants emphasized that the protocol is not a positive factor for the nursing team, emphasizing that time would be an obstacle to study it. However, a study carried out in 51 health units and in the SAMU

of a city in the interior of São Paulo, pointed out potentialities in the application of protocols such as patient safety, safety in the development of interventions, updating of procedures and easy understanding, indicating numerous advantages in its implementation, contrasting the sixth discourse presented in the research. ⁽¹⁶⁾

Nursing theories were developed with the aim of improving practice through its use by professionals, aiming to portray, elucidate, predict or prescribe the phenomenon of nursing care. ⁽¹⁷⁾ The fact that the speeches express the performance of these professionals with an empirical basis, following the conduct of other colleagues, shows a setback in the conquest of nursing as a science. Without the benefit of scientific instruments, we tend to consider and analyze the world in a similar way; especially when the world we live in is totally social, giving rise to the trivialization of work practice based on common sense. ⁽¹¹⁾

CONCLUSION

Taking into account the objective of the research, it was possible to identify that nursing professionals are able to contemplate several stages of the ABCDE of trauma recommended by the ATLS used in the institution, however, they do not adopt it as a protocol, but as a common daily practice acquired through the transfer of information by other professionals. However, they recognize the importance of resources such as qualifications and training to improve technical-scientific knowledge.

The present research was developed in a single emergency and emergency service in the interior of São Paulo and had only 13 participants, which is characterized as limitations for the study. However, the findings highlight the importance of nursing care properly guided by scientific bases, favoring a fruitful and safe practice for polytrauma patients. 🐦

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