

Perception of the nursing team of mobile emergency care service about forensic skills

RESUMO | Objetivo: identificar a percepção da equipe de enfermagem atuante no Serviço de Atendimento Móvel de Urgência acerca das competências forenses. Método: estudo de natureza descritivo-exploratório com abordagem qualitativa, realizado com 11 profissionais que atuam em Serviço de Atendimento Móvel de Urgência. Os dados foram interpretados à luz do referencial teórico segundo Bardin. Resultado: emergiram quatro categorias centrais e uma subcategoria: Percepção da equipe de enfermagem acerca da singularidade da Enfermagem Forense; Sapiência dos participantes no que concerne à especialização da Enfermagem Forense; Experiências e vivências frente ao processo de preservação dos vestígios e evidências durante o resgate em situação forense; Enfrentamento diante de ocorrências forenses; Vulnerabilidade, sentimentos e lembranças vivenciadas em ocasiões forenses. Conclusão: evidenciou-se a ausência da capacitação dos profissionais envolvidos nesse cenário. Percebeu-se, ainda, durante a análise das respostas dadas, que os participantes conhecem parcialmente o que é, qual a aplicabilidade e quais as competências da enfermagem forense.

Descritores: Enfermagem Forense; Prova Pericial; Serviços de Urgência; Atendimento Pré-Hospitalar; Enfermagem.

ABSTRACT | Objective: to identify the perception of the nursing team working in the Mobile Emergency Care Service about forensic competences Method: a descriptive-exploratory study with a qualitative approach, carried out with 11 professionals who work in the Mobile Emergency Care Service. The data were interpreted in the light of the theoretical framework according to Bardin. Result: four central categories and a subcategory emerged: Perception of the nursing team about the uniqueness of Forensic Nursing; Participants' sapience regarding the specialization of Forensic Nursing; Experiences and experiences in the process of preserving traces and evidence during the rescue in forensic situations; Coping with forensic events; Vulnerability, feelings and memories experienced in forensic occasions. Conclusion: the lack of training of professionals involved in this scenario was evidenced. It was also noticed, during the analysis of the answers given, that the participants partially know what it is, what is the applicability and what are the competences of forensic nursing.

Keywords: Forensic Nursing; Expert proof; Emergency Services; Pre-Hospital Care; Nursing

RESUMEN | Objetivo: identificar la percepción del equipo de enfermería que actúa en el Servicio de Atención Móvil de Emergencia sobre las competencias forenses Método: estudio descriptivo-exploratorio con enfoque cualitativo, realizado con 11 profesionales que actúan en el Servicio de Atención Móvil de Emergencia. Los datos fueron interpretados a la luz del marco teórico según Bardin. Resultado: surgieron cuatro categorías centrales y una subcategoría: Percepción del equipo de enfermería sobre la singularidad de la Enfermería Forense; Sabiduría de los participantes sobre la especialización en Enfermería Forense; Vivencias y vivencias en el proceso de preservación de huellas y evidencias durante el rescate en situaciones forenses; Afrontamiento de eventos forenses; Vulnerabilidad, sentimientos y recuerdos vividos en ocasiones forenses. Conclusión: se evidenció la falta de formación de los profesionales involucrados en este escenario. También se constató, durante el análisis de las respuestas dadas, que los participantes conocen parcialmente qué es, cuál es la aplicabilidad y cuáles son las competencias de la enfermería forense.

Palabras claves: Enfermería Forense; Prueba pericial; Servicios de emergencia; Atención Prehospitalaria; Enfermería.

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a legal nature, which are presented in the various situations of violence and investigation of crimes with legal segments.⁽¹⁾

In this context, Forensic Science is an interdisciplinary field, which involves different areas, such as: mathematics, physics, chemistry, biology, and among other similar knowledge. Its objective is to assist investigations related to civil and criminal justice, seeking evidence that proves culpability in the case or that we rule out suspects involved.⁽²⁾

It is noteworthy that the forensic area applies to specific skills, aiming to con-

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Recebido em: 28/08/2022
Aprovado em: 12/10/2022

INTRODUCTION

In recent decades, Forensic Science has achieved vast notoriety, thus raising scientific and technical foundations of

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tribute to criminal investigations. Thus, it employs techniques to identify, recover, reconstruct, preserve, prepare and analyze evidence during criminal investigations. For specific situations, there are guidance protocols for these professionals, such as: Call the Military Police and inform them if there have been changes in the crime/accident/violence scene; collecting all medical and hospital material used in the scene and assigning them the correct destination; not remove, collect or clean objects or dirt that are in the place, trying to preserve tire marks, shoes, blood residues, among others. ^(3,4)

It is noteworthy that, in Brazil, the practice of Forensic Nursing was regulated by Resolution No. 389, in October 2011. ⁽⁵⁾ The Federal Nursing Council (COFEN) published the regulation of the activity by resolution 556/2017, which determined the role of the forensic nurse. ⁽⁶⁾

In this perspective, Forensic Nursing is directed towards the contribution and performance in the work process, so that the nurse is able to develop a holistic view to identify these occurrences. The knowledge of these professionals should be applied to training incompetence in the forensic area, ensuring assistance in the investigation of traumatic scenarios. In addition, there is emergency care and emotional support for victims of violent crimes.

Thus, it is up to the professional to document, identify the forensic injuries and guide and direct the victim of interpersonal violence to social, psychological and legal assistance. In addition, respect for confidentiality must be preserved and the data collected must be ensured. ^(7,8)

The professionals of the Mobile Emergency Care Services (SAMU) are the first to arrive on the forensic scene and have contact with the victim, so they must provide assistance with dexterity, agility and ability. ^(9,10)

Furthermore, it is up to them to preserve all traces found in the place and to collect all the information that evidences the crime. ⁽¹¹⁾

Therefore, the importance of aptitude

and a legal perspective in nursing actions is highlighted, in order to enable a mutual relationship with forensic science, leading them to shape themselves with attitudes towards situations of violence or crime. They must not only focus on the clinic and care for victims, but also be qualified to



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protect traces found in suspicious scenes. ⁽¹²⁾

However, there is a shortage of qualified professionals to carry out the isolation and preservation of the crime scene, in the same way that there is a shortage of instruction, therefore, consequently, the work of expertise becomes harmful. ^(13,14)

This study becomes relevant because it presents a little explored theme, which deals with forensic competences. At the same time, this research brings a potential reflection to assist and expand the knowledge of nurses in the decision and action process, in the face of the preservation of traces at the crime/aggression scene in a direct way, but also in the care of the victim during and after the peculiar situations.

Thus, the objective was to identify the perception of the Nursing team working in the Mobile Emergency Care Service, about forensic competences.

METHOD

This article was extracted from the Course Completion Work (TCC - Trabalho de Conclusão de Curso) entitled "Perception of the nursing team of a mobile emergency care service about forensic competence (in the original language "Percepção da equipe de enfermagem de um serviço de atendimento móvel de urgência acerca da competência forense") presented to the Nursing Undergraduate Course at Escola Superior de Cruzeiro – ESC –, located in Cruzeiro, São Paulo/Brazil, in 2022.

This was a descriptive-exploratory study with a qualitative approach, which for the purpose of organizing and methodological rigor of the data, the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was used ⁽¹⁵⁾, in order to keep them intact in the perspective of the study.

The research included nursing professionals working in the Mobile Emergency Care Service who had significant experiences in the forensic area. Professionals who declared themselves on sick leave or on leave and those who did not respond to at least three requests from the researchers to answer the questionnaire were excluded.

The sample of study participants was defined using the "Snowball" technique, considered non-probabilistic, with the intention of apprehending the representativeness and significance of the interviewee's experience in relation to the perception of



Forensic Nursing.

Due to the pandemic scenario experienced during the data collection period, the interview strategy was chosen through the Google Forms platform, in view of its ease of use.

Data were collected between April and May 2022, through a semi-structured questionnaire, prepared by the authors, containing questions to characterize the sociodemographic profile, in order to collect information about social, economic, gender, age and category. It also had questions considered guiding to achieve the research proposal.

In the invitation message sent to the nominated participants, they were asked to recall if and tell, in a descriptive/narrative way, a professional experience lived in the process of preserving traces and evidence during the rescue act, as well as the experiences and emotional and sensitive coping strategies in the face of emergency care in a crime situation.

The research was carried out with nursing professionals of both sexes, over 18 years of age, who were willing to voluntarily participate in the study.

The statements were transcribed, analyzed and grouped according to the nuclei of meaning composed in the communication, considering the presence and the thematic frequency significant for the analyzed object.

Thus, the appreciation of the content consisted of three fundamental periods for data analysis. In the pre-analysis, there was an interrogation of the aspects alluding to the object of study, the pertinent theories, the methodology and the operational issues necessary to trigger the research. In the material exploration phase, a cut was made based on the experience of the theoretical construction elaborated so far. Finally, in the material treatment phase, which leads the researcher to theorize about the data, the link between the available reality and the data collected through the research was produced.⁽¹⁶⁾

Therefore, we sought to explain the results in light of the existing literature, le-

ading to the identification of central categories.

To ensure the anonymity of the participants, they were referenced using an association of letters and numbers, according to which the letter P stands for Participant, followed by an Arabic numeral from 1 to 11, according to the order of the interviews.

Each participant received, before the questionnaire, the option of accepting or not accepting to participate in the study, as well as other information relevant to the topic addressed and soon after, the Free Informed Consent Form (FICF) was obtained to ensure the ethical aspects of the research, guarantee everyone's anonymity and the certainty of not having any sanctions or damages for non-participation or withdrawal at any time, as well as the absence of any financial or harmful burden on the participant.

The research followed all ethical precepts according to the recommendations established by resolution 510/16 of the National Health Council for research carried out with human beings.

After approval of the project by the originator institution, the project was submitted to the Ethics and Research Committee (CEP - Comitê de Ética e Pesquisa), through the Plataforma Brasil, destined for the Teresa D'Ávila University Center (UNIFATEA), having received opinion 5,334,340 and the Certificate of Presentation of Ethical Assessment (CAAE) number 56571222.6.0000.5431, on April 6th, 2022.

RESULTS

This study had the voluntary participation of four nurses and seven nursing technicians who work in the Mobile Emergency Care Service (SAMU).

In the table below, information collected and cataloged will be presented in order to facilitate the interpretation of the sociodemographic profile of individuals.

The research was developed with predominantly male participants, seven men and four women between 29 and 51 years

of age. As for knowledge about what forensic nursing is, 7 answered that they know what this professional area is, 3 answered with doubts and 1 answered that they did not know about the specialty.

Regarding the understanding of the crime/accident/violence scene, which configures a specificity of forensic nursing action, seven participants knew that the scene characterizes it as an application of this area of nursing.

With regard to experiences and memories in the face of situations about the process of preserving traces and feelings linked to court scenes,

it was possible to infer after analyzing the content of the data obtained, which were grouped into four central categories and a subcategory and its thematic units, which will be presented below.

Central category: 1 - Perception of the nursing team about the uniqueness of Forensic Nursing.

In the investigation about the perception of the professionals interviewed, a partial knowledge related to what Forensic Nursing means was revealed. Participants expressed the following responses:

"...Who investigates accidents and crime..." P1

"...is the application of nursing techniques in legal matters, that is, there is a union of nursing science with forensic aspects in health care..." P3 "

...Investigative Nursing..." P5

"...acts to help clarify various crimes and occurrences...." P6

In this way, there is a junction between the science of nursing and the forensic aspects of health care.

Specialization in the field of health trains highly qualified professionals to provide ethical and quality care to victims of violence.

It was noticed that, in the team's inqui-

ries in relation to Forensic Nursing, nursing techniques were highlighted along with legal issues related to crimes and violence simultaneously, to the responsibility pertinent to the accident scene and its preservation.

Central category: 2 – Wisdom of the participants regarding the specialization of Forensic Nursing.

The investigation of the crime/accident/violence scene is configured as a specialization of Forensic Nursing. The main perception factors regarding this issue can be identified in the following statements:

“...Because nursing is the one who will collect all the accident data...” P1

“...Yes, having knowledge of the scene, it helps to approach the victim and reduces the chance of causing a second injury, among others...” P2

“...Because it enforces the enforcement of the law, as well as giving shelter to victims of violence or their aggressors...” P3

“...yes, nursing can provide assistance in these cases and other situations that involve the forensic area...” P4

“...Needs a legal basis...” P5

“...Yes, because these situations are characterized as evidence of forensic expertise (criminal) and to act in such a context, specific training is needed...” P9

“...I believe so, because several crimes occur and the victims are rescued by emergency teams...” P10

“...Because it is a place of care where the scene and the traces will identify the facts that occurred, corroborating the conclusion

of the cause of death, as well as those involved...” P11

Based on the main information referenced by the participants, regarding the scenes and what is configured as a specialty of forensic nursing, issues related to the approach to the crime scene stood out in the interviewees' speeches, the applicability of legislation relevant to the event and specific assistance, which characterizes the body of knowledge offered in the specialization.

Central category: 3 – Experiences in the process of preserving traces and evidence during the rescue in a forensic situation.

“...Victim of FI (firearms injury) already in death at the place verified by the medical regulation, for this finding to be made, the information is passed on by the local team, there the regulating doctor, the only one capable of verifying the death on the scene.

However, for verification, the data passed by the team must be accurate and the scene location preserved, work that requires a lot of forensic nursing...” P3

“...Attempted suicide with a firearm, shot in the mouth. Needed death for bureaucratic reasons, but without touching the scene of the suicide” P5

The work aims to address the importance of preserving the crime scene as to the suitability of the traces found there in order to provide a correct analysis of criminal experts in the investigative scope in the face of the application of forensic techniques, in order to arrive at the elucidation of the truth, essential to the effectiveness of justice...” P8

“...I remember a situation in Pre-

-Hospital Care for a suicide victim. There, we need to guard the place, preserve the scene and the victim in terms of exposure (family members and onlookers) until the Military Police arrive...” P9

“...I answered a call in which a person was hit by gunshots, and died during the service...” P10

“... Suspicious scene, where the partner reported a natural cause, occurred due to a convulsive crisis, however the place showed signs of violence and use of narcotics...” P11

Regarding the experiences that the participants had in the process of preserving traces and evidence during the rescue, numerous remarkable experiences were highlighted, such as service practices related to firearm injuries, situations related to suicide and scenes that showed violence or crime.

Central category: 4 - Coping with forensic events

When asked about the way they face and manage forensic events, the interviewees made the following speeches:

“... with great respect for the family...” P1

“...Tense...” P2

“...Some public services, for example death verification, are quite flawed in some cities, causing a lot of inconvenience to the families of victims and health professionals who end up being influenced by issues that are not the responsibility of the team, causing a non-humanized feeling of work...” P3

"...Needs emotional control..." P5

"...Keep calm in everything we need..." P6

"...In the face of these situations with family members, I have always dealt with tranquility, always trying to deal correctly with the fragility of family members, keeping them calm as much as possible, preventing family members from getting too close to what happened, to avoid suffering..." P8

"...It's not a comfortable situation. It is very complex and delicate, however it is part of the work process in the context of emergencies. At this moment, I always think about humanization and welcoming the family. I always try to inform family members about forensic procedures, to understand the process and provide guidance on police records. Another important item is the preservation of the victim's exposure to third parties and onlookers, as it ends up exposing the family as well..." P9

"...I received the information, reported the facts and analysis of the scene to the Regulation Center, requesting support from the PM for the preservation of the scene. I advised the victim's partner that, in view of the observed facts, other measures would be taken and that such conduct would preserve him in the future in the face of whatever the questions were, since he reported that the victim had not ingested narcotics, that he had died after a seizure..." P11

In view of the above reports, it was evident that they deal with situations of death/crime/violence/accident and also with

their families, notably through feelings of anguish, fear and emotional tension.

Subcategory: 4.1 Vulnerability, Feelings and memories experienced in forensic occasions.

Asked to remember and recognize some feeling experienced at the time of forensic situations, which include the crime/accident/violence to the victim, the participants reported the following feelings through the speeches:

"...Very sad..." P1

"...Desperation..." P2

"...Feelings are of the most varied possible, however, specifically in my case, the serenity is what has most surfaced in the occurrences..." P3

"...Fear of it happening to me..." P5

"...The feeling of apprehension followed by calmness and focus on work..." P6

"...Fragility, sadness of family members..." P8

"...Finitude, reflexivity, humanization, reception..." P9

"...Feeling of helplessness and curiosity, (why it happened, who is responsible for it)..." P10

"...Vulnerability, despair, difficulty in understanding on the part of those involved..." P11

For most of the interviewees, the forensic situation was a satisfactory experience and one of great learning and improvement. Some participants considered it a tiring and challenging experience due to sadness, fear, vulnerability, despair and impotence in the face of the situations pre-

sented to them.

DISCUSSION

It is imminent that nursing professionals have knowledge about the principles of forensic sciences, in order to perform, in clinical practice, the necessary and pertinent care for the contact with the victim.⁽¹⁷⁾

In these services, care is provided to serious victims who need immediate attention and are at risk of life.⁽¹⁸⁾ In addition, they showed pain, suffering, fear and even death, leading to a feeling of helplessness for these professionals.⁽¹⁹⁾

It is worth mentioning that the practice of Forensic Nursing consists of nurses' knowledge about the nursing process to care for victims of violence, trauma, complications and legal issues.⁽²⁰⁾

It is verified that these professionals, who attend to different types of occurrences, get anguished with situations in which they are faced. They need to act without letting their emotions influence their work ethic, which is hard work and leaves them vulnerable to care.⁽²¹⁾

Due to the multiprofessional performance of the team, sensitivity to the victim is achieved, creating a link through the reception, active listening and in contact with the detailed physical examination. This sensitivity is the link between professionals and patients.⁽²²⁾

It is also worth mentioning that, when attending an occurrence, professionals must provide care in a neutral, ethical and egalitarian way, disregarding moral, religious, race and sex values, meeting the needs and rules of the forensic service.⁽²³⁾

We understand that these professionals need to be qualified and trained to deal with extreme care and emotions, as patients will arrive shot, fractured or weakened due to their critical health condition, which can lead to their death. This leads us to reflect on losses, so that health professionals cannot rely on a cold posture, on the urge to lack empathy, which is not feeling for the other, but feeling with the other. Or, on the contrary, they become extremely pre-

helpless with the feeling of loss to the point of giving up their chosen profession. For this reason, emotional balance is necessary and fundamental.⁽²⁴⁾

CONCLUSION

This study made it possible to highlight the perception of the nursing team, highli-

ghting the lack of training on the part of those involved in this scenario.

It was noticed, during the analysis of the speeches, that the participants partially know what it is, what is the applicability and what are the competences of forensic nursing in the practice of the Mobile Emergency Care Service.

There is a link between the professional

and the patients when making contact with the victim, in the face of the challenging situation due to emotional exhaustion and the accumulation of feelings and anguish in situations of commotion, causing exposure to feelings and experiences of vulnerability in the face of forensic occurrences and skills.

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