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PESQUISA

NURSES' PERCEPTIONS ABOUT PATIENT-CENTERED CARE AND RISK ASSESSMENT IN A PUBLIC MATERNITY HOSPITAL

PERCEPÇÕES DE ENFERMEIRAS SOBRE O SERVIÇO DE ACOLHIMENTO E CLASSIFICAÇÃO DE RISCO EM UMA MATERNIDADE PÚBLICA

PERCEPCIONES DE ENFERMERAS SOBRE EL SERVICIO DE ACOGIDA Y CLASIFICACIÓN DE RIESGO EN UNA MATERNIDAD PÚBLICAL

Fernanda Oliveira Trindade Machado[1]
Cleuma Sueli Santos Suto[1]
Maria Cristina Camargo[1]
Ana Karoline Dourado[1]
Sálem Ramos de Almeida[2]
Sinara de Lima Souza[1]
Telmara Menezes Couto[3]
Dejeane de Oliveira Silva[4]

[1]Universidade Estadual de Feira de Santana - UEFS. Mestrado Profissional em Enfermagem. Feira de Santana, BA - Brazil.

[2]Universidade do Estado da Bahia - UNEB. Graduação em Enfermagem. Senhor do Bonfim, BA - Brazil.

[3] Universidade Federal da Bahia - UFBA. Programa de Pós-graduação em Enfermagem e Saúde. Salvador, BA - Brazil.

[4]Universidade Estadual de Santa Cruz - UESC. Mestrado Profissional em Enfermagem. Ilhéus, BA - Brazil.

Corresponding author: Sálem Ramos de Almeida
E-mail: salem.ramos@hotmail.com

Authors' contributions:

Conceptualization: Fernanda O. T. Machado, Cleuma S. S. Suto, Maria C. Camargo; ***Data collection:*** Fernanda O. T. Machado; ***Investigation:*** Fernanda O. T. Machado; ***Methodology:*** Fernanda O. T. Machado, Cleuma S. S. Suto, Maria C. Camargo; ***Project Management:*** Fernanda O. T. Machado, Cleuma S. S. Suto, Maria C. Camargo; ***Research:*** Fernanda O. T. Machado; ***Software:*** Cleuma S. S. Suto; ***Writing – Original Draft Preparation:*** Fernanda O. T. Machado, Cleuma S. S. Suto, Maria C. Camargo, Ana K. Dourado, Sálem R. Almeida, Sinara L. Souza, Telmara M. Couto, Dejeane O. Silva; ***Writing – Review and Editing:*** Fernanda O. T. Machado, Cleuma S. S. Suto, Maria C. Camargo, Ana K. Dourado, Sálem R. Almeida, Sinara L. Souza, Telmara M. Couto, Dejeane O. Silva.

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Mariana Santos Felisbino-Mendes
Tânia Couto Machado Chianca

ABSTRACT

Objective: to analyze nurses' perceptions of the patient-centered care and risk assessment services in a public maternity hospital. **Method**: a descriptive study carried out in a maternity hospital in the Brazilian state of Bahia, where seven nurses from patient-centered care and risk assessment services were interviewed between February and March 2023. A textual corpus was prepared and processed using the Iramuteq software, which enabled the analysis of the Descending Hierarchical Classification associated with Thematic Analysis from Bardin's perspective. **Results**: five classes were formed and four categories were defined: Difficulties in working with risk assessment; Main complaints/symptoms dealt with during care; Perceived importance of patient-centered care and risk assessment and management's responsibility for the good performance of the care provided; and Nurses' conduct centered on soft technologies and the need for (re)evaluation by the doctor. **Final considerations**: nurses understand the importance and responsibility of their role when providing care and point to important issues regarding the healthcare model, such as the need to value obstetric Nursing. The study can contribute to improving the health care provided by nurses in patient-centered care and risk assessment and foster public policies aimed at improving the health care of pregnant women.

Keywords: Pregnant Women; Hospitals, Maternity; Risk Assessment; User Embracement; Nursing.

RESUMO

Objetivo: *analisar as percepções das enfermeiras sobre o serviço de Acolhimento e Classificação de Risco de uma maternidade pública.* ***Método***: *estudo descritivo, desenvolvido em uma maternidade do Estado da Bahia, onde sete enfermeiras do serviço de acolhimento e classificação de risco foram entrevistadas entre fevereiro e março de 2023. Foi elaborado um corpus textual processado pelo software Iramuteq que possibilitou a de análise da Classificação Hierárquica Descendente associada à Análise Temática na perspectiva de Bardin.* ***Resultados***: *foram conformadas cinco classes e definidas quatro categorias: As dificuldades em trabalhar com classificação de risco; Principais queixas/sintomas atendidos no serviço; Importância percebida do acolhimento e classificação de risco e a responsabilização da gestão para o bom desempenho do serviço; e, Condutas das enfermeiras centradas em tecnologias leves e na necessidade de (re)avaliação pelo médico.* ***Considerações finais***: *as enfermeiras entendem a importância e a responsabilidade do papel executado dentro do serviço e apontam questões importantes quanto ao modelo de atenção à saúde, como a necessidade de valorização da Enfermagem obstétrica. O estudo pode contribuir para a melhoria da assistência à saúde prestada por enfermeiras no acolhimento e classificação de risco e fomentar políticas públicas voltadas para a melhoria da atenção à saúde da mulher grávida.*

Palavras-chave: *Gestantes; Maternidades; Classificação de Risco; Acolhimento; Enfermagem.*

RESUMEN

Objetivo: *analizar las percepciones de las enfermeras sobre el servicio de Acogida y Clasificación de Riesgo en una maternidad pública.* ***Método***: *estudio descriptivo, desarrollado en una maternidad del Estado de Bahía, donde siete enfermeras del servicio de acogida y clasificación de riesgo fueron entrevistadas entre febrero y marzo de 2023. Se elaboró un corpus textual procesado por el software Iramuteq que permitió el análisis de la Clasificación Jerárquica Descendente asociada a la Análisis Temático desde la perspectiva de Bardin.* ***Resultados***: *se conformaron cinco clases y se definieron cuatro categorías: Las dificultades para trabajar con la clasificación de riesgo; Principales quejas/síntomas atendidos en el servicio; Importancia percibida del acogimiento y clasificación de riesgo y la responsabilidad de la gestión para el buen desempeño del servicio; y, Conductas de las enfermeras centradas en tecnologías leves y en la necesidad de (re)evaluación por el médico.* ***Consideraciones finales***: *las enfermeras comprenden la importancia y la responsabilidad del papel ejecutado dentro del servicio y señalan cuestiones importantes respecto al modelo de atención a la salud, como la necesidad de valorización de la Enfermería obstétrica. El estudio puede contribuir a la mejora de la asistencia sanitaria prestada por enfermeras en la acogida y clasificación de riesgo y fomentar políticas públicas orientadas a la mejora de la atención a la salud de la mujer embarazada.*

Palabras clave: *Mujeres Embarazadas; Maternidades; Medición de Riesgo; Acogimiento; Enfermería.*

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INTRODUCTION

Urgent and emergency maternal care services are crucial as they identify critical cases and intervene based on each woman and her baby's needs to prevent unfavorable outcomes[1]. Obstetric units face significant public health challenges, including overcrowding and the unnecessary demand for specialized care, which could be resolved when primary health care could resolve some issues. This situation highlights a continuum of care gap for pregnant women, stemming from access difficulties, system coverage lapses, overall service network failures, a lack of sufficiently trained professionals, and insufficient guidance on managing emergency situations during consultations, among other issues. These factors contribute to various problems in obstetric emergencies[2].

The lack of evaluation or screening before serving patients in a first-come, first-served manner in maternity wards has been a major barrier for pregnant women. This approach leads to prolonged wait times, increased suffering, and the risk of severe outcomes, including the death of the mother or baby due to delayed care[3]. In response, the Acolhimento com Classificação de Risco (PCCRA) [Patient-Centered Care and Risk Assessment] was introduced in 2017 at the entry point of maternity wards to assess women at their initial visit, identify risk profiles, and determine the urgency of care needed, based on Ministry of Health guidelines and scientific evidence[4].

This critical and complex task depends on the professional's skills and competencies and factors like the physical and technological infrastructure, ambiance, interpersonal relationships, and communication[5]. Although a doctor or nurse can perform this role, nurses typically undertake it. These professionals must evaluate conditions at the time of care, listen attentively to the patient's needs, provide comprehensive and effective care, and anticipate potential complications during their stay in the healthcare facility. To deliver effective care, the PCCRA also requires organizing the protocol for continuity of care within the health services[5].

The protocol for managing health services demand classifies patients into five priority levels based on their severity: red (immediate attention), orange (up to 15 min), yellow (up to 30 min), green (up to 120 min), and blue (no priority or referral to primary health units)[4]. PCCRA nurses assess complaints, vital signs, and categorize patients according to the Ministry of Health. They also, in some instances, perform uterine fundus measurements, auscultation, and vaginal exams. Despite challenges, nurses embrace the responsibility of welcoming patients, which involves fostering human relationships and establishing trust[4].

Professionals who welcome patients commit to answering their questions, taking responsibility for addressing their issues, and sharing health status information[6]. Therefore, the PCCRA embodies an ethical approach that respects individuals and their concerns, acknowledging them as central to their healthcare process and valuing their autonomy in care relationships.

Given the topic's significance, a systematic search for scientific literature was conducted between April and June 2023 across the Latin American and Caribbean Literature in Health Sciences, SciELO, ScienceDirect, and PubMed databases, using keywords such as 'Pregnant women,' 'Maternities,' 'Risk classification,' 'Reception,' and 'Nursing.' However, only three studies related to the research topic were found, indicating a gap in the field.

This study aims to support actions to sensitize professionals to the importance of quality care throughout the pregnancy-puerperium cycle, uncovering weaknesses that, once addressed, can strengthen the integrated women's care network. The goal is to reorganize basic care through prenatal care, taking into account women's personal characteristics and desires to minimize complications during pregnancy, childbirth, and the postpartum period, as well as within the medium and high complexity network, to prevent negative outcomes.

The PCCRA services provided by nurses in maternity hospitals spotlight a significant public health issue in Brazil, prompting the question: How do nurses perceive PCCRA services in a public maternity hospital? Hence, this study aims to analyze nurses' perceptions of PCCRA services in a public maternity hospital.

METHOD

This descriptive study, using a qualitative approach, aimed to understand nurses' perceptions of PCCRA. In this context, field research was conducted considering the sociocultural characteristics of care for pregnant women in the municipality[7]. To ensure methodological rigor and quality, we followed the Consolidated Criteria for Reporting Qualitative Research[8].

The study took place in a public maternity hospital in Bahia's interior, under municipal management. Inclusion criteria included nurses working in the PCCRA for at least six months; the exclusion criterion was being on vacation. There was no sample loss. Participants were approached at the health institution during working hours, with interviews scheduled in advance. Seven professionals were interviewed using a semi-structured

script, which included sociodemographic data and professional experience (age group, marital status, race/color, religion, education level, time in the field, and professional experience), and 10 open-ended questions related to the study objective. These were tested and adapted before use. Interviews were conducted in private rooms in February and March 2023 to respect the interviewees' privacy by the study's lead author, who had close ties with the participant group.

After introducing the study proposal, participants were invited to a private room where they signed the Informed Consent Form and proceeded with the interview. The responses were fully transcribed and subjected to textual analysis using the IRAMUTEQ software (Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires) version 0.7 alpha 2, followed by a thematic analysis according to Bardin's approach[7].

The thematic analysis is recursive and not linear, involving initial familiarization with the data, noting initial ideas, coding relevant data features while observing patterns, grouping codes into potential themes and examining their relationships[7]. After iterative re-reading and review, we verified the coding and named the thematic categories.

The interview data formed a textual corpus analyzed by IRAMUTEQ, employing the Descending Hierarchical Classification (DHC) method. This method divides the text and extracts word classes representative of the content based on statistical word distribution[9].

The software produced a dendrogram, subdividing into hierarchical classes by the frequency of word occurrences in the interviews, highlighting the most significant words in each class. The corpus construction variables were age, tenure in the sector, years of Nursing, pre-job training, and job satisfaction.

This research adhered to ethical standards outlined in Resolution 466/2012 of the Brazilian National Health Council, focusing on autonomy, non-maleficence, beneficence, and equity. The study received approval from the Ethics and Research Committee of the State University of Feira de Santana (no. 5.659.893). To maintain participant anonymity, speech excerpts were labeled with the letter 'N' followed by the interview sequence.

RESULTS

Seven nurses working in the ACCR sector participated in the study. The most common age group was between 25 and 40. Regarding marital status, most (n = 5) reported being single, while two were married. All participants were black/brown, resided in the municipality of Feira de Santana, and were obstetric nurses. Five were evangelical, and two were Catholic. Regarding career experience, five interviewees had between four and ten years of professional experience, whereas the others had only one year. Their tenure in the maternity ward ranged from one to three years.

The PCCRA sector was the first employment for most interviewees, five of whom had been there for an average of two years. Only two had previous experience in rooming-in and neonatal ICU units.

The interviews facilitated the creation of the CHD through text units analyzed by the IRAMUTEQ software, dividing the corpus into 231 text segments. These included 139 hepax terms and a utilization rate of 88.5%. Only terms with a frequency of 12 or higher were considered for analysis (Figure 1). The CHD revealed the formation of five classes across four categories: Category 1, represented by Class 2 (22.4%), highlighted the challenges of working in the PCCRA sector; Category 2, linked to Class 4 (21.3%), focused on the main complaints/symptoms addressed in when providing care; Category 3, comprised of Class 1 (20.8%), discussed the recognized importance of PCCRA and the management's responsibility for the effectiveness of the care provided; and Category 4, encompassing Classes 5 and 3 with percentages of 14.4% and 21.1% respectively, explored the nurses' practices centered on soft technologies and the urgent need for (re) evaluation by a physician.

Category 1 offered insights into the challenges professionals face when working in the PCCRA. They expressed fear and insecurity about starting in a sector with unique practices they weren't technically prepared for. Concerns were primarily about the responsibility their roles entailed, closely tied to their scientific knowledge and professional experience. Key excerpts include:

> *Starting to work in the sector without training felt hopeless initially. Feeling unqualified was common* (N1).

> *The fear of releasing a patient who needed further care or incorrectly classifying them, potentially causing harm, was significant* (N3).

Additionally, this category highlighted the insecurity professionals felt when releasing patients without medical assessments, even when following institutional protocols, at their careers' start:

> *Despite two obstetrics internships, I graduated without attending a birth or gaining any obstetric experience, leaving me unprepared.*(N2)

> *Starting my first job was intimidating. I was unaware that patient-centered care meant sometimes releasing patients without medical intervention* (N4).

Participants indicated that no theoretical training was provided upon joining the PCCRA unit. The training was practical, consisting of shadowing an experienced nurse who shared knowledge about the PCCRA department's daily routines, rules, and protocols. Initial theoretical knowledge came from institutional protocols and the Ministry of Health's obstetric PCCRA protocol:

> *The training covered six shifts with an experienced nurse in patient-centered care, providing hands-on experience without any theoretical sessions* (N5).

> *All my training came from a colleague, and the practical classification protocol was straightforward* (N7).

In Category 2, built on Class 4 observations, nurses noted that most patients sought maternity care for issues that could have been addressed during prenatal care, including seeking clarification and guidance on various concerns:

> *The majority of consultations, around 80 out of 100 daily, involve issues preventable through prenatal care* (N3).

> *Many visits are for unnecessary concerns, often just questions about medication* (N6).

Nurses reported that many patients could not identify contractions, signs of fluid loss, or recognize labor, nor were they instructed on pain management:

> *Some arrive at 40 weeks with sporadic contractions, mistaking them for labor* (N4).

> *The main complaints involve contractions, fluid loss, and occasionally bleeding* (N5).

In Category 3, nurses recognized their critical role in the PCCRA, facilitating patient flow and prioritizing high-risk individuals, highlighting their efforts in humanizing and improving care quality. They felt supported by both management and the Nursing team:

> *direct patient flow in the maternity ward, from prenatal to critical cases, ensuring expedited care for those in need* (N3).

> *Management recognizes our role's importance in humanizing care and reducing wait times, thus enhancing care quality* (E4).

Category 4 revealed that nurses' actions are guided by government protocols for assessment and advice.

Figure 1 – Thematic structure of the research corpus according to the Descending Hierarchical Classification.

Class 2	Class 4	Class 1	Class 5	Class 3
Category 1 - Difficulties in working with risk classification (22.4%)	Category 2 - Main complaints and symptoms attended to at the unit (21.3%)	Category 3 - Perceivd importance and management responsibility in the unit's performance (20.5%)	Category 4 - Nurses' actions focused on light technologies and the need for medical evaluation (14.4% and 21.3%)	
risk	prenatal	to think/find	to talk	doctor
start	bleeding	important	fast	to pass/trasnfer
training	pain	function	to seek	to trust
to work	contraction	flow	to stay	care/service
classification	cervix	maternity	well	patient
sector	pelvic	municipality	today	protocol
to act	week	performance	to want	to assess
training	medication	gestures	professional	to discharge
intern/fellow	lack	structure	place	to refer/send
patient-centered care	to refer	entry	person	to attend
specific	fluid loss	to perceive	opportunity	safe
shift/on-call duty	guidance	Hospital	Practice	to speak
to train	doubt			
	complaint			

However, there are moments when they must defer to medical judgment, often due to inexperience or insecurity:

> *Facing unfamiliar situations, I consulted the protocol and if unsure, sought a doctor's advice* (N1).

> *Novice nurses, uncertain about classifications, might refer patients to doctors, sometimes facing criticism for their decisions* (N7).

A recurring theme was low confidence among colleagues regarding nurses' abilities to assess and guide patients. This undervaluation, demanding doctor referrals, underscores medical dominance and suggests a perceived superiority of medical professionals in providing care:

> *Hospital colleagues often bypass our assessments, insisting, "give the patient to the doctor," as if our capabilities are insufficient* (N1).

DISCUSSION

This study included young nurses, which aligns with the demographics of Brazilian Nursing, where 61.7% of professionals are up to 40 years old, and 38% are between 26 and 35 years old. All of the women interviewed identified as black or brown. This finding contrasts with the national survey on the Profile of Nursing in Brazil, where 53% of Nursing team members with active registrations with the Federal Nursing Council (COFEN) identified as black or brown. However, when analyzing the data by category, 57.9% of nurses identified as white[10].

The nurse's image has traditionally been associated with white women from noble families, fostering an exclusionary and discriminatory stereotype regarding gender and race. Presently, black women face social vulnerabilities, barriers, and obstacles that hinder their advancement and integration into the job market, primarily in technical Nursing roles[11].

Most nurses reported pursuing postgraduate education soon after beginning their careers. This trend is common among Brazilian nurses, who increasingly specialize at a young age, often before entering the job market. Several factors drive the need for additional training post-graduation: the pursuit of theoretical and practical knowledge to perform their duties safely and skillfully, the development of expertise in a specific knowledge area, support in their work activities, particularly for recent graduates, and improved job market access and stability[12].

The participants have been working in Nursing for between 1 and 4 years, and for many, the maternity hospital where the study took place was their first job. In the PCCRA sector, most have worked for just over a year and have spent most of their Nursing career in this sector. According to the survey on the Profile of Nursing in Brazil, they are in the 'professional training' phase of their careers, aimed at becoming better qualified for care through specialization, establishing themselves in jobs, forming a professional identity, and preparing for long-term career decisions in line with the profession's realities.

Category 1 - Professionals' Difficulties in Working with Risk Assessment

The findings from Class 2 suggest that the data aligns with research indicating that the onset of a nurse's career is often characterized by fear and insecurity, largely due to inexperience, uncertainty, stress, and the pressure to establish oneself as a competent professional committed to delivering excellent and responsible care[5].

Most participants reported that this was their first job post-graduation and that their training had not prepared them for obstetric practices, such as assessing the cervix or identifying genuine obstetric emergencies. The proliferation of undergraduate Nursing programs, including remote or hybrid formats, coupled with the decline of public universities and the rapid expansion of private institutions without enforcing crucial educational standards like qualified instructors, research, and extension projects, has led to concerns about the adequacy of professional preparation[13].

Nursing education is increasingly criticized for its superficial nature, falling short of adequately preparing graduates for the challenges they may face in the workforce. While these programs aim to produce generalist professionals, they must also offer a broad range of experiences to avoid gaps in scientific knowledge and practical skills[13].

Obstetrics, a specialized field within Nursing, requires additional training. This study found that most professionals starting in the PCCRA sector did so without postgraduate qualifications in obstetric Nursing, although some pursued specialization after entering the workforce.

New hires in patient-centered care roles often begin without experience, technical and scientific knowledge, or confidence, jeopardizing patient care quality. Nurses in the PCCRA must ensure patient safety throughout the hospital assessment process, dedicating themselves to providing high-quality, safe care and fostering trust between healthcare services and patients and their families.

Another challenge mentioned by participants was discharging patients without a medical assessment. The institution's protocol, in line with the Ministry of Health's guidelines, outlines which complaints do not require hospitalization, allowing nurses in the PCCRA to assess, advise, refer, and discharge patients without a doctor's involvement. This protocol is a strategic measure to streamline care, reduce wait times for urgent cases, and manage overcrowding, but it demands well-trained, confident, and skilled professionals[4].

According to COFEN Resolution no. 661/2021, while PCCRA tasks do not necessitate specialization in maternity hospital settings, it is crucial for nurses to possess the knowledge, competence, and skills required for their profession[14]. Obstetric nurses are best suited for PCCRA roles in maternity wards due to their independent consultation rights, proficiency in invasive procedures, such as cervix assessments or handling deliveries during the expulsive phase, and their ability to exercise critical thinking, make decisions, perform thorough clinical evaluations, and recognize symptoms indicating potential complications or life-threatening conditions[15].

The job market requires ready professionals, yet literature indicates recent graduates struggle to find employment due to lack of experience and/or specialization, low wages, saturated job markets, and intense competition[16]. Health facilities often neglect to invest in ongoing education for newcomers or consider individual adaptation needs, leading to many professionals feeling ill-prepared for their roles.

Category 2 - Main complaints/symptoms presented by pregnant women treated during care: the reality of ACCR services

Guidance must serve as the foundation of health education and promotion. This does not require additional costs or supplies and equipment, but it necessitates the health professional's attitude, willingness, time, initiative, and commitment. They should encourage patients to use their prenatal appointments to ask questions and discuss the phases and processes experienced during the pregnancy-puerperium cycle. One study highlights that among 3111 postpartum women who had prenatal care in the SUS network, the majority did not receive advice about common signs and symptoms of pregnancy, warning signs, or labor during their appointments. Consequently, women often perceive prenatal care solely as a time for clinical assessments and tests. Women seen by nurses tend to receive more guidance than those seen only by doctors[17].

The lack of effective obstetric care in primary care contributes to the overcrowding of urgent and emergency care units. The dominance of hospital-centric models, coupled with inadequate care, guidance, information, and access to care, pushes the population to seek more specialized care. This directly leads to overcrowding, longer wait times for care and a decrease in care quality[18].

Primary health care should act as an initial response, identifying high complexity cases and offering the necessary guidance and referrals. A study on users' perceptions of the PCCRA in non-maternity hospital settings found that, despite users viewing the PCCRA as a means to improve emergency care, there was a discrepancy with the classification given by professionals[19].

The main issues prompting pregnant women to seek care, regardless of parity, included uterine contractions, loss of the mucus plug, amniotic fluid loss/vaginal bleeding, and pain. However, a study conducted in the northeast of the country reported that 34.5% of women seeking care at the ACCR complained of pain, 14% of vaginal fluid loss, and 17.5% of vaginal bleeding[20].

Some of these complaints could be addressed in primary care, as they are common during pregnancy. The mentioned studies[18-20] highlight the importance of guiding and preparing women to recognize what is expected at each pregnancy stage and when to seek care in highly complex services, where the PCCRA will assess them at the point of entry.

Category 3 - perceived importance of ACCR services and management accountability for good performance when providing care

In PCCRA, professionals need to understand their role and the complexity of their tasks, as this tool aims to improve the quality of care. The service proposes a new organizational model for maternity hospital admissions, prioritizing care based on the clinical condition of the pregnant woman. It seeks to provide fast and effective care, directing users to the most appropriate location, and avoiding unnecessary unit overcrowding[21].

When professionals feel valued by their institution and establish a trustful relationship with their managers, they can offer more humane, attentive, and qualified care. Communication issues, conflicting workplace relationships, and limited opportunities to express ideas can lead to mental health issues, professional stress, frustration, and demotivation, negatively affecting care quality[22]. In this study, while care is affected by various factors, professional attitude unveils the potential for user satisfaction among those who feel welcomed.

Category 4 - Nurses' conduct is centered on soft technologies and the urgent need for (re)evaluation by medical professionals

The terms within this category are possibly related to the notion that many nurses interviewed have had limited professional experience, hindering their ability to develop skills, confidence, and assurance in their work. Previous experience significantly influences their performance, especially when facing patient demands in situations not covered by routine protocols, enabling them to broaden their knowledge and skills.

The lack of experience and theoretical knowledge, grounded in scientific evidence, may pose challenges in clinical decision-making and in providing safe care, amplified by the gap between theory and the practical realities encountered in the field[23]. The societal perception of health has historically been centered around medical knowledge, elevating the medical professional and viewing them as the primary knowledge bearer. With technological advancements and transformations in the healthcare model, other professional disciplines have begun to integrate into care practices across various contexts.

Nevertheless, the general public has yet to fully appreciate or understand the roles and competencies of these professions, often failing to recognize the contributions these professionals make[24]. The historical perception of Nursing, intertwined with charity, religion, gender, and empirical practices, has complicated its recognition as both a profession and a science, contributing to its ongoing undervaluation. It is noteworthy that Nursing was only acknowledged as a profession in the 20th century[18]. This undervaluation has left

Nursing professionals grappling with precarious working conditions, low wages, double shifts, absence of a salary baseline, along with high care demands, conflicts with an unprepared and sometimes hostile population that does not acknowledge their expertise, skills, or trust in their work. A study has indicated that such conditions contribute to professional burnout and loss of motivation, and are linked with psychological/emotional disorders within this workforce[25].

These issues must be addressed within Nursing, a field grounded in scientific evidence, to ensure that its practice is recognized in diverse care settings and that professionals can perform their duties ethically, competently, and with quality. Regarding qualitative research, it is important to note that data cannot be generalized. Findings from this study provide insights for teaching, Nursing practice, and research, particularly in fostering better care for pregnant women, aiming to reduce maternal morbidity and mortality and to update the training of nurses and obstetric Nursing specialists due to the unique needs of this patient group.

The study's limitations arise from the small number of interviewees and challenges associated with the ACCR team at the hospital, including the transfer of experienced professionals and the recruitment of new staff who did not meet inclusion criteria. As research was conducted within a single institution, future studies should be expanded.

FINAL CONSIDERATIONS

It has been possible to showcase the nurses' perspectives on PCCRA and highlight the challenges faced in their work routines. The nurses recognize the significance and responsibility of their roles within PCCRA and identify collaboration with unit management as a key factor in achieving their work objectives. They draw attention to important considerations regarding the healthcare model, especially the social valorization of medical knowledge and the critical need to esteem Nursing, impacting both the motivation and mental health of professionals.

There is a clear necessity to enhance care networks for women in obstetric Nursing and to conduct further research on PCCRA, with the hope that this study contributes significantly to improving the healthcare services provided by nurses and informs the development of public policies to enhance care for pregnant women.

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