

## EXPERIENCES IN EMERGENCY SITUATIONS: A STUDY WITH NURSES OF EMERGENCY AND RESUSCITATION MEDICAL AMBULANCE

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## **INTRODUCTION / JUSTIFICATION**

The emergency was a constant challenge, which could often cause a feeling of impotence and frustration, as it was not possible to achieve the expected results and the recovery of the health status of the person in a critical situation, despite the efforts and dedication of nurses, in the acquisition of scientific knowledge and practical skills.

There have been several emergency situations experienced and reported by nurses that triggered states of anxiety and frustration.

In caring for people in critical situations and their families, the nurse who aids outside the hospital has a pre-eminent role, having the need to mobilize knowledge in the most diverse circumstances. The out-of-hospital nurse is called upon to organize, coordinate, innovate, cooperate and often act in unpredictable situations.

Therefore, it is important to understand how nursing professionals, who work in extra-hospital care, describe their experiences, as they perform their duties in an environment of extreme psychological pressure, with an intense, dynamic workload. and, often, with unexpected situations.

These assumptions, combined with the researcher's professional experience in the extra-hospital area, converged on the theme: "EXPERIENCES IN EMERGENCY SITUATIONS: A STUDY WITH NURSES OF EMERGENCY AND RESUSCITATION MEDICAL AMBULANCE". This study is intended to constitute a form of evaluation and reflection on the importance of nurses' professional performance when providing care to victims in an emergency situation, where the nurse's experiences and commitment to

providing the best nursing care are provided.

Ferreira (2014) states that nurses who work outside the hospital experience great physical and mental exhaustion, as they are daily confronted with the limits and possibilities to deal with pain, suffering, death and, simultaneously, readiness, quick thinking, assertive decision-making and good physical conditioning, with the responsibility of facilitating a quick and effective response in emergency situations.

In this sense, the starting question for this dissertation was defined as:

- What are the experiences of emergency medical and resuscitation vehicle nurses in emergency situations?

The general objective of this study is to understand the experiences of nurses working in medical vehicles and resuscitation in emergency situations. Responding to this objective helped us understand how nurses feel and experience medical emergencies in their daily lives, which will be an added value and could have countless practical applications at the level of these teams.

Therefore, a descriptive and analytical study is proposed, framed in the qualitative paradigm. Data were collected through semi-structured interviews with a team of 13 VMER nurses from a district hospital in the central region of mainland Portugal.

## **THEORETICAL BASIS**

Out-of-hospital medical emergencies in Portugal still have a relatively recent past. The changes that have occurred in today's society, particularly technological development, with consequences in the increase in road traffic and, consequently, in road accidents and work accidents, changes in lifestyles that contribute to the increase in cardiovascular diseases and a greater number of myocardial infarctions, are, among many, some of the reasons that justify the existence of out-of-hospital emergency

medical services (Silva, 2007).

Batuca (2008) is of the opinion that the philosophy that led to the implementation of a medical emergency system in Portugal, strongly influenced by the *American Emergency Medical Service*, meant that the expression medical emergency began to be used by the Integrated Medical Emergency System (SIEM) Portuguese.

In Portugal, the first systematic study that seeks to address this issue at a national level is constituted by a report from the "Medical Emergency Commission", created by Ministerial Order on March 2, 1978. The development of the recommendations proposed in it was the foundation of the model Portuguese of a medical emergency system. It was precisely in this report that the basis of the definition that is part of the current concept of medical emergency was understood (Henriques, 2013).

The SIEM is made up of: Public Security Police, National Republican Guard, Firefighters, `` Cruz Vermelha Portuguesa `` (Red Cross at Portugal), `` Instituto Nacional de Emergência Médica `` (National Institute of Medical Emergency), Hospitals and Health Centers, entities that cooperate with each other with the aim of aiding victims of sudden illness and trauma, and is activated by the European emergency number 112. SIEM encompasses a set of extra-hospital, hospital and inter-hospital actions and means, presupposing the active participation of the various elements of the community, enabling effective and resource-saving action.

Nurses, along with other health professionals, are on the ground providing direct and indirect care to people in critical situations, which has implied, over time, adaptation and evolution. In this evolution, the national nursing management bodies, namely the Order of Nurses (OE), were not oblivious to this reality, an example being

the elaboration by the O.E., in 2010, of the Regulation of the competencies of the Nurse Specialist in Nursing in Person in Critical Situation, updated in 2018, by Regulation, number: 429/201, of July 16, 2018, which reads:

Nursing care for people in critical situations is highly qualified care provided continuously to people with one or more vital functions at immediate risk, in response to the affected needs and allowing the maintenance of basic life functions, preventing complications and limiting disabilities, having with a view to his full recovery. Care for a person in a critical situation may arise from an emergency, exception or catastrophe situation that puts the person at risk of life. (page: 19362)

Bunkenborg (2012) states that the involvement of out-of-hospital nurses in clinical practices and the importance of valuing professional objectives directly and considerably influence the ability to monitor and act towards victims in critical situations. According to this author, the ability of nurses to understand the guidelines for action on a victim in a critical situation, combined with scientific knowledge and developed technical skills, decisively influence the victim's ability to monitor, as well as in decision-making about the action to be taken in stabilizing the victim. This type of acquired skills also contributes to improving multidisciplinary collaboration and teamwork.

It is undoubted that nurses increasingly play a pre-eminent role in the area of medical emergencies and out-of-hospital care and in recent years there has been a significant increase in interest in this area on the part of health professionals. The response in emergency situations must be quick and involves carrying out technical procedures in difficult working conditions, requiring operational mastery of interventions by the team (Gonçalves, 2017).

We needed to go back in time to better

understand the concept of experience.

Lersch (1971) highlights the functional circle of experience, as a process composed of four integrated elements, necessary for the occurrence of the psychic phenomenon designated as experience: tendency, perception, affectation and active conduct. Like this:

- the first element of this contact between the living being and the surrounding world is tendency. They emerge in contact with the world in the form of impulses, the satisfaction of which promotes the development and conservation of their existence;
- perception is the second fundamental element of experience. It is through selective and active perception that human beings will come into contact with the surrounding world and orient themselves in it;
- affectation is the third moment of the functional circle of experience, and refers to the repercussion of the fruits of the perception of the surrounding world. Feeling affected implies a meaning and a valence. The author defines this affectivity as the reflection of what is perceived in subjective states. In its superior stages, affectation gives rise to superior feelings, such as love, fear, envy, respect;
- The fourth element of experience is active conduct, it is the movement of the living being towards the world, towards its needs, perceptions and affections.

Experience then is the present time, different from the past and the future. With experience we link ourselves to the present, it is all that actually exists and for Nietzsche it is tragic that, at the bottom of everything there is experience, which is not something objective, there are only reflections of experience and because there is this gap, therein lies a tragedy.

Providing care in emergency settings is

widely recognized as a factor causing stress, anxiety and even post-traumatic stress. The medical emergency team is often the first differentiated help to arrive in scenarios where there are circumstances that can affect the victims' lives (Guise, et al., 2017; Nespereira-Campuzano & Vázquez-Campo, 2017).

In the study carried out by Bohström, Carlström, & Sjöström (2017), the authors concluded that nurses working in ambulances reported feelings of stress whenever a specific alert was issued, which increased in situations where there was unclear or insufficient information, regarding the situation or location, as well as, in emergency situations involving children or births. Another factor that generated anxiety, reported by nurses, was the involvement of known people or family members in the emergency situations to which they responded. On the other hand, the conclusions of this study made it possible to identify factors that can potentially reduce the stress of nurses working outside the hospital, for example, the value of sharing experiences with colleagues in a formal and informal way, feedback from colleagues, passing information between teams, the existence of security and performance protocols and the advantages of working as a team.

Ali, Thomson, Graham, Rickard and Stang (2017) also found that the fast-paced and unpredictable environment of a medical emergency contributes to increased emotional tension, which can result in errors in patient safety. The out-of-hospital emergency scenario becomes even more challenging when dealing with seriously ill people, particularly children. The same authors also mention that nurses who perform their duties in medical emergencies face high-stress and risky clinical scenarios, such as cardiopulmonary resuscitation, driving to the location, travel time, stress and, sometimes, anguish results in emotional pressure.

More recently, Fernández-Aedo et al. (2017) carried out a qualitative study with the aim of understanding the emotions of out-of-hospital professionals in cardiac arrest situations. They realized that these are characterized by a combination of sadness, when it is not possible to save the person's life, and well-being when knowing that every possible effort was made in that situation. Negative emotions may arise, such as a feeling of uncertainty or doubt about their performance and stress, although they reiterate that these do not influence their performance or readiness to provide care. However, the participants in this study report that the fact that they are aware that the cardiopulmonary resuscitation maneuvers were carried out with all technical rigor is something that comforts the team when the result is not what was desired.

In that study, the immediate emotional responses in the form of sadness or emotional trauma and personal involvement that arose after a failed resuscitation attempt are mainly determined by the personal relationship with the person (known people or patients regularly attended to) or by the degree of empathy with the person. the situation (events that resemble personal experience) and not necessarily the death itself.

Some literature points to the fact that nurses who work in an emergency context are more likely to develop symptoms of secondary traumatic stress (Barleycorn, 2019). Secondary traumatic stress refers to the experience of symptoms similar to those of post-traumatic stress after indirect exposure to traumatic events, in this specific case working with critically ill patients in an out-of-hospital emergency context. The author states that urgency/emergency nurses have an increased risk of developing secondary traumatic stress and there is still little research on this topic with regard to predictive factors and consequences.

Secondary traumatic stress is a feeling of despair that can have broad psychological or physiological effects on healthcare professionals such as anxiety, sleep disturbances, nausea, depression, decline in job satisfaction, absenteeism, compassion fatigue and burnout (Barleycorn, 2019; Schmidt & Haglund, 2017)

Positive aspects experienced in the workplace, such as the meaning and satisfaction that nurses derive from providing care to people when they need their care, can be broadly referred to as compassion satisfaction. In contrast, compassion fatigue is a biopsychosocial exhaustion syndrome that results from the care and support provided to people in distress (Schmidt & Haglund, 2017).

Nurses may develop symptoms of compassion fatigue as a result of the cumulative effect of external stressors related, for example, to caring for people in critical condition and having inadequate emotional self-care (Schmidt & Haglund, 2017).

To deal with negative emotions arising from witnessing deaths or other traumatic situations that are witnessed, participants in the study by Fernández-Aedo et al. (2017) identify different non-systematized strategies that arise spontaneously, and are generally carried out alone, such as going for a walk or meditating. The majority mention trusting co-workers to share impressions and mitigate negative emotions, both during working hours and during leisure periods.

In short, the work of nurses in the extra-hospital context is challenging, involving various difficulties and physical and psychological risks, a fast pace of work, as well as differentiated nursing skills and knowledge. In extra-hospital nursing practice, some negative emotions may arise in these professionals. On the other hand, working in out-of-hospital emergencies can also bring positive emotions and experiences to nurses,

resulting from personal satisfaction and enjoyment of the type of professional activity they perform.

## GOALS

The formulation of the objectives of an investigation, according to Coutinho (2014), is extremely important, as they constitute a declarative statement that defines the key variables, the target population and the orientation of the investigation, indicating consequently what the researcher intends to do during the course of the study. Through the objectives, the researcher explores, identifies, describes and explains the phenomenon.

The general objective of this study is to understand the experiences of emergency medical and resuscitation vehicle nurses in emergency situations. From this general objective, the following specific objective was defined:

- Identify the experiences that the nurse experiences when activating the Emergency and Resuscitation Medical Vehicle team, during the journey to the victim, upon arrival at the scene, assisting the victim and returning to base.

## METHODOLOGY

This research is qualitative in nature, as we intend to study the perceptions and experiences of the participants, in order to understand how nurses experience emergency situations when activating the Emergency and Resuscitation Medical Vehicle (VMER).

It is an exploratory, descriptive study, in which we intend to grasp the essences of the phenomenon under analysis from the point of view of VMER nurses, that is, from their experiences, allowing us to understand the deeper universe of human experience. Carpenter (2002; p. 49) explains that “professional nursing practice is submerged in people’s life experiences”.

The definition of the problem is based on observation (of the concrete or theory) and must be as clear as possible. The research problem must be defined according to the needs, interests, values and/or constraints that manifest themselves in the researcher’s experience (Coutinho, 2014).

The scientific evidence that currently exists is not sufficient to understand how nurses experience their way of acting when providing support to a victim in a medical emergency situation, that is, how they describe and classify their experiences. In view of the above, the following research question was outlined:

- What are the experiences of emergency medical and resuscitation vehicle nurses in emergency situations?

In qualitative research, researchers use the term participant to refer to the individuals who report on the research. In fact, “individuals who collaborate in the study have an active role rather than a passive one, therefore they are referred to as informants or participants in the study” (Polit, Beck & Hungler, 2001, p.31).

Participants were selected taking into consideration, the VMER where they work, with experience equal to or greater than 3 years and based on their voluntary and consented participation in the study. As Streubert & Carpenter (2013) advise, participants are selected according to their first-hand experience of the phenomenon of interest.

The intentional sampling method of selecting participants was used. What is intended is a greater understanding of the phenomenon under study, that is, the experiences of VMER nurses in emergency situations, so there is no need for random sampling techniques, as the objective of the study is not to generalize the results. “Participants are selected for the purpose of describing an experience in which they participated” (Streubert & Carpenter, 2013, p.

29).

However, Streubert and Carpenter (2013) warn that data collection continues until the researcher concludes that saturation has been reached. This means that data collection only ends when no new themes or representations of participants appear to emerge and the data is repeated. Thus, the investigation began with the team of nurses who manage the VMER of the hospital where the data collection was carried out, this team being made up of 14 nurses. Given that the researcher is currently part of this team, he was excluded, making a total of 13 participating nurses.

Therefore, the participants in this study are VMER nurses from a district hospital in the central region of mainland Portugal, and information was collected until saturation was considered to have been reached.

The data collection period took place between January and April 2020.

All interviews were carried out at the hospital, outside the participants' working hours, at a previously agreed time and place.

Taking into consideration, the nature of this work, the semi-structured interview was considered the best suited data collection method.

The interview is characterized by direct contact between the researcher and his interlocutors, enabling an exchange, during which the interviewees express their perceptions of an event or situation, their interpretations or their experiences, aiming to collect relative data to the research question formulated. The researcher facilitates this expression, through open questions and reactions, avoiding distancing from the research objectives, also allowing the interviewee to access a maximum degree of authenticity and depth, desired in the investigation (Fortin, 2009).

The interview guide was created by the researcher and reviewed by an expert

(supervising professor) regarding the method and content, in order to ensure the inclusion of the subjects specified in the research question and respective objectives. Structurally, the interview was divided into two phases. In the first phase, the sociodemographic characterization of the participant was carried out and, subsequently, they were asked about their experiences at VMER in emergency situations. The duration of the interviews was approximately 60 minutes.

The sociodemographic and professional characterization of the participant aimed to collect data regarding the participant's age and gender, professional qualifications, length of service as a nurse, length of professional practice at VMER and number of hours worked per month at VMER.

In the second moment of the interview, the participant was asked about their experiences/feelings in emergency situations, more specifically, when they are on duty, when the team is activated, on the way to the victim, upon arrival at the scene, in assisting the victim and upon return to the hospital.

## RESULTS AND DISCUSSION

In order to obtain a characterization of the sample under study, the sociodemographic data requested at the beginning of each interview were analyzed. Each participant was asked to indicate their gender, age, professional qualifications, length of service as a nurse, length of professional practice at VMER as a nurse and the number of hours they work monthly at VMER. These data were organized and analyzed, being presented using descriptive statistics.

Thus, of the total of 13 participants, 7 are male and 6 are female. Regarding age, it varied between a minimum of 36 years and a maximum of 58 years, corresponding to an average of 43.23 years of age. With regard to professional qualifications, 7 participants hold

a Bachelor's Degree in Nursing, 4 are nurses specializing in Medical-Surgical Nursing and 2 are specialists in Child Health and Pediatric Nursing.

In relation to the length of service as a nurse, the average of the participants in the present study is 20.15 years, with the minimum time of professional activity as a nurse being 14 years and the maximum being 33 years.

The length of professional practice at VMER as a nurse varied between a minimum of 4 years and a maximum of 22 years, with an average of 10.85 years.

Regarding the number of monthly hours that each participant works at the VMER under study, this varied between a minimum of 32 hours and a maximum of 64 hours, with an average of 50.62 hours.

From the above, it can be seen that the team analyzed is an experienced team, with several years of professional and out-of-hospital emergency practice. Furthermore, this team presents as professional qualifications in almost half of its members a specialty course in the scope of medical-surgical nursing or child health and pediatrics. These facts must not be overlooked, as they indicate that we are facing a team with many strengths.

In fact, according to Benner (2001), the group of nurses under analysis can be considered a group of experts. The author conceptualized the nurse's competencies into five levels that distinguish between each other by performance and appreciation of situations. Thus, the nurse starts as a beginner, progressing to advanced beginner, competent, proficient and expert.

An expert nurse achieves an intuitive understanding of each situation and bases his actions on his experience, making his performance that is fluid and effective.

Therefore, the nursing care she provides is of high quality and she is able to anticipate situations/focus of instability. According to

the author, in the clinical domain, a nurse with between 3 and 5 years of experience can be considered an expert, with experience being something highly emphasized by Benner (2001).

Besides, regarding the profile of an expert nurse, it can be considered that in their process of acquiring knowledge over the years, the expert nurse is able to articulate different types of knowledge. To be in front of a team of expert nurses makes their contribution to the present study an added value, as their answers are framed in experience, revealing their perspective of empirical, ethical, aesthetic, personal, reflective and sociopolitical knowledge.

As previously mentioned, the analysis of the data collected through the interviews followed the guidelines of Diekelmann, Allen and Tanner in 1989, covering seven phases. This data analysis process is based on an interpretative approach to data and aims to describe shared practices and common meanings (Polit, Beck, & Hungler, 2004). No supporting computer software was used to code the data.

Thus, the categories for analysis were defined as the moments of the nurse's work outside the hospital in order to facilitate subsequent analysis. To identify the subcategories, an interpretative analysis of the interviews was carried out. Thus, in each of the moments regarding the nurse's performance in extra-hospital emergency situations, several subcategories emerged, these being the properties that define each of these moments. This process reduced the data to a table of categories and subcategories that characterize the experience under study.

Regarding what motivates nurses when they are on duty, personal satisfaction and/or fulfillment, social and/or peer recognition, the social contribution they provide, the unpredictability of the contexts in which they



provide care and greater differentiation can be highlighted of its roles.

The main subcategories that emerged in the questions regarding how nurses feel when the team is activated and on the way to the victim, range from stress and anxiety regarding possible difficulties and location and/or route, as well as, due to the characteristics of the victims, confidence and tranquility.

Upon arrival at the scene and providing care to the victims, the nurses were unanimous in reporting that they felt calm, focused and concentrated in their activity, even though they may also feel anxiety and stress.

When transporting victims and transferring them to the emergency department (ED), nurses reported remaining alert and also feelings of relief and decompression. On the other hand, upon returning to the VMER base, the nurses interviewed reported feeling the need to carry out a debriefing at the end as well as feeling a sense of accomplishment or frustration.

Through the analysis of the interviews, we sought to understand what motivates the VMER nurses under study when they are on duty. Thus, professional satisfaction and fulfillment, social and peer recognition, the social contribution they provide, the unpredictability of the activities they perform, as well as the greater differentiation of functions they have outside the hospital were the subcategories that emerged from the analysis of this main category.

Overall, and based on the analysis carried out on the content of the interviews with the VMER team of nurses, we are dealing with an experienced team. This is a team of nurses with more than a dozen years of experience in out-of-hospital emergencies and, according to Benner (2001), they are considered expert nurses in their area of expertise.

It can be seen that this is a team that reacts with the necessary calm and tranquility in

situations of imminent danger to the victims' lives, seeking to focus their knowledge and skills in each situation. He is also aware of his role in society and the contribution he makes among his peers. The team analyzed perceives the unpredictability of out-of-hospital emergency situations as something motivating and challenging, contrary to what was found in the literature.

The situations that cause the most anxiety and stress among the nurses interviewed are out-of-hospital emergency situations involving children, pregnant women and multi-victim scenarios.

Something very emphasized in the interviews carried out was the difficulty in the route or in finding the location of the incident, as the route is a common concern for several participants and also described in the literature. It was mentioned that when providing care, stress-inducing factors are related to the environment in which they occur and the characteristics of the victims, with the provision of care to victims taking place with nurse's calm, concentrated and focused on their tasks. This is associated with the fact that you are facing a team of experts who are expected to have a perception of calm and the ability to maintain focus in an environment where rapid articulation and mobilization of multiple knowledge is required.

In the final stages of out-of-hospital care, the feeling of duty accomplished across the team must be highlighted, as well as the need and importance of carrying out reflection or debriefing about the activities performed. From the analysis of the literature, it is clear that this moment must not be undervalued, as it is effectively a structuring part to alleviate negative emotions among professionals. It must also be carried out informally, with peers, in a period close to the situation/event.

## **CONCLUSION / FINAL CONSIDERATIONS**

Medical emergency in Portugal has its beginnings in the 20th century, having undergone great evolution since then. Currently, medical emergency in Portugal is operated by the National Institute of Medical Emergency (INEM), which uses ambulances, Emergency and Resuscitation Medical Vehicles (VMER), medical emergency helicopters and medical emergency motorcycles as its means of rescue. All these means are activated by the Urgent Patient Guidance Center, by calling the number "112".

INEM's emergency services are manned by health professionals, with the presence of nurses being transversal to all these resources. By analyzing the literature consulted, it was found that the presence of nurses in extra-hospital assistance is an added value in the provision of health care in this context. In fact, the nurses' ability to guide action on victims in critical situations, combined with the scientific knowledge they have and the technical skills they have developed, decisively influence the ability to approach, monitor and make decisions about the action to be taken for stabilization of the victim.

However, the contexts of providing extra-hospital care can often present adverse conditions, and nurses have to maintain their focus in order to respond to situations of sudden illness or accident that arise.

In the literature, it is recognized that out-of-hospital emergency scenarios are unpredictable and induce stress and anxiety in healthcare professionals. Specific situations such as pediatric emergencies, with known people or family members can generate emotional tension and negative emotions, as well as physical exhaustion. Some authors point to emotional exhaustion as something that negatively influences patient safety in this context.

On the other hand, out-of-hospital professionals can experience positive emotions such as gratification and a feeling of personal and professional enrichment.

Scientific evidence is not sufficient to understand how nurses experience their role when providing support to a victim in a medical emergency situation, that is, how they describe and classify their experiences. In view of the above, the present study sought to understand the experiences of VMER nurses in emergency situations.

In preparing the interviews and analyzing them, 5 categories and respective subcategories were identified, which responded to the question and objectives of this investigation. Thus, the nurses interviewed referred to what they experience when they are on duty, when the team is activated and on the way to the victim, upon arrival at the scene and providing care, during transport and transfer to the Unified Health System and upon return to base.

In a general way, the team tries to remain calm in moments of activation and, contrary to what is mentioned in the literature, finds the unpredictability of situations something motivating. Corroborating what is described in the literature, pediatric emergencies, those involving pregnant women and multiple victims are those that cause the most anxiety among the team. Something that can also induce stress in these nurses are difficulties related to the journey to the incident. The debriefing moment was also highly emphasized in the interviews carried out, and the participants considered it extremely important to be able to validate their feelings and mentioned that this is a moment of decompression that cannot be undervalued.

Taking into consideration, the results that were obtained from this study, its implications for clinical nursing practice are undoubted. Nurses are present in all medicalized

environments at INEM, therefore, in addition to their specific and advanced training, the way they experience the entire process of providing care must be taken into consideration. This way, it is possible to obtain information on how to improve your performance and that of the multidisciplinary team where you work. In this specific case, we found that the presence of expert nurses is something that allows the team to act calmly, maintaining their focus. We also found that there are situations that nurses have more difficulty managing emotionally, therefore, in these cases formal or informal psychological support (through *debriefing*) must not be neglected.

It is important to note that throughout the development of this study there was a constant concern to maintain maximum methodological rigor. However, some limitations to the research emerged that

are important to highlight. The use of an intentional sample limits the generalization of the results of this study to the population of nurses who work in VMER, however the objective of the study was only to study the VMER of the district hospital in the central region of Portugal. However, there are points in common with the literature analyzed, which provides a general basis for understanding the phenomenon under study, that is, for understanding the way nurses experience emergency situations when activating the VMER.

As a proposal for future researches, it was suggested that studies be performed that evaluate the experiences of nurses in other VMERs in other geographic regions and the size of the base hospital, as well as the experiences of nurses in other INEM aid facilities.

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