REUFSM
REVISTA DE ENFERMAGEM DA UFSM

UFSM
Rev. Enferm. UFSM - REUFSM
Santa Maria, RS, v. 9, e38, p. 1-18, 2019
DOI: 10.5902/2179769229882
ISSN 2179-7692

Original Article Submission: 08/11/2017 Acceptance: 28/03/2019 Publication: 07/10/2019

Semiology of body expressions of nurses in the quotidian of the emergency service

Semiologia das expressões corporais dos enfermeiros no cotidiano do serviço de emergência

Semiología de las expresiones corporales de los enfermeros en el cotidiano del servicio de emergencia

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Abstract: **Aim:** to describe the semiology of body expressions and the typologies of care performed by emergency nurses. **Method:** qualitative and exploratory study arising from data collection by means of recorded images, performed with eight nurses in the emergency unit of a University Hospital, during 24 days. **Results:** it was identified that Nursing care in emergency units has a nature of its own, discussed in 23 ways of caring: alert; war; dynamic; continuous; contingency; expressive; multifaceted; anonymous; admission; registration; connections; daily, nightly; shift change; transformed body; electronic; micro-space; social margin; homeless population; mural; close/distant; dead or dying; and of care professionals. **Final considerations:** the present study enabled the identification, through the images, of the nature of Nursing care in the emergency room.
Descriptors: Nursing care; Emergency nursing; Non-verbal communication

Resumo: **Objetivo:** descrever a semiologia das expressões corporais e as tipologias de cuidados realizados pelos enfermeiros em emergência. **Método:** estudo qualitativo e exploratório, oriundo da coleta de dados por meio de imagens fílmicas, realizado com oito enfermeiros na emergência de um Hospital Universitário durante 24 dias. **Resultados:** identificou-se que os cuidados de Enfermagem na emergência apresentam uma natureza própria, discutida em 23 maneiras de cuidar: alerta; guerra; dinâmico; contínuo; contingencial; expressivo; multifaces; anônimo; admissional; registrado; conexões; diurno; noturno; passagem de plantão; corpo transformado; eletrônico; microespaço, à margem social, da população de rua, mural, perto/distante, corpo (semi)morto, dos profissionais do cuidado. **Considerações finais:** o estudo em tela permitiu identificar, por meio das imagens, a natureza dos cuidados de Enfermagem na emergência.
Descritores: Cuidados de enfermagem; Enfermagem em emergência; Comunicação não verbal

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Resumen: **Objetivo:** describir la semiología de las expresiones corporales y las tipologías de cuidados realizados por enfermeros en emergencia. **Método:** estudio cualitativo y exploratorio, realizado a partir de la recolección de datos por medio de imágenes grabadas, con ocho enfermeros en la emergencia de un Hospital Universitario, durante 24 días. **Resultados:** se identificó que los cuidados de Enfermería en la emergencia presentan una naturaleza propia, discutida en 23 maneras de cuidar: alerta; guerra; dinámico; continuo, de contingencia; expresivo; multifocal; anónimo, de lo que está al margen social; de población desasistida; mural; cercano/lejano; del cuerpo (semi)muerto; de los profesionales; de admisión; registrado; de conexiones; diurno; nocturno; en cambio de turno; del cuerpo transformado; electrónico; del microespacio. **Consideraciones finales:** el estudio en pantalla ha permitido identificar, por medio de las imágenes, la naturaleza de los cuidados de Enfermería en la emergencia.
Descriptores: Cuidados de enfermería; Enfermería en emergencia; Comunicación no verbal.

Introduction

The emergency service represents a fundamental component for the health care of the population. Frequently located on the first floor of General Hospitals or at street-level locations, it allows easy access for the population and remains open 24 hours a day. Therefore, it has been a gateway to assist the population with emergency and urgent situations for clients who have strayed from primary or outpatient service and with social needs.[1]

It is known that the increase in demand for care at the emergency unit is due to the demographic transition process that Brazil is undergoing, since the current scenario has increased life expectancy and reduced mortality rates. Consequently, there has been a corresponding increase in the elderly population with chronic-degenerative diseases, which increases the demand for emergency care.[1-2] There has also been an increase in crime, urban violence and traffic accidents, factors that contribute to overloading of emergency services. [1-2]

Given the above, it is understood that the emergency sector is configured as a link between the population and health care, and that emergency situations occur daily, affecting children, adolescents, the elderly, men and women, and regardless of sociocultural, economic or spiritual factors. This means that nurses have to develop agility, creativity, humanism and to make use of available technologies to perform Nursing care for clients.[3-4]

In the quotidian of emergency services, the nurses' work objective is to care for the client, the family and the community. care management to treat emergency situations and reduce risk, in order to avoid death.[4] Even considering the emergency room as a chaotic and disordered place, it has at its core an order and a logical sequence in its steps.[5-6] It is this disorder seeking an order that is the maintenance of life.[3] Thus, the nurses have their specific ways of caring, which may be invisible in everyday emergency care.[5-6]

Consequently, the following aspects emerged as guiding questions: what are the body expressions adopted by nurses during nursing care of clients in the emergency sector?; what is the care and what kinds of care are provided in an emergency?; and what is the specificity of caring action?

In view of these questions, the object of the present investigation is the nursing care in an emergency unit, in view of the specificities and/or distinctive aspects in daily care practice. Another important point is the result of the research as a significant contribution to the construction of knowledge related to emergency room nursing.

Thus, the study aimed to: describe the semiology of body expressions and the typologies of care performed by nurses in the emergency room.

Method

Exploratory study on the forms of Nursing care in the emergency department, using the qualitative approach. This is an epistemological study on Nursing care in the health-disease process, taking into consideration the actions of care and the practical aspects of providing care,[7] thereby validating and expanding the specific forms of Nursing care in the emergency service.

The study scenario was the emergency department of a University Hospital (UH) in the interior of the state of Rio de Janeiro. From this perspective, written permission was requested from the UH Education Directorate, at which time data collection was authorized.

The participants were eight nurses working on day and night shifts, which were informed about the research through the Informed Consent Form (ICF) and they agreed and signed the assignment and image rights granting their use by the researchers. Participants were selected according to the inclusion criteria: a nurse working in the emergency sector for at least six months; and excluding professionals on vacation or on sick leave during data collection.

The service has two nurses per shift, totaling eight nurses. It is highlighted that of the eight nurses, four were responsible for the admission and risk classification service, that is, one nurse per day and night shift in even and odd shifts, attending all clients who entered the emergency service and assisting, when possible, emergency and urgent care.

Regarding the other four nurses, it was identified that they performed the direct and indirect care of clients with emergency, urgent, less-urgent and non-urgent conditions, and were responsible for management of Nursing during the shift. It is underscored that the night shift staff, in addition to performing the activities mentioned above, were responsible for the care of 195 clients admitted to other sectors such as female and male medical clinic, female and male surgical clinic, gynecology and obstetrics, pediatrics, apartments and operating room.

The instrument used for data collection was a Full HD mobile camcorder and a field diary with records of the researcher's non-participant observations at the time of filming in the emergency.

The scenario and Nursing team were identified, after which an explanation was given to the nurses regarding the objectives of the research and data collection technique and they were provided the term of informed consent and assignment of rights of image use for consideration. After the signatures giving consent were obtained, the video recordings and the observations with field diary records were initiated.

After approval by the Ethics Committee, data were collected by filming between November and December 2013 for 24 days. The choice of data collection period was in

accordance with the availability of the researcher to remain in the emergency room for data collection. A total of 288 hours of participant observations on nursing care performed by nurses in the emergency sector were recorded in a field diary.

During data collection, the mobile camcorder was kept in lockers or tables in the red, yellow, green rooms, and the Admission Room with Risk Classification or the Nursing Station.

Care records were collected in the Medical Care Bulletin between January and December 2014 in order to understand the flow of attendance in the study scenario.

After being recorded and saved in a Hard Disk, the images were viewed, reviewed and the decoupage was performed, which consisted of evaluating the images, frame by frame, with a total of 4790 frames corresponding to the 15 hours and 38 minutes of video recording.

It is underscored that during data collection, other subjects were present in the recordings and these images were deleted or masked by a black stripe after decouping and analysis. The measure was necessary because the study subjects were the nurses working in the emergency service of the research scenario.

The images were selected according to the similarity of action and nature of care, the criteria being repetition of nurses' gestures. The following were observed: a) the position of the nurses in relation to the client, b) the care they were performing, c) their location at the time of the video recording, d) facial expressions and body gestures; and e) the elements present in the image considering the client, materials, medicines, documents, and other professionals.

Semiotic analysis of each frame was performed, identifying nonverbal communication data, including proxemics, touch, kinetic and paralanguage. It is important to highlight that due to the high noise intensity in the environment, an analysis of paralanguage was not performed in this study. Subsequently, we proceeded with the analysis of the images and data from the field diary, in the light of the theoretical framework of Nursing emergency care.[5]

The reference points adopted in the study, for image analysis regarding the calculation of the distance, were the position of the nurse being studied in relation to the client during

moments of care in the emergency service, using proxemics as the reference.[8] The analysis of distances and proximity adopted by professionals in relation to the client allows the identification of how the daily care performed by nurses in the emergency unit occurs, thereby providing important information about the times, movements and types of care they perform.

The study was submitted for approval by the Research Ethics Committee of the Federal University of Rio de Janeiro State (CEP-UNIRIO), and was approved on October 31, 2013, under protocol No. 436,108. The research was conducted according to the ethical standards required by resolution 466/2012.

Results and Discussion

The emergency service environment comprises 239.28m^2 distributed between reception/blue room, reception room with risk rating, two red rooms, one green room, two yellow rooms, a suture room, and one consulting room each for medical clinic, pediatrics, gynecology and obstetrics.

It has a Nursing post as recommended for hospital architecture, because the most serious cases should be placed opposite or as close as possible to the nursing post.[9] This structure prevents an increase in the path taken by nursing staff and brings higher quality care, since it helps to promote less physical strain on the nursing staff and saves time for direct emergency care.[9]

Since 2012, the emergency service has been using the adapted protocol[10] for reception with client classification, which has been standardized in the institution with the use of red, yellow, green and blue to code the client`s classification of risk. This classification is performed by nurses in accordance with care priorities.[11]

In 2014, 59,196 users were provided Nursing care, of which 81% (31,622) were classified as clients with less urgent cases, 11% (23,219) were urgent cases, 4% (4,083) non-urgent cases and 1 % (272) emergency cases.

Despite the fact that the risk-rated care service is already organized and functioning in this hospital, it was observed that the population still has a culture of using the emergency service as a gateway to health services.[12-13] Faced with overcrowding; nurses may suffer greater physical and mental stress, which can negatively affect the quality of care services.

Semiology of nurses' body expressions

Regarding the analysis of proxemics data in each frame, it was found that in 61% (2912) nurses were at a public distance from the client, 36% (1713) at an intimate distance, 2% (107) at a personal distance and 1% (58) at a social distance.

After selecting and sorting the images, 8% (375) showed the nurses presenting themselves to the clients and touching them, constituting a form of communication associated with proxemics - intimate distance, because touching requires close proximity.

The images allowed the identification of nurses touching clients in different situations in the emergency room: physical examination, dressings, vital signs check, bed change, nasogastric catheterization, cardiac massage, bladder catheterization, administering medication, intimate hygiene, venous punctures, and touching for comfort.

The recorded films enabled the identification of a more frequent kinetic movement of nurses, which is attention. The nurse demonstrated interested in the client and family or in medications, monitors, and respirators. The nurses were visibly showing their interest by the inclination and tension of their body towards the client.

This is a gesture seen in 69% (3301) of the frames, where nurses are leaning their body close to the client or object observed and maintaining direct eye contact, thus demonstrating a constant attention to the direct or indirect care they provide in the emergency room.

On analyzing the semiology of body expressions of nurses in the emergency service, it was observed that the results corroborate the thesis that the body posture of nurses is an instrument of care action.[14]

Communication is a basic instrument of Nursing care that allows nurses to interact, establish a helping relationship and perform Nursing care. In emergency services, it is essential that nurses be aware of nonverbal aspects, as many clients may not present favorable conditions for verbal communication.[15] Thus, it is understood that communication is a fundamental aspect in emergency nursing care and nursing care should be performed in accordance with the client's needs at that particular moment in time.[16]

Nonverbal communication includes proxemics, kinetics, touch and paralanguage data. Proxemics data consists of one's use of space around oneself; how you can use it to communicate certain messages and how you respond to them.[8-17] The distance maintained during an interaction between individuals is divided into four classifications: intimate, personal, social, and public.

Intimate distance is further divided into the near and far stages, ranging from 15 to 45 cm.[8-17] This is the distance that the human being usually maintains with people they trust, such as family and friends.[8-17] In the emergency room, intimate distance occurs when the nurse performs direct care, examines and admits the client, while remaining at this distance until the emergency situation stabilizes.

Personal distance is divided into a close phase, which ranges from 50 to 80 cm, and a remote phase, which ranges from 80 cm to 1.20 m.[8-17] Generally, the people who enter this space are known.[8-17] The nurse observes the client, evaluates the data on the cardiac monitor, makes a

general observation of the unit where the client is situated and uses this information to rearrange the bed and the cart for cardiopulmonary resuscitation.

The social distance is divided into a close phase, which varies from 1.20m to 2.10m, and a distant phase, which varies from 2.10 to 3.50m.[8-17] Usually the texture of the skin, the hair, the condition of the teeth, the clothes are all easily visible, but noticing the breath, feeling the heat and odor of the other person's body is no longer possible.[8-17] At this distance, the nurse observes the client, the cardiac monitor, the environment in which the client finds himself, and is a zone where the nurse organizes and reorganizes the care setting.

The public distance is divided into a near phase, which ranges from 3.50m to 7.50m, and a far phase, which ranges from 7.50m or more.[8-17] At this distance, people are outside the circle of involvement.[8-17] Records are made in the health care bulletin, occurrence books and manages the sector, and reorganizes materials and medications.

The distances and proximity between the body of the nurse and client are part of the daily nursing care. In this case, it was observed that 61% of the nurses were at a public distance, but the nurses continue to perform care such as being alert, when organizing and reorganizing the sector to receive other clients who may arrive at any moment, performing connections care when realizing calls to other sectors, such as social work, psychology, and imaging, so that these services can attend the client in the emergency service.

Removal is required to continue further care and to provide privacy to the client who has been in a stressful situation due to the emergency condition. In many situations, there is bodily exposure and various invasive procedures are performed. It was observed that 36% of nurses were at an intimate distance, performing direct care to clients when performing invasive procedures.

Proxemics actions demonstrate that nursing care presupposes bodily approximation, that is, care can only be demonstrated and practiced on an interpersonal basis.[18] Proximity and distances for direct and indirect care to be performed are necessary and the nurses uses their

body as an instrument of care, by observing, listening, touching and talking with the client in order to systematize Nursing care.

The use of touch, such as when checking pressure, becomes an intermediary in the nurse-client relationship during daily care/nursing care.[19] Through the intensity of the nurse's touch, sensory stimuli are generated in the client's body, causing discomfort or pleasure.[20] In this study, it was found that nurses touch clients to perform various procedures and use touch to comfort them.

Kinetics consists of body gestures, limb movements, facial expressions, and head movements, such that it is form of body language.[21-22] In this study, it was observed that nurses maintain constant eye contact with the client in attendance or with materials and objects organized or prepared to perform the client care. Thus, it is possible to establish the necessary bond to proximity and trust to Nursing care.[21] This gesture demonstrates the alertness that nurses adopt in the realization of Nursing care.

Based on analysis of the video images, expressions were found of organization of nurses work which have a value of content and power for the present day and for Nursing, in particular, indicating that they have ways of doing this as a profession in the health field and their specific field of work.

Typology of care provided by nurses in the emergency room

On recognizing the subjectivity/objectivity in the care performed by nurses, it was important to adopt a specific nomenclature, providing for the creation of a paradigm of care performed by the nurse. This nomenclature needed to include the human being in its biopsychosociocultural and economic aspects, and to move away from the predominantly biomedical, mechanistic, and organic response centered model.[5]

It is underscored that the 14 types of care[5] were reaffirmed and nine other types were identified, totaling 23 types of emergency nursing care, as follows:

Alert care - this is the care in which nurses remain vigilant at all times during their 12 hours on duty, while waiting for another client to arrive or whenever a client is reclassified in terms of risk and requires immediate and intense care.[5,22] It can be observed during data collecting by the nursing records in the Reception and Risk Classification room or in the red and yellow rooms and includes the organization and reorganization of the work space following the stabilization or death of a client.

War care - direct nursing care provided to clients in acute situations, requiring the nurse to welcome the client, classify the risk, and establish nursing diagnoses that necessitate rapid interventions.[5,22] Nurses performing this care continue to maintain clients under observation when already stabilized, but with severe conditions that could culminate in a sudden change and require further care until the picture is stabilized again.

Contingency care - includes direct care given to trauma victims, or in serious clinical situations, who need advanced life support to be mitigated from imminent risk of death. Nurses use care technologies as a concrete act.[5]

Continuous care - performed in all shifts and corresponds to Nursing care, with the objective of continuing that initiated by the team in the previous shift.[5,22] Emergency service in many situations turns into an intensive care unit to hold clients in serious condition waiting for a place in the Intensive Care Center or transfer to another hospital with a vacancy for hospitalization. Other clients are kept in the yellow rooms awaiting vacancies in the wards and require daily care. It also comprises replacement of materials and medications to enable the continuity of Nursing care.[5,22]

Dynamic care - direct and indirect Nursing care performed simultaneously when clients who are classified as red arrive after a trauma or serious clinical situation, while other clients who are classified as yellow or green are discharged after exams and administration of

medications.[5,22] The care is performed intensively during a rapid contact, as many clients remain in the sector for a short time.

Expressive care - nurses use verbal and nonverbal communication to identify what initially appears invisible in daily emergency care.[5,22] The nurse's body is their care and action instrument, in tune with the expressive bodies of their clients bodies, when the feelings that professionals experience during care appear.

Anonymous care - This involves the identification of clients who are admitted to the emergency department without identity documents, or are unconscious or disoriented.[5,22] Contact with the social service is necessary to discover the client's identity.

Multifaceted care - includes care for foreign clients, with respect for cultural, social, economic and political aspects.[5] It also includes care for clients with infectious or chronic diseases who have suffered trauma, and the severity of their needs must be identified to reduce the risk of infectious diseases transmission to other clients and to the multiprofessional team working in the emergency sector.[5]

Social margin care - direct and indirect care given to perpetrators of violence who are captive, who belong to drug trafficking injured by firearms or who are seized with possession or after drug ingestion.[5] In the emergency sector scenario of this study the Medical Care Bulletin receives the stamp of a police report. This care shows the need for further investigation into Forensic Nursing in Brazil.

Homeless care– this is social, education and public health care, which includes the care of clients without a fixed residence, who seek food and shelter in the emergency unit.[5] In many cases, it is necessary to contact the social services to refer these persons to shelters, this care transcends technical aspects and allows the identification of Nursing as a social practice.

Mural care - is the indirect care, performed through observations posted on murals, charts, scales, and flowcharts, such that the nursing team professionals are oriented as to the necessary conducts to be adopted in a safe, quick, logical and coherent manner.[5,22]

Close and distant care - direct care performed at a close and personal distance, when it is necessary to touch the client, peripheral venous access puncture, nasogastric catheterization, bladder, and dressings. Indirect care is performed at social and public distances to provide materials, medications, and care records.[5] Even when at a distance, the nurses remain alert.

Dead or dying care - this caring involves the human being's right to have a dignified or serene death, as it offers comfort, human warmth, and attention.[5] It includes direct body care, guidance for family members, and referral of the body to the morgue.

Caring for care professionals - directed at professionals of the nursing team working in the emergency sector who constantly experience anguish, stress, fears, sadness and the possibility of contact with clients presenting infectious diseases.[5]

Admission care - principally reception, accommodation, and providing comfort to the clients and their families. It follows a systematization to improve the quality of care, providing rapid care to clients in more serious situations. Thus, it minimizes the stress of clients who are waiting to be attended, and also contributes to the management of care services. [5,22]

Registration care - aims to record client information, such as anamnesis, diagnosis, interventions and nursing outcomes, planned actions such as description of belongings, hospitalizations, transfers, and death records. This care also involves records regarding the need for replacement of materials, medications and psychotropic control, providing subsidies for problem solving during day and night shifts.[5]

Connections care - It is through the nurse that the other services are organized and articulated to reach the client in the emergency department, such as: Clinical Analysis Laboratory; Radiology; Intensive Care Center; Surgery Center; Material and Sterilization Center; Social service; Nutrition Service; and Psychology.[5,22]

Daily care - comprises direct care and planning and execution of indirect care in the morning, it is necessary to reorganize the emergency department. This care occurs in the midst of a large flow of clients, nursing professionals, doctors, psychologists, social workers, and academics.[5] The distinctive aspect of this care lies in the dynamics and agility of reorganizing the sector in readiness to care for the next clients, together with high noise levels and a greater flux of clients attended.

Night Care - direct care is performed as a continuation of the day shift care, and the reorganization of the emergency sector. In this care, prolonged silence and fewer attendances are identified. Nursing team professionals suffer changes in circadian rhythm. During the night; nurses become the link between client and attending physician.[5]

Shift change care - direct and indirect care performed after the end of the day shift to begin the night shift and vice versa. It was observed that the nursing staff remain alert on a 24-hour basis to maintain the continuity of care provided to clients in emergency situations.[5,23]

Transformed body care - Nursing care in the emergency service temporarily changes the client's body, such as when it is necessary to place electrodes on the client's chest to monitor their vital signs, catheterizations and this also includes care for clients who have undergone body changes, due to traumatic amputation, head trauma, edema, and wounds from stabbing or firearms .[5]

Electronic care - consists of indirect Nursing care that supports registration care. In the emergency service, nurses record anamnesis data, request materials and medications, perform statistical surveys of the unit's care through software, and thereby facilitating the Nursing care management.[5]

Micro-space care - consists of disinfecting beds prior to use by the next client. During the 24 hours of daily care, customers with various bacterial flora pass through the emergency service, consequently this is necessary to maintain the client's safety.[24]

Final considerations

The study presented limitations in the use of only one mobile camcorder for data collection and only one researcher to observe and perform the filming. In fact this requires at least two more cameras and two more researchers to be performed more effectively. Furthermore this study needs to be replicated in other emergency services to extend its results.

The nurses provided emergency service care in 23 ways, which are interconnected to allow the client to be mitigated from situations of aggravation or imminent risk of death.

Verbal and nonverbal communication are fundamental components of emergency Nursing care, since the nurses need to adopt both distance and proximity to care, to touch while performing procedures and to comfort, yet remaining alert at all times for the sudden changes that can occur.

Studies on the typology of care performed by emergency nurses are incipient and need further study, especially regarding the technique of data collection using video recording of the emergency service scenario. It is clear that this study can be considered a first experience that can generate possibilities for further research and may allow further broadening of the nomenclature of care performed by nurses in the emergency unit.

It is emphasized that the images obtained with the video recording technique offer nurses an opportunity for self-evaluation during their daily Nursing care, thus helping to rethink their nonverbal communication in the care setting, with the objective of performing care for clients, efficiently, effectively and critically.

Thus, it was demonstrated that use of this technique can contribute to the research, teaching, care and management performed by nurses, as it allows a careful analysis of the times and movements of nursing professionals and academics, and may contribute to reassess how care is realized and seek changes to improve quality in daily Nursing care.

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Contributions of Authors

Author 1 – Elaboration of the introduction, methodology, data collection, analysis and discussion of the results. Preparation of final considerations.

Author 2 – Preparation of analysis and discussion of results. Review of the nursing care typology.

Author 3 – Preparation of methodology, data collection, analysis and discussion of results. Elaboration of final considerations.

How to cite this article

Silva TASM, Coelho MJ, Figueiredo NMA. Semiology of body expressions of nurses in the quotidian of the emergency service. Rev. Enferm. UFSM. 2019 [Acesso em: 2019 jun 15];vol.9, e38: p1-18. DOI:https://doi.org/10.5902/2179769229882