

The use of *selfbody* in nurses work in hospital care: an ergology approach

O uso de si no trabalho de enfermeiros na assistência hospitalar: uma abordagem ergológica
El uso laboral de sí de enfermeros en la asistencia hospitalaria: un abordaje ergológico

Mônica Strapazzon Bonfada¹

ORCID: 0000-0002-2966-3639

Silviamar Camponogara¹

ORCID: 0000-0001-9342-3683

Mara Ambrosina de Oliveira Vargas¹

ORCID: 0000-0003-4721-4260

Rosângela Marion da Silva¹

ORCID: 0000-0003-3978-9654

Thailini Silva de Mello¹

ORCID: 0000-0003-0023-6163

Camila Pinno¹

ORCID: 0000-0002-9145-1987

¹Universidade Federal de Santa Maria. Santa Maria, Rio Grande do Sul, Brazil.

¹Universidade Federal de Santa Catarina. Florianópolis, Santa Catarina, Brazil.

How to cite this article:

Bonfada MS, Camponogara S, Vargas MAO, Silva RM, Mello TS, Pinno C. The use of *selfbody* in nurses' work in hospital care: an ergology approach. Rev Bras Enferm. 2021;74(1):e20190259. doi: <http://dx.doi.org/10.1590/0034-7167-2019-0259>

Corresponding author:

Mônica Strapazzon Bonfada
E-mail: monica.strapazzon@yahoo.com.br



EDITOR IN CHIEF: Dulce Barbosa
ASSOCIATE EDITOR: Alexandre Balsanelli

Submission: 06-26-2019 **Approval:** 08-22-2020

ABSTRACT

Objectives: to know how happens the nurse *use of selfbody* in the emergency room. **Methods:** qualitative study, performed with 23 nurses in an adult emergency room at a university hospital in the South of Brazil. The data gathering was through documental research, systematic observation, and semi-structured interview. According to the thematic modality, the data analysis was carried out anchored in the theoretical reference of ergology. **Results:** it was evidenced the *use of selfbody* in the work of the nurse, as much in the development of managerial activities as assistance, especially: in the organization of the environment, in the performance in interurrences and definition of priorities of attendance, as well as in the conduction of the activities of each work shift, together with the nursing and multi-professional team. **Final Considerations:** the nurse makes *use of selfbody* at work in the emergency room, based on values, knowledge, and experience, considering the organization of the work process and better nursing assistance.

Descriptors: Nurses; Work; Emergency Medical Services; Hospital Assistance; Nursing.

RESUMO

Objetivos: conhecer como ocorre o *uso de si*, pelo enfermeiro, no trabalho em pronto-socorro. **Métodos:** estudo qualitativo, realizado com 23 enfermeiros de um pronto-socorro adulto de um hospital universitário do Sul do Brasil. Os dados foram coletados por meio de pesquisa documental, observação sistemática e entrevista semiestruturada. A análise dos dados foi realizada segundo a modalidade temática, ancorada no referencial teórico da ergologia. **Resultados:** evidenciou-se o *uso de si* no trabalho do enfermeiro, tanto no desenvolvimento de atividades gerenciais como assistenciais, especialmente: na organização do ambiente, na atuação em intercorrências e definição de prioridades de atendimento, bem como na condução das atividades de cada turno de trabalho, junto à equipe de enfermagem e multiprofissional. **Considerações Finais:** o enfermeiro faz *uso de si* no trabalho em pronto-socorro, com base em valores, conhecimentos e experiência, considerando a organização do processo de trabalho e melhor assistência de enfermagem.

Descritores: Enfermeiros; Trabalho; Serviços Médicos de Emergência; Assistência Hospitalar; Enfermagem.

RESUMEN

Objetivos: conocer como ocurre el *uso laboral de sí*, por el enfermero, en el Departamento de Emergencias. **Métodos:** estudio cualitativo, realizado con 23 enfermeros de un Departamento de Emergencias adulto de un hospital universitario brasileño. Han recogidos los datos por medio de investigación documental, observación sistemática y entrevista semiestructurada. El análisis de los datos se realizó segundo la modalidad temática, basada en referencial teórico de la ergología. **Resultados:** se evidenció el *uso laboral de sí* del enfermero, tanto en el desarrollo de actividades administrativas como asistenciales, especialmente: en la organización ambiental, en la actuación en complicaciones y definición de prioridades de atención, así como en la conducción de las actividades de cada turno laboral, junto al equipo de enfermería y multiprofesional. **Consideraciones Finales:** el enfermero hace *uso laboral de sí* en el Departamento de Emergencias, basado en valores, conocimientos y experiencia, considerando la organización laboral y mejor asistencia de enfermería.

Descriptores: Enfermeros; Trabajo; Servicios Médicos de Emergencia; Asistencia Hospitalaria; Enfermería.

INTRODUCTION

Emergency room units are among the most complex within hospital institutions due to the service's dynamics and for providing full-time and immediate care⁽¹⁾. For that, the emergency room units need an adequate physical structure and technological resources, in addition to prepared and qualified professionals to provide satisfactory assistance in an urgent situation and emergency situations⁽²⁻³⁻⁴⁾.

The nurse is a crucial professional for the offer of quality assistance in the emergency room, seen as a reference for the nursing and multi-professional team, in that it exercises the leadership of the nursing assistance given to the patient, which is indispensable, being able to provide greater professional autonomy⁽⁴⁻⁵⁾. It is known as a complex activity, requiring a series of skills, besides being immersed in contexts guided by many norms and routines.

Nowadays, one way to analyze the work is through ergology approach, based on Yves Schwartz's studies, who considers the results not only something mechanical or technical but an act of nature, something that constitutes the human being in all its complexity^(4,6). According to Schwartz, the work is the idea of somebody applying and executing activities and routines perceived as *use*, that is, when *you make use of yourself*, this is the *use of selfbody*. The mobilization of the subject's self stimulates personal qualities, knowledge, deeds, values, and judgments, which reflect in the quality of the work^(4,7).

According to ergology, the workers *use of selfbody* can be characterized as the "*use of selfbody by oneself*"; when someone creates particular conditions and strategies. Using subjectivity and autonomy, along with activities to act at that moment when sudden changes are required, modifying prescriptions and norms⁽⁴⁾. However, this *use of selfbody* can also be given by *others* when the worker needs to execute some sets of standards, medications, and historical values^(4,8-9).

The expression *use of selfbody* indicates the individual dedication as a whole at the moment of performing their activities, "the individuals in their essence are being called"⁽¹⁰⁾, involving their subjectivity, experiences, and life history⁽⁴⁾. In this sense, Schwartz states that there is the *use of selfbody* in every activity at work because each worker uses his capacity, his resources, and his choices to manage different norms, making the work singular^(4,10).

Therefore, it is fundamental to broaden reflections on nurses' work, particularly in the emergency room, based on the ergology approach, to offer more autonomous professional performance subsidies. This manuscript's guiding question is: How does the *use of selfbody*, by the nurse, works in the emergency room⁽⁴⁾?

OBJECTIVES

To know how it works, the *use of selfbody* by the nurse in the emergency room.

METHODS

Ethical Aspects

For the stage of observation and interviews, it was asked to participants to sign the Term of Free Informed Consent (TCLE) in

two copies: one for the participant and another for the researcher. The research participants were identified with the letter 'E,' followed by a number relative to the interviews' order to guarantee anonymity⁽⁴⁾. First, it needed the approval from the research development of the nursing department manager (given the unit documents). Then from the Teaching and Research Management (GEP), the survey was finally forwarded, analyzed, and approved by the Committee of Ethics in Research with Human Beings.

Theoretical referential

Study based on Yves Schwartz's ergology approach⁽⁸⁻¹⁰⁾. Ergology proposes to rethink how man is implicated in the history and produces history, starting from his life context. It presents the work as living evidence, involving workers' problems in their real and current work context. The *use of selfbody* has been characterized when the worker himself creates particular conditions and strategies, using his subjectivity, aiming to act, and overcome work challenges, and modify prescriptions and norms⁽⁴⁾.

Type of study

This article presents qualitative research for a study type case. Qualitative research applies to study values, opinions, history, and interpretations that humans make and build in their daily lives. Characterizes by symbolism and subjectivity existing between subject and object, in which structures and relationships become significant⁽⁴⁾. To justify this approach the participants were influenced by the working context in which they are inserted⁽⁴⁾.

Study scenario

The study was developed at the adult emergency room unit of a university hospital in Rio Grande do Sul. The facility has a capacity for 23 hospital beds, meets the regional demand of high complexity, and often operates with a demand above capacity, generating overcrowding.

Data source

The population was composed of 26 nurses, among them assistants and manager. The researchers excluded three nurses after applying the inclusion/exclusion criteria. The sample consisted of 23 nurses from the emergency room unit, who worked in the patient's direct care and the Internal Regulation Center (NIR). The study included nurses linked to this location and employed in a healthcare job for at least six months. The definition of the period should consider the minimal time of the employee adaptation in the job and, thus, could contribute more successfully to the study⁽⁴⁾. The exclusion criteria were: being absent from work for leave of any nature, in the period established for the production of data, being the head nurse (due to not acting directly with the assistance to the patients), and participating in the research group promoting the investigation (because the nurse could know what the research was and provide some bias involuntarily).

Data gathering and organization

The data production took place from February to June 2018. They used documental research and obtained the following documents: minutes of meetings, protocols, and sector regulations, patient records, among others. They also used non-participating systematic observation, which occurred during the three work shifts, in 103 hours, based on a script previously prepared for this purpose. Finally, semi-structured interviews were conducted, based on a script containing questions about the emergency room nurse's work, seeking to deepen reflections on the *use of selfbody* in daily work. The interviews were conducted during working hours, after prior scheduling, and were audio-recorded. The average duration was 35 minutes.

Data analysis

The data was analyzed based on the thematic analysis referential, in the light of the ergology referential. This analysis process resulted in the category "The *use of selfbody* in the emergency nurse's work".

RESULTS

The analysis of the socio-demographic data of the interviewees revealed that the participants were between 25 and 49 years old, 16 (69.6%) were female, and 7 (30.4%) were male⁽⁴⁾. The graduation time varied between 4 and 24 years of formation. Of these professionals, 17 (73.9%) had a specialization in some specific areas of nursing; and 3, master's degree in nursing. The participants reported that they perform training, both offered by the institution and other courses, all related to emergency room work⁽⁴⁾.

The institution's length of service ranged from 9 months to 21 years, and the time spent working in the emergency room ranged from 9 months to 16 years. As for the employment relationship, 6 (26.1%) were federal civil servants governed by the Single Legal System, and 17 (73.9%) were civil servants regulated by the Consolidation of Labor Laws⁽⁴⁾.

The nurse's use of *selfbody* at work in the emergency room

The *use of selfbody* in the nurse's work is related to his actions, emotions, and attitudes; that is, each worker's individuality is present in his activities⁽⁴⁾. As already mentioned, there is a link between the nurse's work and health care assistance and management⁽⁴⁾.

The job demands determination, agility, empathy, and speed in decision-making and develops care actions in service. According to the testimonials, one can see that the workers make the *use of selfbody* as a tool to direct their assistance process⁽⁴⁾.

If I am in the hospital beds, I always try to take a general look at each patient to see if there is an unstable patient before the turnover to try to expedite, call the nurse on duty to evaluate that patient. If everything is fine, everybody stable, I follow the routine. (E14)

Another thing that makes it much easier is the time working in the area. So, I graduated 15 years ago, 15 years working in emergency, so it facilitates not only the knowledge because we are always

learning, but having the flexibility to work in the emergency room, because in the emergency you have to juggle, you can't "go with the flow," you have to be always focused to know what to do, the right thing, at the right time. (E23)

In the testimonies of E14 and E23, it is evident that each professional is dedicated to his work, making *use of selfbody* based on his knowledge, experiences, and values⁽⁴⁾. The *use of selfbody* is also connected to the patient's direct care, as the nurse assumes the responsibility to provide all the necessary assistance so that the patient receives the best conditions of life support⁽⁴⁾. The following accounts exemplify this finding:

I always stay close to the patient. If there is a severe patient, if the patient has to have a tomography, I usually go with the physician, because it has already happened, the patient leaves and stop breathing [suffer cardiorespiratory arrest] in the elevator, stopping halfway. So, I always follow the physician, monitoring the patient, seeing any alteration of vital signs, trying to leave him as stable as possible. (E13)

Patients who arrive, the first thing is to make a general assessment of the neurological status, understand the general picture, the reason for referral and then provide care, venous access, verification of [vital] signs and, over the signs [vital] altered or not, this action of providing oxygen or an infusion, a medication. (E17)

During a period of observation, they noticed the *use of selfbody*, according to each professional way of working, which presented peculiarities, manifested in the first moment during urgency and emergency occurring in the emergency room, as well as in the transportation of patients for exams⁽⁴⁾. They also observed that the nurses present differentiated behaviors and attitudes depending on what they point out as priority and the staff present at the time of service, directing it according to patients' needs, according to their knowledge, values, and experiences. They organize their work according to priority⁽⁴⁾.

[...] I first prioritize what is more urgent, and some things have to wait; we put in line and organize the hall. On the stretchers too, there's something that's yours, the nurse must solve, so you go and resolve, I manage my priorities like this, by urgency, sometimes it's not even by gravity, but by necessity, it's not even a serious thing, but [...]. (E2)

We arrive, first try to organize, see what is happening because it is all very unpredictable. So, we try first, "to find our foot in the situation," because we work mostly with priorities, which we will attend first. (E23)

According to the observation and previous reports (E2, E23), nurses follow the unit's priorities, seeking strategies to organize their work and making *use of selfbody* by themselves in a unique way⁽⁴⁾. The final objective is to maintain assistance flow to account for the care and demands required by the sector dynamics⁽⁴⁾.

Besides all the assistance and performance in intercurrences, the nurses believe that work in the emergency room is necessary to have mastery of their setting, their environment⁽⁴⁾.

When I arrive, especially in the emergency, the first thing I try to do is organize the crisis, keep the ventilation material in place. I always check the crash cart [emergency car] to see if everything

is in place, organized ... and in an emergency, usually I manage who will do what, when they will do it, and try to keep the team calm. We know that, among the inexperienced medical team, many physicians end up panicking, and then things get messy, and people keep asking many things at the same time. (E23)

Professional autonomy is the ability to make decisions, to have like this, not control, but you have [...] control of the environment you are acting, the things you can change in that environment and the things you can claim... have this ability to look and know what can change, what cannot change, understand what is a priority and often positioning yourself in front of what is happening. (E5)

Some nurses mention how they organize themselves during their work shift and thus provide the multi-professional team the visibility on the importance of their work within this unit, which develops and strengthens these professionals' autonomy⁽⁴⁾.

The use of *selfbody* stimulates the maintenance of the environmental organization favoring offering quality assistance, based on routines directed to activities. One of the documents that guide this assistance is the Standard Operating Procedure (SOP; nurse - technician - organization of the emergency room). The nurses expose the document with the assistance routines in the unit's mural, signed by the emergency room's leader. Such routines are necessary to maintain the quality and integrality of services so that the professionals follow the same conducts⁽⁴⁾.

In this sense, to organize the assistance and labor demand, the professionals try to predict the possible interferences with the patients hospitalized, or even those who may arrive at any time, because it is an urgency and emergency service⁽⁴⁾.

First, I evaluate the most critical patients, or at least I try. Sometimes, there is an interference to resolve at first, but I try to assess the most critical patients and evolve these more vital cases; I follow that routine. (E3)

So, I try to keep a routine, but there is no routine in the emergency room. It's like I told you, I arrive on duty, try to do things my way, which is to go in, check the patients, and first look to later attend the interferences, but of course, that is not how it works. I try to organize systematically, but we usually do not succeed. I am used to doing one thing and doing another at the same time. Here is how it works. (E22)

In this segment, each professional employees the use of *selfbody* to manage their work shift, within their work organization, so that the time corresponds to their activities⁽⁴⁾.

So, I try to write everything down, because sometimes the complications happen and we end up forgetting, so I like to be all [...] visualize this, leave everything written down and, as I go through the procedures, I scratch off my checklist, I am going 'ok.' I can see what is pending and what is coming from demand out of schedule; I also take notes on this list. (E21)

I start the shift with the most severe cases - besides doing care, procedures - to check the patients, evaluate them, see if they are intubated, what medication they are receiving and if they have accesses [venous], medical tubes, and, also, do aspiration procedures, oral hygiene. (E2)

Throughout the observation and documentary analysis period, the nurses visualized a daily checklist, used mainly by the day shift professionals, who cared for patients on stretchers and in the emergency room discharge lounge⁽⁴⁾. The checklist is a sheet containing the information of the hospital beds that need body hygiene and other care (procedures with orotracheal tube/mechanical ventilation/tracheostomy, dressings, exchange of venous accesses, and dietary recommendations)⁽⁴⁾. The nurses carry out the activities and use the list to ensure the completion of all those services⁽⁴⁾.

In the following statements, nurses present how they work in the management and organization of their job in the emergency room to continue healthcare activities⁽⁴⁾:

Organize the environment, because usually there is a lack of material in the physical environment and the disorganized structure to receive the emergency. We have also arranged space, from the hospital beds to transfer people who are in the emergency room to the hall or to remove the people in the hall to the stretchers, to put more severe patients in a proper space that has oxygen and electric power. (E5)

[...] according to regulation, my work is more direct; the difference is I must control the speech, the conversation, the dialogue with the doctors, who need to refer the patient, and also with those who are going to receive them [...] this is my managing function. (E1)

The use of *selfbody* appears in testimonies and in the period of observation conducted to follow the activities within the urgency and emergency sector and in the management of hospital beds, care, and physical space⁽⁴⁾. In the context of ergology, there is a link between the use of *selfbody* and professionals' experiences, initiated in academic training, followed by the work experience⁽⁴⁾. They constitute a basis for nurses to develop more control and agility in their actions and care during an emergency and also operate with autonomy within their attributions⁽⁴⁾.

So, I must have the freedom, because I have knowledge, autonomy, and experience to transfer a patient out of there to put another one. So, the question of decision-making, especially now that I am working at the night shift, is that I have taken it many times alone because the night shift colleagues already have some difficulties in making individual decisions. After all, we have a distant medical staff. So, the night shift staff has a significant difficulty to make decisions, because many people need a doctor to help them to make decisions, but only the nurse has this autonomy, has the knowledge to make proper decisions. (E23)

You could choose with the staff, the doctor, the physiotherapist, a pharmacist, the best treatment for the patient, and act together. Sometimes a doctor prescribed a procedure that you disagree with. (E15)

An urgency and emergency sector's work process requires technical-scientific knowledge to ensure quality and safety in assistance⁽⁴⁾. In the following statements, it is possible to notice that knowledge contributes to the use of each professional, capable of discussing and interacting with the team in favor of care; moreover, there is the need to seek knowledge continually⁽⁴⁾.

Autonomy means to have the technical ability to make specific decisions for each case, have the technical knowledge, know how to take measures, and solve problems that a service demands, problems entirely in the health area, without asking permission. (E4)

Knowing what you are doing, what you have to do, and the priority, if there is a clinical emergency, a traumatic emergency, if the patient is almost dead, or imminent death, a patient in shock, you have to know what to prioritize. If he stopped breathing, it must be the airways; if it is a trauma, I have to stop the bleeding first. If the patient is lucid and responds or does not respond. So, there are several types of emergency, and when you look at the patient, you will know what to do, but this comes from our experience, the time you spent there doing this, you have to do a quick procedure, but with tranquility. (E5)

During the observation period in different work situations, the multi-professional team noticed the *use of selfbody*⁽⁴⁾. The professionals who make up the multi-professional teamwork on behalf of the patient seek the best care and conduct. However, each professional has its duties, which appear in the following statements⁽⁴⁾:

[...] I always ask someone for help, I never decide when I am in doubt. (E3)

Thus, the intercurrency has to think first that health professionals do not work alone. Second, when there is an intercurrency, it is not only you who will save a person's life, it will be the collective [...] The autonomy in front of the multi-professional team is built as I said before [...] it is based on expertise, of knowing how to pass that along and having the visions of the situations that are occurring, in order to pass to the multi-professional team. So, we must have this view as a whole. (E1)

There is a connection between the nurse's daily work and the nurse technician by arranging care⁽⁴⁾. In this way, each one with their duties ensures the well-being, humanization, and dignified assistance to patients, respecting their workspace and making *use of selfbody* in their activities⁽⁴⁾.

They do not make any decisions without talking to the nurse first. I find it very interesting because they recognize the nurse as a front line in healthcare; maybe this is not the right word, but we are always there all the time with the patient, so they see our importance and are always talking to us before making any decision by themselves. (E3)

So, what makes it much easier is that the technical staff has an excellent education. At the same time, those professionals know and see the nurse as a leader, so much so that we know that some say: "Ah, today is busy, but it is good because we have so-and-so." So, we see that they recognize the nurse leadership, appreciate the autonomy, seek you to ask something, and they will not make a decision on their own, such as to prepare or not the insulin, for example, he comes after you to ask. (E23)

In their activities, the professional nurse makes *use of selfbody* in different job situations applying values, knowledge, and experiences. In the emergency room, due to the complexity of the activities and the work routine, the *use of selfbody* allows each professional to organize their work process, aiming the best

assistance to the patient. In this way, they executed their work according to the arising demand, and the *use of selfbody* directs the decision-making through endless choices imposed by the daily work in the emergency unit⁽⁴⁾.

DISCUSSION

The emergency room units, which provide urgency and emergency services, constitute the "gateway" to the hospital for a large part of the Brazilian population^(4,11). An emergency room's complexity materializes through its urgency and emergency services, with characteristically different cases and an unlimited number of attendances^(4,12). The nurse works in the emergency room by managing and doing assistance activities essential for the unit⁽¹³⁻¹⁴⁾. Within this complex, dynamic and unpredictable work context of the emergency room unit, the nurse seeks, and values differentiated care, which offers support for the maintenance and recovery of each patient's life, besides maintaining the service organization⁽⁴⁾.

According to this study results, the nurses make *use of selfbody* to develop their activities. It is noticeable that nurses apply intense effort to develop the best actions to do a different service⁽⁴⁾. The *use of selfbody* presents itself in the activities of each work shift, and this «use» takes on a greater dimension when it is interconnected with the experience and knowledge of each professional, also standing out in the activities that require communication and teamwork⁽⁴⁾.

While reflecting on hospitals' services in urgency and emergency sectors, one comes across one of the most critical sectors concerning nursing management⁽⁴⁾. The work process, in this environment, is dynamic, stimulating, and heterogeneous. Moreover, the nursing team is responsible for the direct care of the patient, demanding physical proximity, as well as constant handling of equipment/materials and some characteristics as ability, agility, skill, and capacity to reason^(4,15).

It is up to the nurse to evaluate each patient, and, for this, he needs to know clinical evaluation, such as seeking objective, personal information, and having the experience to identify the need for immediate care or not at that moment⁽¹⁴⁾. Through the singularities and particularities of each patient, the professional performs differentiated activities. That is, the work is not a simple execution of activities, but the *use of selfbody*⁽¹⁰⁾, looking for resolution of problems for particular situations, even when the activity of nursing seems hierarchical and prescribed⁽⁴⁾.

This study's data show the *use of selfbody* at the time of interferences, list priorities, organize the team, and organize the work environment to have continuity. The *use of selfbody* by others occurs at the moment of teamwork, of developing the activities that are prescribed and following the most appropriate behaviors⁽⁴⁾. In this sense, although "the others" are present in the use that each worker makes of himself, nobody is substitutable, because each member of the multi-professional team makes a singular contribution during the work⁽¹⁶⁾. It is highlighted that, when the nurse performs some activity, others may call him/her - may be a supervisor and/or his co-workers- to engage in any way in a specific situation. The worker will never be exempt from being influenced and alone when performing some activity. The emphasis should be on the nurse who needs to make

use of their various capacities, memory, psychomotricity, and intelligence⁽¹⁶⁻¹⁷⁾.

The study shows that, in nursing, the *use of selfbody* is present in the dimension of management and the assistance of utmost importance in the process of care⁽⁴⁾. The nurses act and manage activities and link their expertise, knowledge, and subjectivity to their work practice^(4,18). Scientific basis promotes freedom of decision-making, a transgression of norms, and changes in their practice, according to the specificity that the activity requires, aiming at overcoming the gaps found, many times in the fragmentation of the work^(4,19).

The *use of selfbody* becomes evident at the moment the nurse assumes various actions in the work shift. Depending on the nurses area, they define priorities for care or, in the emergency room, seek to assist the patient when he arrives, checking signs, collecting personal information, and calling the medical team⁽⁴⁾. To other authors, the organization of actions depends on priorities and patients' needs, and this planning depends on the area they allocate the professional in the work shift, such as the urgency and emergency services, patient assistance in the observation room, and care for users with non-urgent health demands^(4,14).

They realized that even in activities carried out in emergencies, the nurses must follow protocols and routines⁽⁴⁾. However, each professional make decision and develops actions in order to perform more qualified care. Every application depends on the singularity of each activity; it is not only a formal part of a protocol adoption but its application in a different way and an individual situation⁽⁴⁾.

In this sense, the emergency room unit's management dimension is a pillar of support for assistance⁽⁴⁾. It is of the utmost importance that the nurse uses management to provide quality care because the unorganized demand for care in urgency and emergency units in the Brazilian reality has contributed decisively to the overload of emergencies, disorganization of the unit, and a drop in the quality of care. Therefore, the nurse becomes a professional of reference in this service organization^(1,4).

To develop the work, especially in the urgency and emergency environment, the nurse's leadership helps plan assistance, delegate activities, and coordinate nursing⁽⁴⁾. In this way, when exercising the role of leadership, coordination will develop other competencies, as the communication for a better interpersonal relationship - either with the other professionals or with the patients or companions - and the decision-making^(4,5).

This dynamic of developed by nurses is related to what Schwartz⁽²⁰⁾ describes as the *use of selfbody* in activities, as a constant debate about norms, readjusted in the instant when is needed to work in an imposed situation. Our life is a sequence of previous norms on one side and, on the other, the impossible and something else we cannot live, which result in the necessary renormalizations to give continuity to the activities^(4,20).

In this context, besides performing several activities, planning actions, and coordinating the teams, the nurse is always establishing priorities in the care and dividing his time and attention among the most severe patients and technical procedures^(4,21). In a study developed on the work of nursing and ergology, points out

that previous norms characterized by manuals, technical notes, prescriptions, and standardized procedures always exist before the activities, but that it is possible to renormalize them before the reality: they must be recreated, reinterpreted according to the uniqueness of each worker and activity^(4,22).

Thus, we conclude that by making *use of selfbody*, the nurse does not merely perform a prescribed job, but mobilizes their whole being, singularly developing the work activity. In turn, this can translate into greater autonomy and professional visibility and the more outstanding qualification of care.

Study limitations

This study had some limitations because it was developed in only one emergency room of a public hospital. Moreover, there are not many works in the literature based on the ergology reference in this scenario, which makes it difficult to discuss the findings//conclusions/results.

Contributions to nursing, health, or public policy

The study contributes to the nursing area to the extent that it presents new reflections on the nurse's performance in the emergency room, particularly concerning the autonomy to execute its activities. Thus, it brings more visibility to the nurse's work, with indicative of greater proactiveness, in respect to service and administrative activities.

FINAL CONSIDERATIONS

With this research, it was possible to know how the nurse's *use of selfbody* occurs in the emergency room work. This unit's complexity demands professional nurse ability, agility, fast decision-making, and autonomy. In the research, these actions were observed in the nurse's work within this sector, corroborated by dynamism and randomness.

The results show that the *use of selfbody* was present in the nurse's work in the emergency room, especially when prioritizing care and performance in interferences. The management activities also presuppose the *use of selfbody* linked to the values, knowledge, and experiences of each professional. Moreover, evidence that the nurse's work in the researched unit occurs through the influence of the *use of selfbody* for others, that is, for the multi-professional team and nursing leadership. Ergology has become an appropriate theoretical reference for the debate of this object of study since it aims to understand how each professional's activities occur. Furthermore, it recognizes in its assumptions that the experience and knowledge of the workers are fundamental for the *use of selfbody*. This recognition brings to each one the professional valorization and stimulus to seek always more autonomy in their profession's exercise.

FUNDING

Thank you for the support of the Coordination for the Improvement of Higher Education Personnel - Brazil (CAPES).

REFERENCES

1. Martins MS, Matos E, Salum ND. Turnover of nursing workers in an adult emergency unit. *Texto Contexto Enferm.* 2019;28:e20160069. <https://doi.org/10.1590/1980-265X-TCE-2016-0069>
2. Paixão TCRD, Campanharo CRV, Lopes MCBT, Okuno MFP, Batista REA. Nursing staff sizing in the emergency room of a university hospital. *Rev Esc Enferm USP.* 2015;49(3):481-87. <https://doi.org/10.1590/S0080-623420150000300017>
3. Rossetti AC, Gaidzinski RR, Fugulin FMT. Nursing workload in the emergency department: a methodological proposal. *Rev Latino-Am Enferm.* 2013;21(spe):1-8. <https://doi.org/10.1590/S0104-11692013000700028>
4. Bonfada MS. Trabalho e autonomia do enfermeiro em pronto-socorro adulto: uma abordagem ergológica. [Dissertação] [Internet]. Santa Maria: Programa de Pós-Graduação em Enfermagem, Universidade Federal de Santa Maria; 2019[cited 2021 Feb 18]. 157p. Available from: https://repositorio.ufsm.br/bitstream/handle/1/16854/DIS_PPGENFERMAGEM_2019_BONFADA_MONICA.pdf?isAllowed=y&sequence=1
5. Silva DS, Bernardes A, Gabriel CS, Rocha FLR, Caldana G. The nurse's leadership within the context of emergency care services. *Rev Eletrôn Enferm.* 2014;16(1):211-9. <https://doi.org/10.5216/ree.v16i1.19615>
6. Ribeiro G, Pires DEP, Scherer MDA. Theoretical-methodological contributions of ergology to research on work in the nursing area. *Texto Contexto Enferm.* 2019;28:e20170163. <https://doi.org/10.1590/1980-265x-tce-2017-0163>
7. Holz E, Bianco MF. Ergologia: uma abordagem possível para os estudos organizacionais sobre trabalho. *Cad EBAPE.BR.* 2014;12(spe):494-512. <https://doi.org/10.1590/1679-39519106>
8. Schwartz Y. Abordagem ergológica e necessidade de interfaces pluridisciplinares. *ReVEL* [Internet]. 2016 [cited 2021 Feb 18];14(11):253-64. Available from: <http://www.revel.inf.br/files/2e5e27e69e52df1113fd2b52d2d99f39.pdf>
9. Schwartz Y, Mencacci N. Trajectoire ergologique et genèse du concept d'usage de soi. *Inf Educ: Teoria Prática* [Internet] 2008 [cited 2021 Feb 18];11(1):9-13. Available from: <https://seer.ufrgs.br/InfEducTeoriaPratica/article/viewFile/7129/4887>
10. Schwartz Y. *Le paradigme ergologique ou un métier de philosophe.* Toulouse: Octares; 2000. 41 p.
11. Barreto MS, Teston EF, Miranda JG, Arruda GO, Valsecchi EASS, Marcon SS. Perception of the nursing staff about the nurse's role in the emergency service. *Rev RENE.* 2015;16(6):833-41. <https://doi.org/10.15253/2175-6783.2015000600009>
12. Bugs TV, Rigo DFH, Bohrer CD, Borges F, Oliveira JLC, Tonini NS. Difficulties of nurses in the management of the hospital's emergency room. *Rev Enferm UFSM.* 2017;7(1):90-9. <https://doi.org/10.5902/2179769223374>
13. Santos JLG, Menegon FHA, Pin SB, Erdmann AL, Oliveira RJT, Costa IAP. The nurse's work environment in a hospital emergency service. *Rev RENE.* 2017;18(2):195-203. <https://doi.org/10.15253/2175-6783.2017000200008>
14. Rosa LS, Cardoso LS, Passos J. Triagem em pronto-socorro: o processo de trabalho da equipe de enfermagem. *Anais do Salão Internacional de Ensino, Pesquisa e Extensão* [Internet]. 2016 [cited 2021 Feb 18];7(2):1-1. Available from: <https://periodicos.unipampa.edu.br/index.php/SIEPE/article/view/89691>
15. Loro MM, Zeitoun RCG, Guido LA, Silveira CR, Silva RM. Revealing risk situations in the context of nursing work At urgency and emergency services. *Esc Anna Nery.* 2016;20(4):e20160086. <https://doi.org/10.5935/1414-8145.20160086>
16. Muniz HP, Santorum KM, Franca MB. The construction of the concept of selfbody on the work of Yves Schwartz. *Fractal Rev Psicol.* 2018;30(2):69-77. <https://doi.org/10.22409/1984-0292/v30i2/5877>
17. Mencacci N, Schwartz Y. Diálogo 1. Trajetórias e uso de si. In: Schwartz Y, Durrive L, organizadoras. *Trabalho e Ergologia II: diálogos sobre a atividade humana.* Belo Horizonte: Fabrefactum; 2016. p. 17-53.
18. Pinno C, Camponogara S. O trabalho de enfermeiros em unidade de internação cirúrgica sob a ótica da ergologia. *Biblioteca Lascasas* [Internet] 2015 [cited 2021 Feb 18];11(3):1-49. Available from: <http://www.index-f.com/lascasas/documentos/lc0855.pdf>
19. Santos TM, Camponogara S. A look at the work of nursing and ergology. *Trab Educ Saúde.* 2014;2(1):149-63. <https://doi.org/10.1590/S1981-77462014000100009>
20. Schwartz Y. Motivações do conceito de corpo-si: corpo-si, atividade, experiência. *Letras de Hoje.* 2014;49(3):259-74. <https://doi.org/10.15448/1984-7726.2014.3.19102>
21. Pinno C, Camponogara S, Beck CLC. The dramatic "use of self" in the work of the nursing team in the surgical in-patient unit. *Texto Contexto Enferm.* 2019;28:e20170576. <https://doi.org/10.1590/1980-265x-tce-2017-0576>
22. Fontana RT, Lautert L. The situation of nursing work and occupational risks from an ergological perspective. *Rev Latino-Am Enferm.* 2013;21(6):1306-13. <https://doi.org/10.1590/0104-1169.3105.2368>