PROFESSIONAL NURSING TEAM WEAR OF A BURN CARE UNIT

ESGOTAMENTO PROFISSIONAL DA EQUIPE DE ENFERMAGEM DE UMA UNIDADE DE QUEIMADOS

Thalys Maynard Costa Ferreira¹, Rossana Santos de Andrade², Lorryne Felix de Lima³, Carla Lidiane Jácome de Lima⁴, Marta Miriam Lopes Costa⁵

ABSTRACT

Objectives: to verify the physical and emotional wear of professionals working in a unit for burned people and identify the difficulties experienced by the nursing team in the care of burn patients. Method: a descriptive, exploratory study with a quantitative and qualitative approach, accomplished with 11 nursing professionals who work in a unit for burned people in João Pessoa/PB. It was used a questionnaire with open and closed questions. Quantitative data were analyzed using Microsoft Office Excel 2010 with the simple statistics, displayed in tables. Qualitative data were transcribed and analyzed by the Collective Subject Discourse Analysis Technique. Results: the central ideas that emerged from the speeches were: physical and emotional fatigue related to patient demand, involvement with the patient’s suffering, feelings of impotence. Conclusion: it is essential to seek interventions for the professionals who work in the care of the burned patient aiming coping strategies of problems experienced by professionals who assist burn patients.

Descriptors: Nursing; Professional Wear; Burned People.

RESUMO

Objetivos: verificar os desgastes físicos e emocionais dos profissionais atuantes em uma unidade de queimados e identificar as dificuldades vivenciadas pela equipe de enfermagem na assistência aos pacientes queimados. Método: estudo descritivo, exploratório, com abordagem quantiqualitativa, realizado com 11 profissionais de enfermagem que atuam em uma Unidade de Queimados de João Pessoa/PB. Foi empregado um questionário com questões abertas e fechadas. Os dados quantitativos foram analisados pelo Microsoft Office Excel 2010, utilizando a estatística simples, expostos em tabelas. Os dados qualitativos foram transcritos e analisados pela Técnica de Análise do Discurso Coletivo. Resultados: as ideias centrais que emergiram dos discursos: cansaço físico e emocional relacionado à demanda de pacientes, envolvimento com o sofrimento do paciente, sentimento de impotência. Conclusão: é imprescindível buscar intervenções com os profissionais que atuam no cuidado do paciente queimado visando às estratégias de enfrentamento dos problemas vivenciados pelos profissionais que assistem paciente queimado. Descritores: Enfermagem; Esgotamento Profissional; Queimaduras.

RESUMEN

Objetivos: verificar los desgastes físicos y emocionales de los profesionales actuantes en una unidad de quemados e identificar las dificultades vividas por el equipo de enfermería en la asistencia a los pacientes quemados. Método: estudio descriptivo, exploratorio, con enfoque cuantitativo y cualitativo, realizado con 11 profesionales de enfermería que actúan en una Unidad de Quemados de João Pessoa/PB. Fue empleado un cuestionario con preguntas abiertas y cerradas. Los datos cualitativos fueron analizados por el Microsoft Office Excel 2010 utilizando la estadística simple, expuestos en cuadros. Los datos cuantitativos fueron transcritos y analizados por la Técnica de Análisis del Discurso del Sujeito Colectivo. Resultados: las ideas centrales que surgieron de los discursos: cansancio físico y emocional relacionado a la demanda de pacientes, envolvimiento con el sufrimiento del paciente, sentimiento de impotencia. Conclusión: es imprescindible buscar intervenciones junto a los profesionales que actúan en el cuidado del paciente quemado, visando estrategias de enfrentamiento de los problemas vividos por los profesionales que asisten paciente quemado. Descritores: Enfermería; Agotamiento Profesional; Quemaduras.

1Student, Nursing Graduation, Federal University of Paraíba/UFPB, João Pessoa (PB), Brazil. E-mail: thalys_maynard@hotmail.com; 2Student, Nursing Graduation, Federal University of Paraíba/UFPB, João Pessoa (PB), Brazil. E-mail: rossana_andrade@hotmail.com; 3Nurse, Master in Nursing, University of Pernambuco. Recife (PE), Brazil. E-mail: lorryne.fi@hotmail.com; 4Nurse, Master degree student, Graduate Program in Nursing, Federal University of Paraíba/PPGENF/UFPB, João Pessoa (PB), Brazil. E-mail: martamiriam@hotmail.com; 5Nurse, Ph.D. Professor in Sociology, Graduation/Pod-Graduation, Federal University of Paraíba/PPGENF/UFPB, João Pessoa (PB), Brazil. E-mail: thalys_maynard@hotmail.com
INTRODUCTION

The burn is a trauma of difficult treatment, caused by thermal, chemical, radioactive or electrical Agents, operating with direct or indirect heat and damaging many body tissues. It has high morbidity and mortality rates in the world scenario.\(^1\)\(^2\)

It is worth mentioning that the rupture of the skin can lead to complications such as increased fluid loss, infection, hypothermia, immunity compromised, edema, hypovolemia, respiratory problems, pain, functional changes of appearance and body image, among other complications.\(^3\)

The burn is treated as an emergency trauma requiring immediate help to minimize the possible consequences. This type of injury can change quickly need continuous monitoring of its evolution.\(^4\)

The evolution of the burn depends on its level of depth and occurrence of complications, caused in many cases by local infection. It is important to consider that during its evolution, an infection or a hemodynamic instability may deepen the injury.\(^5\)

Thus, the first care provided to burned patients should aim at reestablishing airway, maintenance of hemodynamic balance and decreased pain. From these measurements, the treatment of the wound can start, to maintain tissue perfusion, preservation of intact tissue, infection prevention, cleaning and moisture maintenance and promote healing.\(^6\)

It is possible to see seasonality in the Burned people units, there are days, weeks or periods with an increased number of cases of burns, completing the capacity of burns care units. It is also noted that normally burns are most prevalent in scenarios of low socioeconomic status and home or work environment.\(^7\)

Regarding the treatment of a burn, it is proposed according to the affected skin thickness and the total burned body surface area, so there are many types of treatment for their injuries. Thus, treatment becomes a challenge, both for its severity, as the multitude of complications that can occur.\(^5\) The same authors point out that the cure for this type of injury occurs through the control and guidance of the scar healing process, in addition to early skin graft surgery.

The burned patient suffers from intense physical and emotional pain, with tissue degeneration in more or less depending on the severity of the injury and may lead to feeling fear, anxiety, anger, stress, fatigue, depression, having difficulty concentration, insomnia, decreased appetite, and questions of how will be the affected area.\(^8\)

Therefore, the patient ends up directly or indirectly forwarding his suffering to the health professional, causing his suffering too. Focusing on the nursing team, which in turn is closely linked to the patient, it is clear that in these professionals, the burn unit ends up sharing the suffering of these patients, daily experiencing the challenge of caring, so as to affect their physical and mental well-being.

Regarding the role of the nursing team in the burn patient care process, it is known that nursing care is essential for the burn patient has a more rapid recovery and rehabilitation, with minimal sequelas.\(^3\) It is important also the humanized and individualized care, providing psychological support to minimize the hospital leisure and emotional changes caused by hospitalization.

Thus, the nursing team in the burn unit experiences the challenge of caring, as facing the pain and suffering the patient and his family, causing his psychological distress.\(^9\) Because of the complexity of the burn injury and hospitalization, the biopsychological aspects of patients and their families are affected, as well as the professionals involved in the process.

Starting from this perspective, the nursing team is likely to suffer from this care process, since it establishes a constant and direct personal contact with the patient. Therefore, it is necessary to assess the physical and psychological strain of professionals working in a burn unit as the physical and psychological condition of the professional who delivers care directly affects the quality of care.
Given the importance of this topic, the following questions arose: What are the physical and emotional stresses of nursing staff? What are the difficulties experienced by the nursing team in the care of burn patients?

Given the above, the following objectives were listed for the present study:

- To check the physical and emotional exhaustion faced by nursing professionals of the burn unit.
- To identify the difficulties experienced by the nursing team in the care of burn patients.

**METHOD**

Descriptive, exploratory study with a quantitative and qualitative approach, developed at the Burns Care Unit (BCU) of a public hospital in the city of João Pessoa/PB. The involved population consisted of nursing professionals. The sample was composed of 11 professionals, who met the following prerequisites: be in the burn unit at the time of research; take part in the study by signing the Informed Consent Form (TCLE).

For data collection, a structured questionnaire with objective and subjective questions was used. The first part of the instrument consisted of socio-demographic data of the participants and the second data was relating to physical and emotional wear of nurses providing care to burn patients treated at the unit. Data were recorded with the aid of an MP3, and fully transcribed, opting for post-collection transcription, so that the reliability of data could be preserved. Data collection was carried out between April and May 2013.

Quantitative data were analyzed using Microsoft Office Excel 2010 using the simple statistics, with the use of tables. Qualitative data were transcribed and analyzed by collective subject discourse analysis technique, described by Lefrère and Lefrèvre. It is a discursive data systematization technique in qualitative research that allows rescuing the discourse on a subject placed in a given universe.13-14

For the research, it was considered the provisions of the Resolution 196/96 of the National Health Council which deals with research involving human beings in force in the country at the time of collection, which was revoked by Resolution 466/2012. This resolution provides for the application of the signing of informed consent form completed by participants,10-11 and Resolution 311/2007 of COFEN, which provides for the code of ethics of nursing professionals.12 The study was approved by the Ethics Committee of the Health Sciences Center of the Federal University of Paraíba/CCS/UFPB under number 309,868 and CAAE 03597212.6.0000.5188

**RESULTS AND DISCUSSION**

There were 10 (90.9%) female and 1 (9.1%) male. About age, most of them were between 40-50 years old corresponding to 5 subjects (45.5%) of the sample.

Regarding the performance of professional specialization courses, Table 1 was observed that 27.3% had a specialization course in any area of nursing practice, and 72.7% did not present any expertise.
Table 1. Distribution of the participants that have or not specialization. João Pessoa - PB, 2013.

<table>
<thead>
<tr>
<th>Specialization</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>With specialization</td>
<td>3</td>
<td>27.3%</td>
</tr>
<tr>
<td>Without specialization</td>
<td>8</td>
<td>72.7%</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>100%</td>
</tr>
</tbody>
</table>

Thus, the educational nursing training is something considered as a dynamic process, and it depends largely on various aspects involving the target population education offered, such as characteristics of the historical and cultural context of the affected public.¹⁵

The contribution of gradual post-education training is very important for the professional who seeks to ensure knowledge that goes beyond what was contemplated in undergraduate years, regardless of which area he operates. The search for improvement of knowledge in a particular area gives the professional scientific aspects that underlie the development of good practice and can be explicit in speech and even in their activities performance.

Table 2. Tempo que atua na Unidade de Terapia de Queimados do município de João pessoa - PB, 2013.

<table>
<thead>
<tr>
<th>Time in the BCU</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 years</td>
<td>7</td>
<td>63.6%</td>
</tr>
<tr>
<td>5 to 10 years</td>
<td>3</td>
<td>27.3%</td>
</tr>
<tr>
<td>10 to 15 years</td>
<td>1</td>
<td>9.1%</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>100%</td>
</tr>
</tbody>
</table>

When referring to the time of operation and assistance provided, it can be seen that there are two points that are closely related. The professional experience of time in a certain area, sector, or specific audience is a factor that provides greater security professionals, dexterity, situational suitability in general favors the good professional performance.¹⁶

Regarding the workplace, 4 (36%) said that the environment in which they are inserted to the practice of care is rated as excellent, 6 (55%) said that the environment can be classified as good, and 1 (9%) claims to be regular.

The nursing work environment represents an important factor in workers’ health, as well as their behavior. Thus, for the working environment be favorable, it is necessary that there are good working conditions, such as sufficient number of workers per shift; equipment, materials and medicines in adequate quantity and quality to provide assistance; adequate physical area for the care of patients and worker well-being; protective equipment to the health and safety of staff members.¹⁷

The hospital is an environment that provides a risk of accidents, suffering both physical and psychic, and prone to diseases by routine exposure to them by professionals, especially those who make up the nursing staff due to these meet very close to the patient for a longer time. The activities of health professionals are strong tensional character due to long working hours, the limited number of professionals and the hard life in the service, which may be providing them wear in the psycho-emotional aspect. On the workplace, literature provides data that does not corroborate the findings of this study, since most participants reference the environment in which they live as good or excellent, which in a way...
according to their reports and emphasis on speech, helps not resourcefulness of major stresses, but not avoid them.

When a particular workplace has objectionable features for its worker, not observed in this study according to the data mentioned, such conditions explicitly may impact the offered assistance. In addition to harming the health care process, this fact affects the whole team of the patient care, as the systematic care nursing is based on interpersonal relationships established, whether these with patients who are submitted to care, either with the team working together, a fact that needs to be considered.17

As regards the opinion about how the professional feels at the end of his duty in the burn care unit, 55% said they feel good, 18% reported feeling tired physically and emotionally, 18% said they feel physically tired, and 9% did not report fatigue.

The leading professional to feel good or even tired physically and emotionally at the end of their work period involves factors that are interconnected. We can only refer to etiology reasons that will lead this professional physical wear, the best thing is to consider the set of related factors may be contributing to ease the physical and emotional wear picture, or even non-complaint and contentment at the end of duty in the unit, as the physical and psycho-emotional are interconnected and jointly provide welfare worker health.

About feeling influenced by the patient’s suffering of the burn patients, 10 (90.9%) reported in their speeches being affected by the suffering of the patient, and 1 (9.1%) claims not to be affected by the suffering of patients.

In this regard, we understand that caring holistically is something inherent in the independent nursing routine type of service in which it is inserted. Develop complex practices, critical thinking and reflective about the assistance, develop individualized care plans, assist that the improvement of the patient can be achieved effectively are points that are routinely inserted into the systematic practice of care of nursing professionals.

Thus, dealing with patients suffering from burn injuries requires a physical and psychological preparation of the acting professional. The nursing staff is 24 hours in readiness to meet the needs of patients and perform activities that are meant to them. Therefore, dealing with the pain, exhaustion and discomfort of the patient are something that is these professionals routine. The implementation of procedures by the staff of the unit can lead to exacerbation of pain, giving nursing staff the role of pain agonists at times when interventions occur with the patient. On the other hand, these professionals relieve pain after the end of each implementation of actions performed, which requires an even more intense preparation, as it is they who are the responsibility of supporting the patient at the critical moment of discomfort, whether physical or emotional.8-19

About the difficulties faced in assisting burned patients, 8 (72.7%) said they have no difficulties in patient care with burn wounds, 2 (18.2%) reported having difficulties in assisting burned patients and 1 (9.1%) did not attribute response to the questioning conducted.

It is evidence that the study reports classified as primordial times when there is the awareness of the team or even the professional in their individuality, the time of healing of large burns, post-anesthesia period arrival at the service of patients with a history of self-immolation suicide attempts, in addition to pediatric patients. The feeling in the practices of care is reported as an inevitable factor.

The research also showed that most interviewed professionals have difficulties in assisting burned patients, reported demand procedures considered the high complexity and little preparation team as the main difficulty, extolling the need to develop educational actions. For example, we can mention the achievement of a bandage that tends to cause great discomfort and often severe pain that are signaled by loud cries and only relieved by analgesics. This sound in this environment stimulate feelings of irritability, stress, physical and psychological wear.9 In turn, those who did not present difficulties related to caring argued that due to experience in the unit and knowledge.
about the practical and routine procedures sector do not give trouble to point inherent assistance. With regard to the data collected from questions about the physical and emotional wear inherent in staff, by asking: “At the end of my shift in the burn unit, I feel:”, there were two key ideas: Central Idea 1 Physical fatigue and emotion related to patient demand, Central idea 2 Physical fatigue accompanied by feelings of well-being, shown in Figure 1.

**CENTRAL IDEA - 1 Physical fatigue and emotion related to patient demand**

It depends on the duty, some duties we feel too physically tired by some patients and severe cases, beyond the amount of things that we do, right? However, there are duties that are good, but sometimes stirs emotionally with us also because of the picture that the patient is right? Moreover, also, the cause that brought him here imagines that it is repeating? This is very common here, and it tires (Ent. 2)

Both emotional and physical wear, because when I work a lot with patients, especially pediatric patients, I am shaken. Physically I say is more when patients are many, it makes us tired, especially at the time of dressing and bathing in the bed. (Ent. 4)

**CENTRAL IDEA - 2 physical fatigue accompanied by feelings of well-being**

I like what I do, when you like what you do, the fatigue is less, even sometimes you feel very exhausted at the end of the day. However, then the side of the patient, I see that I just knowing that you helped, and he leaves better the burn service, it is a very good feeling, I like it. (Ent. 4)

I feel tired, but at the same time happy to help taking care even in a busier duty, I feel good to be able to exercise my profession. It is gratifying, you know? (Ent. 8)

Certainly we get tired, but the well-being, pleasure, the patient’s smile to receive care, makes us more excited and rewarded. I feel happy to take care of them, and I know I am good for something in their lives that are here in the burned sector. (Ent. 5)

**Figure 1. Central ideas and collective subject discourse related to physical and emotional Burnouts in the staff.**

The central idea of “Emotional and physical fatigue related to patient demand” exposes the physical wear picture associated with the practice of care, by just being in charge of these professionals performing complex order procedures, and often to be associated the great demand of patients present in the ward sector, frequently executed and in large quantities.

Moreover, the relationships between the professional and the patient, their living to perform the care next to the patient, as well as witness the procedures running highlighting bathing and dressing, and the constant pain of the burned patient accompanied by groans and screams are factors that contribute to the physical and especially emotional stress of nursing staff to assist the patient of this type of injury.9

The central idea “Physical fatigue accompanied by feelings of well-being” displays the physical fatigue associated with the great satisfaction of the professional on the work performed in the burn care unit, work inserted into a routine of pre-agreed working practices.
suffering of the burned patient affect me or not affect me? Why?”

**CENTRAL IDEA - 1 Involvement with the patient’s suffering**

It affects me yes, the burnt patient’s suffering is sad, especially when he complains of pain, which in this case of burns, especially the large burned patients with the work for dressing or any other procedure is big; it is inevitable. (Int. 10)

It affects me because I as a professional I witness most procedures, the arrival of this patient to the sector, the process of pain and suffering when he hospitalizes here. Can you imagine that every day? I know we work with on duty, but it is impossible not to be involved. (Ent. 6)

It affects us, not only to me but to any other professional who makes up the sector team, I am sure. We take care of these patients daily, day and night, passing next to them especially at the time of healing is something to hurt the heart. I think I should have analgesia, understand? Help at the moment and we would not hear the cries and suffering together sometimes. (Int. 11)

**CENTRAL IDEA - 2 Pain and the feeling of powerlessness**

Sometimes the patient is in so much pain that even if we make the medication is strong, right? pain sometimes does not pass and we get often depending on the prescription, it is difficult to care and move over here, feeding, bathing, and you see the patient with pain still ... (Ent. 1)

Pain is difficult here in the sector. Sometimes the patient is full of pain, and asks for us to do medication at that time the painkillers we give, but sometimes is not enough understood? The doctor prescribes, but they still complain of pain, even having done, you know, I sometimes desperate (laughs). (Ent.7)

The central idea “involvement with the patient’s suffering” has the characteristic of emotional involvement of professionals with the suffering and pain of patients on complaints and performing certain procedures. These cause discomfort and even painful sensations to the patient who is already physically and emotionally debilitated. Therefore, they have a direct impact providing care to the patient.

The central idea “pain and powerlessness” revealed the feeling of impotence among the professionals regarding pain complaints issued by patients, even medicated still feel and complain about the pain caused by the injury, which causes the professional feel helpless, since they are responsible for performing actions that relieve pain of the patient, for example, administration of prescribed specific analgesics. However, the nursing professionals in this sector only administer medications that are on prescription, limiting them in a way not to ease patient’s pain at the time requested, so the feeling of helplessness remains inherent to these professionals as even after the drug infusion the pain persists even more mildly.

**CONCLUSION**

The completion of the study provided the identification of the occurrence of wear that permeates the nursing team in the Burn care unit, which can be considered an aggravating factor for professionals.

It is emphasized that the physical wear is limited to activities inserted in the care process for burn patients, mainly on practices that require physical effort and a greater amount of time to implement them. The professionals also reported that there was a large number of patients, and there are severe cases, a fact that confirms the physical drain of professionals.

About emotional stress, a large portion of the contribution of intrinsic factors was observed to assist the customer affected by burning. Nursing professionals closer to patients’ daily lives are considered as major players in their development, that makes explicit the importance of developing new research relevant to the area injured by burns because the number of studies on the subject of wear of the nursing staff who deal with this type of patient is still incipient. Therefore, it is understood that this study is can be of great importance to the growth and knowledge of nursing professionals, providing improvements in care practice of working with patients included in these clinical parameters.

**REFERENCES**

1. Morais EN, Soares E, Lamas AR, Pereira APS, Donola RES, Meira WT.


15. Erdmann AL, Fernandes JD, Teixeira GA. Panorama da educação em enfermagem no Brasil: graduação e pós-

English/Portuguese
J Nurs UFPE on line., Recife, 10(6):2029-37, June., 2016