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TEAM WORK PROCESSES OF CARE TO BURNED PATIENT

PROCESSOS DE TRABALHO DA EQUIPE DE CUIDADO AO QUEIMADO

PROCESOS DE TRABAJO DEL EQUIPO DE ATENCIÓN AL QUEMADO

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ABSTRACT

Objective: to know the composition and working procedures of the team of care to the burned patient. ***Method:*** an exploratory descriptive study and qualitative. Data were collected in the Surgical Clinic of the Hospital Regional Tarcisio de Vasconcelos Maia, in Mossoró/RN/Brazil. It was used as an instrument for data collection applied to two nurses, six nursing techniques and four doctors. The interviews were submitted to the Technical Thematic Content Analysis. The research project was approved by the Ethics Committee of the Universidade do Estado do Rio Grande do Norte, CAAE 0035.0.428.000-10. ***Results:*** it was evidenced a lack of some professionals for the effective and human treatment of burned patient, and the poor integration between existing and little commitment on the part of some involved, fragmenting the work and doing it there is no continuity and systematization. ***Conclusion:*** attention should be paid to the importance of multidisciplinary teamwork, complementing the team with workers not yet present, besides the importance of continuing education programs. ***Descriptors:*** burned patient units; standard of care, nursing care, nursing.

RESUMO

Objetivo*:** conhecer a composição e os processos de trabalho da equipe de cuidado ao queimado. ***Método: estudo descritivo-exploratório, de natureza qualitativa. Os dados foram coletados na Clínica Cirúrgica do Hospital Regional Tarcísio de Vasconcelos Maia, em Mossoró/RN/Brasil. Foi usado roteiro de entrevista semiestruturado aplicado a duas enfermeiras, seis técnicas de enfermagem e quatro médicos. As entrevistas foram gravadas e submetidos à Técnica de Análise de Conteúdo Temática. A pesquisa teve o projeto aprovado pelo Comitê de Ética em Pesquisa da Universidade do Estado do Rio Grande do Norte, CAAE n.º 0035.0.428.000-10. ***Resultados*:** evidenciou-se a ausência de profissionais para o tratamento do queimado, bem como a pouca integração entre eles e pouco comprometimento por parte de alguns, fracionando o trabalho e fazendo-o existir sem continuidade e sistematização. ***Conclusão***: deve-se atentar para a importância do trabalho em equipe multiprofissional, complementando a equipe com trabalhadores ainda não presentes, além da relevância de programas de educação continuada. ***Descritores***: Unidades de Queimados; Padrão de Cuidado; Cuidados de Enfermagem; Enfermagem.

RESUMEN

Objetivo: conocer la composición y los procesos de trabajo del equipo de atención al quemado. ***Método:*** estudio descriptivo-exploratorio, de naturaleza cualitativa. Los datos fueron recogidos en la Clínica Quirúrgica del Hospital Regional Tarcísio de Vasconcelos Maia, en Mossoró/RN/Brasil. Fue utilizado como instrumento para recogida de datos un guión de entrevista semi-estructurado aplicado a dos enfermeras, seis técnicas de enfermería y cuatro médicos y los datos fueron sometidos a la técnica del Análisis de Contenido Temático. La investigación tuvo su proyecto aprobado por el Comité de Ética en Investigación de la Universidade do Estado do Rio Grande do Norte, el CAAE 0035.0.428.000-10. ***Resultados:*** se evidenció la ausencia de profesionales para el tratamiento eficaz y humano del quemado, así como la escasa integración entre los existentes y poco compromiso de algunos involucrados, fragmentando el trabajo y haciéndolo existir sin continuidad y sistematización. ***Conclusión:*** se debe prestar atención a la importancia del trabajo en equipo multiprofesional, complementando el equipo con trabajadores que aún no están presentes, además de la relevancia de programas de educación continuada. ***Descriptores:*** Unidades de Quemados; Estándar de Atención; Atención de Enfermería; Enfermería.

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INTRODUCTION

The burned patient care is different because of the severity of the injuries that can lead to serious complications. Depending on the extent and degree of depth, the burn is related to pain, discomfort, and organic changes, aesthetic and psychological. [1] The aftermath negatively affects the quality of life and produce lasting social and emotional impacts on patients. [2] Among them, scarring, depression and fear of the world outside the hospital.

For this particular care it is required multidisciplinary team that can treat it in all spheres: physical, social and psychological that is qualified, specialized and integrated. Thus, it is believed that the work of professionals aware of a Burn Treatment Center (CTQ), including, besides the technical efficiency, human affection, it is sufficient to minimize somehow the feeling of suffering, increasing the perception of good quality of life for patients and contributing decisively to the efficiency and speed of recovery.[3]

The complexity of human life and the problems that affect the health of people who seek health services at the current reality raises, to professionals, major challenges when it comes to think and do their job. The recognition of the multidimensionality of the human being and the need for more complex interventions in the context of health care work require an interdisciplinary approach, since a professional alone cannot handle for all dimensions of human care.[4]

Given this size, this study aimed to evaluate the composition and working procedures of the patient care team.

METHODOLOGY

A descriptive and exploratory study with a qualitative approach, whose data collection was conducted from September 2010 to January 2011 in the surgical clinic of the Hospital Regional Tarcísio de Vasconcelos Maia, Mossoró / RN / Brazil. The participants were two nurses, six nursing technicians and four physicians chosen intentionally, the nurses take turns to meet the scale of the month, the doctors interviewed are the ones that come with burn patients at the institution and nursing technicians who agreed to participate.

To collect data, we used a semi-structured interview with five open questions. The responses were recorded in MP3 player after signing the consent form.

After a full transcript of each interview we conducted the data analysis that followed the steps of thematic content analysis: Sorting Data, through mapping, data classification, by perusal of the material to identify relevant themes/establishment of thematic categories; and the final analysis, by conducting joint between the data and the theoretical. [5]

These stages constitute the thematic content analysis. This type of analysis is the discovery of clusters of meaning that makes a communication, or whose presence often means something to the analytical object pursued.[6]

The ethical aspects of the research were respected in accordance with Resolution no196/96, National Health Council. [7] The research project obtained approval for the study by the Ethics in Research of the Universidade do Estado do Rio Grande do Norte (CEP / UERN) under the CAAE 0035.0.428.000-10, being approved with the protocol nº 037/10. The identity of respondents was kept in absolute secrecy in order to protect them from any constraints. To identify them we used the initials of the profession and the corresponding number of the interviewee: Nur. 1, Doc. 3 , tec. 2 and so on.

RESULTS E DISCUSSION

The teamwork leads to better service planning, setting priorities, and generating of more creative interventions, reducing unnecessary interventions by the lack of communication between professionals and reductions in health care costs which enables the application of resources in other areas. [8]

The prevalence of the biomedical model is still in great health care. Because of this, the treatment becomes fragmented and directed only to the disease. This view undermines the teamwork and also the patient who needs assistance toward to multidimensionality (body, mind, social).[9]

Team work is hindered by the medical hegemony in health work. This profession, somehow, disciplines technical differences between the others, devaluing some of them, especially nursing, and hinders the formation of an integrated team where everyone is important to provide a comprehensive care to the subject.[9]

To have teamwork is not necessary to abolish specialties, they are important for

treatment of higher quality. More flexible common tasks to all professions are necessary.[9]

There is consensus in the literature on health, especially in the debate about the Brazilian Unified Health System – Sistema Único de Saúde (SUS), which is necessary to review the medical hegemony in health work and move towards interdisciplinary practices to improve the quality of health care. [10]

The actions of the team should aim, in addition to prevention, healing and protection to the patient, also promote their health. The output of the hospital is difficult for the patient with physical sequelae, should there be a psychological hospital to prepare him for the return to society. It is important, therefore, that there is a correct orientation aiming at recovering or preventing the sequelae of treatment continuity outside the hospital.

The commitment to improve the quality of life of burn patients is a difficult task, which is fundamental the dedication and perseverance in the service provided. It is important to see him as a person that has peculiarities and provide a less aggressive adaptation with adequate support also provided by nurses. [11]

The organization of work, however, may interfere with the final product of health work, transforming it as the influence of the different elements of the process, the concepts and intentions of the agents about the product being built. [12]

These elements relate to the relationship between individuals and groups, the history of the health professions and the exercise in the scenario of institutionalized collective work and the complexity of the political and economic set that defines the scenario of work situations.[10]

In this scenario, the multidisciplinary team must seek health interaction between clinical care, prevention, protection, rehabilitation of the subject, health promotion and exploitation of the potential of each team member to which the individual treatment seeks comprehensiveness assistance.

A team of care to the burned should contain: plastic surgeon, anesthetist, nurses and nursing technicians, physical therapist, psychologist, radiologist, dietitian, social worker, occupational therapist, among others.

It is noteworthy that the HRTVM has almost all of these professionals, but they do not engage together to treat burned patient, these patients usually are due to the medical and nursing staff. Other professionals such as physiotherapists and psychologists act only when requested, which does not always happen.

The HRTVM is a general hospital for emergency care of patients in Mossoró-RN and its micro-region that covers more than 10 cities.

For that amount of cities, the number of burn patients who are admitted to the hospital is not small. From January 2008 to December 2009, the amount of burned hospitalized people totaled fifty patients, according to the Statistical Office of the hospital.

This number helps to reinforce the need for comprehensive care to burn patients in the surgical clinic, given that a demand of 25 burn patients / year already indicates the need for a program of burned-oriented professionals who have experience in treating burns and by a specific management plan. [13]

In this sector there are two hospital wards for the burn patients with two beds each, both having air conditioning. It should be noted that these wards can also be occupied by other subjects since they are not busy with burn patients.

The composition of the team of care to the burned patient at the hospital is limited being formed by doctors, nurses and nursing technicians.

There is a difficulty in treating these patients, what is done by a general surgeon who does the hospital attached. Since there is no plastic surgeon at the hospital, more specific procedures such as grafting and escharotomy are not performed and the patient should be referred to the nearest CTQ which is located in the state capital, nearly 300 km.

> *There is not specific team for treating burnt people. Normally we have a surgeon who is on duty or the doctor who admitted, either, is accompanying the patient, along with the technicians and nurses. When those interventions need plastic surgery, when a patient has injuries to third degree and fourth degree, which requires grafting, we headed for the capital, because we don't have surgeon. (Enf.1)*

The nursing staff of the Surgical Clinic is responsible for the care of 32 patients who are divided into eleven wards, and only two of these ones are designed to burn patients when there are patients with these lesions.

In a duty of 12 hours, there is a nurse who is responsible for the paperwork (exams, records, high and others), and for direct care to the individual four nursing technicians

divide the tasks of bathing, dressing, medication and signs vital.

According to Fugullin formula[14] to estimate the amount of nursing staff needed for the whole week, considering a workload of 30 hours per week, with 100% of beds occupied by patients of intermediate care and considering a safety index of 15 technical % to 30 beds, we have the ideal amount of nursing staff for all of these patients would be approximately 44 people. Thus, there is a deficit of personnel because this sector has a staff of just over 20 people working under a duty.

Also regarding to the team, it is realized a greater participation and involvement of nursing staff in the care of the subject.

> *Doctors see and make medical developments. Sometimes the case is to do the debridement, so he takes over at Surgical Center and makes debridement. The patient comes back and continues to care only of the Nursing team. (Téc.3)*

It can be seen also in the speech that there is a restriction of the doctor's function, as if his role about the burned patient is only the completion of the surgical dressing and the evolution of it. There is little interaction between the treatment team of burn patients, thus hindering the recognition of the work of each professional and comprehensive care to the subject burned.

The entire multidisciplinary team should be familiar with the various concepts and approach of other members that make up the work in order to assume certain duties and powers so as to better share overlapping responsibilities therapies on burn patients, increasing the chances of more effective and humane multidisciplinary care. [4]

The lack of integration in the team is felt between the Nursing team and surgeons responsible for burned patients, with difficulty in performing procedures such as major surgical debridement.

> *There had to be a commitment to the team when we need, for example, a analgesia for burn debridement in some patients. Then we get[...] "Doctor we need to debride the patient. Today it does not work, call another one." Then you know what happens, the patient doesn't go, and then we do it, though more slowly, without analgesia. But we try to take him to the surgery center because it is less painful for the patient. (Enf.1)*

This lack of integration in the multidisciplinary team affect integral care to the subject and forces other professionals to perform procedures that hinder the partial recovery of the patient and increases the length of stay of patients by exposing them to the risk of infections and increasing public spending to keep the patient in the hospital.

Teamwork helps to form new assistance in order to promote improvements in the quality of care produced. Among the processes triggered by this type of work they can be highlighted: the establishment of service priorities coupled with general planning activities, reduction of unnecessary interventions and interventions that promote more creative reducing costs and improving care.[8]

Knowing the other's work is a necessary condition for a collaboration to develop. The communication, identifying the presence of various logical and understanding, by professionals, the specifics of the other professions, can contribute to the resolution of the difficulties of collaboration. Daily management of commitments, implicit or explicit, can articulate the various logics of the various actors. [10]

CONCLUSION

The lack of integration between professionals implies a delay in meeting the needs of burned patients, it hinders comprehensive care and good quality and affects the recovery of the subject making him spend more time in hospital, exposing him to the risk of infection and increasing the cost of this hospitalization. The absence of other professions besides nurses and doctors also slows recovery of patients.

The nurses and nursing technicians in reality are few and have the responsibility to provide care for individuals with various types of postoperative, and burnt patients.

It is observed that changes are necessary, but they must come from a deeper study of this reality with the involved people: professionals, patients and managers. Projects of continuing education for professionals covering topics such as the importance of the multidisciplinary team and humanizing health could help to improve the relationship of these workers and improve the recognition of the importance of each in the care of these patients.

The inclusion of other professionals, and nurses, practical nurses and doctors in the treatment of this subject and reducing the workload of the nursing staff also improve the comprehensive treatment and humanized the patient.

Furthermore, the involvement of managers in evaluating critical points of burned patient

care is essential as mediators of conflicts and problems.

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