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Nurses' experiences of caring for severely burned patients

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ABSTRACT

Background: Nurses form a pivotal part of the burns care team and participate in caring for severely burned patients. Previous studies have identified that severe burn injuries may serve as a form of stress to health professionals and as such they may require support whilst caring for these patients. However, there exists limited exploration of nurses' experiences regarding caring for severely burned patients.
Aim: To explore and describe nurses' experiences of caring for severely burned patients.
Methodology: An exploratory-descriptive approach was utilised to understand nurses' experiences. Purposive sampling was used to recruit nurses from the Burns Intensive Care Unit ($n = 7$). Face to face semi-structured interviews were conducted with an interview guide and proceedings audio-recorded. Two follow up interviews were conducted after the initial interviews. Analysis was undertaken using thematic analysis to generate emergent themes.
Findings: The themes identified were exhaustion during caring (physical and emotional) and concerns regarding outcomes of care.
Conclusion: Nurses face varied issues when caring for severely burned patients and require avenues to express themselves but these are lacking in our current setting. Peer support and other approaches need to be explored as avenues for encouraging nurses to talk about their experiences. Further research is also warranted in understanding how palliative care can be incorporated in burns care.

1. Introduction

Burn injury is a common type of traumatic injury which leads to significant morbidity and mortality (Brusselaers, Monstrey, Vogelaers, Hoste, & Blot, 2010). Following the occurrence of burn injury, the patient undergoes various phases of care such as resuscitative, acute, rehabilitative and operative phases. Burn care aims to enhance survival outcomes with minimal loss of function (Brusselaers et al., 2010). The initial phase of burns management focuses on fluid resuscitation, pain control, identifying and managing inhalational injury which involves the expertise of various health care professionals. The acute care phase also commences with a period of specialised intensive care when wound management and surgical treatment are carried out in parallel (Herndon, 2007). Though optimal care of the burn injured patient requires a multidisciplinary approach, the bulk of burn care activities have been indicated to involve the expertise of burn care nurses: wound care, monitoring various vital parameters, monitoring urine output, pain assessment, monitoring the burned patient on ventilatory support among others. Accordingly, Carlson (2013) has specified that burns nursing require astute clinical skills including triage, stabilisation of severely burned patients, fluid balance, pain management, critical care, rehabilitation and trauma recovery. However, this central role of burn care nurses has been observed to be physically exhausting (Coffey, Everett, Miller, & Brown, 2011). Exhaustion associated with the role of burn care nurses has been linked to the prolonged stay of burn patients and the intensive treatment modalities required to prevent complications and restore functional ability (Cronin, 2001). Also, Hettiaratchy and Dziewulski (2004) have specified that the nature of the burn injury is a source of emotional stress for health care professionals.

Nurses have been cited to face greater stress as compared to other health professionals (Greenfield, 2010) as they maintain 24-h contact with burned patients (Cronin, 2001). Negble, Agbenorku, Ampomah, and Hoyte-Williams (2014) studied the emotional aspect of nursing severely burned patients using a survey approach and identified that nurses are exposed to human suffering than other health professionals.

Severely burned patients may have limited survival chances and palliative care is not well incorporated in burns care (Mosenthal & Murphy, 2003): thus requiring that these patients be subjected to

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aggressive burns management till they die. This could mean that nurses rendering care to severely burned patients may face unique issues for which they may require support. These unique experiences appear under-explored and paucity of research exists in that regard. However, exploring and understanding nurses' experiences whilst caring for the severely burned patient can provide useful information about specific issues and challenges they may be faced with and this can form the basis of developing strategies to assist and empower them in their roles.

1.1. Objective of the study

The aim of this study was to explore and describe the experiences of Ghanaian nurses regarding caring for the severely burned patient.

1.2. Methodology

1.2.1. Design

This study utilised qualitative methods to explore and describe nurses' experiences of caring for severely burned patients. Munhall (2007) has specified that qualitative approaches are useful in exploring and describing human experiences. Also, qualitative methods are helpful in exploring unknown or understudied phenomenon and to promote the development of conceptual and theoretical frameworks as it enables the generation of rich textual descriptions of experiences (Stake, 2010). Ontologically, the qualitative approach is oriented towards constructionism which implies that social phenomena and their meanings are continually accomplished by the social entities involved (Polit & Beck, 2010). Thus in order to understand nurses' experiences regarding caring for severely burned patients, there is a need to recruit those who have experienced the phenomenon and undertake in-depth discussions so as to capture those experiences unique to the phenomenon. Epistemologically, it is oriented towards interpretivism and inductive approach which leads to theory generation rather than testing theory (Bryman, 2012). The assumption of this stance is that nurses in the Burn Unit have experienced caring for severely burned patients and these experiences are not external facts to them but they possess individual interpretations and live with the experiences. Thus, as this study aimed at exploring and describing these experiences, the qualitative stance was appropriate so as to obtain firsthand information from those who have experienced the phenomenon (Polit & Beck, 2010). Specifically, the study utilised the exploratory-descriptive design in achieving its aim. This approach was selected because the phenomenon of caring for severely burned patients has received minimal attention in our setting and there is a need to map the nature of those experiences (Polit & Beck, 2010).

1.2.2. Setting

The Komfo Anokye Teaching Hospital (KATH) in Kumasi is the second-largest hospital in Ghana and a tertiary health institution in the middle belt of the country. It is the main referral hospital for the Ashanti, Brong Ahafo, the Northern, Upper West and Upper East regions of the country. The hospital was built in 1954 and affiliated to the School of Medical Sciences (SMS) of the Kwame Nkrumah University of Science and Technology (KNUST). The hospital currently has 1000 beds, with an annual hospital attendance of about 679,050 patients made up of both out- and in-patients. The hospital has two units dedicated to burns care: Burns Intensive Care Unit and Ward D2C. These units have a six bed capacity each and attend to patients with varying degrees of burn injuries ("Komfo Anokye Teaching Hospital," 2015). However, patients with severe burns are usually admitted to the Burns Intensive Care Unit (BICU) and as such the study focused on nurses in that unit. The unit has a total of fifteen (15) nurses but two were on study leave and one nurse was on annual leave as at the time of the study.

1.2.3. Participant recruitment

Purposive sampling was utilised to recruit Registered Nurses working in BICU. Registered Nurses working in the unit were approached face to face and the study discussed with them. Nurses who were on annual leave and study leave were excluded from the study due to their unavailability. Participants who took part in the study were nurses of varying grades and categories who have worked in the unit for a minimum of one year (a total of 10 nurses were noted to have worked in the unit for a minimum of one year). In all, a total of seven nurses participated in the study.

1.2.4. Data collection

A face to face semi structured interview approach was used to collect data. This approach was chosen as it allowed in-depth coverage of caring experiences as well as allowing new themes to emerge (Charmaz, 2006). Data collection was carried out by the primary researcher who is also a Registered Nurse in the Burn Unit. As the primary researcher also works with severely burned patients, the interview was approached with an openness to attend to participants' experiences. Before each interview, the researcher recorded all personal thoughts about the phenomenon in a diary. As the interview proceeded, the researcher noted any personal thoughts that were aroused by the participants' description of their experiences. Audio-recordings and field notes enabled an assessment of the quality of the data. Data collection continued till data saturation (Charmaz, 2006). The stage of data saturation was noted at a point where there was no new information. All interviews were audio-recorded with participants' permission. Interviews were scheduled at periods participants were available and these were conducted in the seminar room of the Burns Intensive Care Unit. The interview took place in the presence of only the primary researcher and each participant separately. Thus, the interviews were void of interruptions except for occasional breaks to allow participants take water. Before commencing each interview, participants were assured that the study aimed to explore their experiences as they provided care and as such there was no need to be apprehensive. Participants were encouraged to view the interviewer as a researcher interested in understanding their experiences. Field notes were also made during the interview process. The initial interviews lasted approximately 50–63 min. Two follow-up interviews were carried out to discuss narratives with each participant and to clarify findings. The follow up interviews lasted approximately 20–30 min. The semi-structured approach allowed new ideas that emerged during the interview to be explored further and that enabled in-depth coverage of the phenomenon (Charmaz, 2006; Polit & Beck, 2010).

1.2.5. Data analysis

Audio recordings from interviews were transcribed verbatim in Microsoft Word 2010 version and exported to NVivo version 10. This was followed by thematic analysis which involved identifying, interpreting and reporting patterns within the data (Ritchie, Lewis, Nicholls, & Ormston, 2013). This process required working methodically through the transcribed texts and recognising themes that were progressively integrated into higher-order key themes in relation to the research aim (Joffe, 2012; Lo Biondo-Wood & Haber, 2010).

1.2.6. Trustworthiness of the data and findings

The framework of Lincoln and Guba was used to ensure trustworthiness of the data and findings. This framework proposes four criteria: credibility, dependability, confirmability and transferability (Lincoln & Guba, 1985). Credibility was achieved by using purposive sampling technique to recruit nurses who had

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