Original Article

Burn out of the nursing team in the burn center*

Desgaste da equipe de enfermagem no centro de tratamento de queimados

Desgaste del equipo de enfermeros en el centro de quemados

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ABSTRACT

Purpose: To describe the sensorial perceptions of the nursing team regarding their burn out during nursing care. **Method**s: This was a qualitative study using sociopoetic approach from the inter-personal relationships of the research group based on the dynamics of creativity and sensibility. The study was conducted in the beginning of 2008. Participants consisted of 11 nursing professionals from a municipal hospital in Rio de Janeiro. **Results**: Based on Seligmann-Silva's concept of mental burn out and Araujo's concept of corporal sense, the study's findings suggested that the sensory effects of the vision and audition caused emotional burn out of the nursing team. Touch during debridement of wounds led to physical and psychic exhaustion. However, the strongest causes of burn out of the nursing team were the patients social problems related to the cause of their burns. **Conclusions**: The nursing team used defensive strategies to reduce psychic burn out and suffering during nursing care. This research allowed us to re-think nursing care through the subjective perceptions of the nursing team.

Key words: Nursing Care; Perception; Burn; Nursing; Psychological Stress.

RESUMO

Objetivo: Descrever como as percepções sensoriais da equipe de enfermagem apontam para compreensão do desgaste amplo dos sentidos durante os cuidados prestados. **Métodos:** Estudo qualitativo, baseado nos princípios da sociopoética e no dispositivo do grupo pesquisador, a partir de dinâmicas de criatividade e sensibilidade. No primeiro período de 2008, participaram do estudo11 profissionais de enfermagem de um hospital municipal do Rio de Janeiro. **Resultados:** A partir dos conceitos de desgaste mental, de Seligmann-Silva, e dos sentidos corporais de Araújo, observou-se que os efeitos da visão e da audição desgastam emocionalmente a equipe. O tato, durante o desbridamento, sinalizou cansaço físico/psíquico. O maior desgaste é gerado pela mazela social, relacionada com as causas das queimaduras. **Conclusões:** A equipe de enfermagem, utilizando estratégias defensivas, reduz o desgaste psíquico e o sofrimento durante o cuidado prestado. A pesquisa proporcionou repensar o cuidado através de subjetividades da equipe.

Descritores : Cuidados de enfermagem; Percepção; Queimaduras/enfermagem; Estresse psicológico.

RESUMEN

Objetivo: Describir como las percepciones sensoriales del equipo de enfermería apuntan para la comprensión del desgaste amplio de los sentidos durante los cuidados prestados. **Métodos:** Estudio cualitativo, basado en los principios de la socio-poética y en el dispositivo del grupo investigador, a partir de dinámicas de creatividad y sensibilidad. En el primer período de 2008, participaron del estudo11 profesionales de enfermería de un hospital municipal de Rio de Janeiro. **Resultados:** A partir de los conceptos de desgaste mental, de Seligmann-Silva, y de los sentidos corporales de Araújo, se observó que los efectos de la visión y de la audición desgastan emocionalmente al equipo. El tacto, durante la remoción, señalizó cansancio físico y psíquico. El mayor desgaste es generado por la repercusión social, relacionada con las causas de las quemaduras. **Conclusiones:** El equipo de enfermería, utilizando estrategias defensivas, reduce el desgaste psíquico y el sufrimiento durante el cuidado prestado. La investigación proporcionó repensar el cuidado a través de subjetividades del equipo.

Palabras clave: Cuidados de enfermería; Percepción; Quemaduras/enfermería; Estrés psicológico.

** Study taken from the master thesis called "As percepções sensoriais da enfermagem em Centro de Tratamento de Queimados: o cuidado revelado através da vivência sociopoética", presented at Escola de Enfermagem Anna Nery (EEAN),Universidade Federal do Rio de Janeiro - UFRJ - Rio de Janeiro (RJ), Brazil. The study was awarded second best at the XVII Encontro de Enfermagem, Trabalho e Saúde do Trabalhador, May/2008.*

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INTRODUCTION

The present article deals with the sensory perceptions of the nursing team in the care of patients in the Burn Care Center (CTQ). Presenting partial data of the dissertation approved in 2008 at Escola de Enfermagem Anna Nery, Universidade Federal do Rio de Janeiro, the study objective was to describe how sensory perceptions of the nursing team help understand burnout during care provided to patients suffering from burns.

Burns are one of the leading external causes of death recorded in Brazil. Annual occurrence is 1,000,000 cases, reaching the age group from one to 5 years old[1]. Depending on the extension and depth, burns are related to pain, discomfort, and organic, esthetic and psychological changes. It is considered a tragedy in the lives of individuals and their families; and it is one of the greatest challenges for health professionals[2].

The interest on the issue started in my professional path working in emergency when I was afraid to provide care to patients because of their pain. In these occasions, I noticed the use of mechanisms for sense protection that enabled me to provide care in a correct and respectful manner.

To develop the present study, we have chosen to investigate the perception of body senses by the nursing team because they define awareness limits. Senses, since birth and thorough our lives, are continuously encouraged; they present unique properties, and cross cultures, distances, and time[3]; therefore, sensory perceptions can activate our memory[3-4].

To understand existential issues and the pressures involving individuals in this context, through experiences of social communication[3, 5], we have used the following guiding questions for the study: how does the nursing team see care through body senses and what are the effects caused by this perception?

METHODS

Qualitative study using the method of social poetics and research group[6]. The method values the body and mind in research, care and teaching to explore the knowledge of the research group, considered as co-researchers (subjects).

The research project has been approved by the Research Ethics Committee at Escola de Enfermagem Anna Nery, Universidade Federal do Rio de Janeiro under protocol # 080/07, and accepted by the Institution Study Center in the setting investigated. It was carried out from January to June 2008, after participants gave their written consent; the research group device was applied in 11 members of the day team formed by nurses and nurse technicians at the Burn Care Center, a reference hospital in the treatment of burn patients located in the city of Rio de Janeiro.

To make spontaneous, cooperative, and collective participation easier, the meetings were carried out in the study room, next to the CTQ, matching work duty schedules. Participants/co-researchers adopted flower names that were freely chosen.

It is worth mentioning that the scheduling of meetings were previously confirmed through phone contact of researchers with the chief nurse of the CTQ, so that she could assess the work conditions of the sector at the scheduled time. Thus, we could experience the limits and challenges, imposed to the paradigm of doing/researching where care is a priority and was essential to production.

To produce data in the meetings with individuals we have used the relaxation technique and an joint adaptation of the *Jogo da Sorte* (Lucky Game) and the *Técnica de Vivência dos Sentidos Sóciocomunicantes* (Technique of Experiencing Socio-communication Senses)[3]. Statements have been recorded, transcribed, and assessed, and the artistic productions have been photographed.

In the playful activity called Lucky Game, each participant received a form with the picture of a flat cube and several materials for drawing, with which they made their cube for the game. At this moment, the guiding questions have been highlighted. From their experience with the situation in each body sense and accessing the images from their subconscious, the drawings were built in each side of the dice and after that they wrote a word that summarized the drawing. Next, flat cubes were glued and closed. Thus, socio poetics favored, through artistic techniques, the emergence of unconscious knowledge, the intuitive and the emotional as research data[5-6].

After the cube was made, participants made records building their statements to answer the questions about their perceptions in each sense mentioned on the chart Technique of Experiencing Senses.

During the game, each time they threw the cube in the Lucky Game, participants shared the statements built for each sense. Rotation of randomly chosen senses allowed for the stage of enunciation, individual and group analysis regarding perception, and the influence each sense has on what is important in the care of burn clients.

For analysis, we carried out reading and re-reading of data produced by the group in the statements, words and sentences built, and we valued the most repeated ideas. Thus, we tried to perceive imaginary, cognitive and affective universes to understand ideas, myths and values[6]. We could identify themes that indicated burnout faced by the nursing team in care to clients suffering burns, demonstrated in the category called "Psychoaffective aspect in work".

RESULTS

Picture 1 presents data from collective production of co-researchers in the course of the study, regarding the perception of each social communicating sense of the body.

DISCUSSION

Nursing activity in CTQ, because of its similarity with nursing developed at the intensive care unit, can be considered either a pleasant work because of the possibility to learn; or a job that can lead to physical, mental and emotional burnout.

Mental burnout is found in professions such as nursing, whose personal contact demands excessive dedication, exhaustive workload, with potential conflicts with patients, bosses, and

Chart 1: Perceptions of the bodies senses in care.

Body Sense	Co-researcher	Statements
Hearing	Dew	*"... **take care** without **screams** is better. I'd rather **listen** to **my voice** ... while **bathing** the patient is **sedated**. He loses concentration, then when he starts to feel pain he **reacts** ... with **motor restlessness** ... and until the anesthetist gives another dosage we listen to him **screaming**"*
	Violet	*"...it makes me **feel crazy**. Due to the **screams**, and the **hallucinations"***
	Carnation	*"I feel like a **bomb** in the **bathroom**" "It is very **distressing**!"*
Vision	Daisy	*"... when patients arrive, I **wonder, how long** will they be here? Sometimes the **burn** is superficial and it gets worse. And the person stays 1, 2 months and then **dies**. We think they are going to leave and then they **let us down**."*
	Azucena	*"... the **bath** is very **bad, it makes us very sad**"*
Taste	Dew	*"... the **bath**... I'd **rather** keep my **mouth shut**... because when I am there, **taking care**... everything is **mixed**... **smell and taste**... I **close** my **mouth** ... many times, you **don't know** if it is **getting through the mouth** or through the **nose** ..."*
Smell	Lily	*"... when we **burn ourselves,** it is an **unpleasant smell,** that makes one **sick,** and causes **disgust**... the **smell** is **very strong**... **it penetrates** the skin, the clothes, the nose... the **smell is impregnated** for **hours**".*
	Orchid	*"... a **dressing**, those **smells**... you **absorb**. You **feel** the **taste**, the **smell**! It is so **aggressive**!... You can **identify** that it is the **smell** of a certain **bacteria**."*
Touch	Rose	*"We **don't** want to **hurt,** we are here to **treat those** that are **hurt,** but, as it is all **open,** we know that it **hurts**."*
	Dew	*"It is necessary to be **gentle** and yet **strong** to treat the **lesion**... it is necessary strength to remove the **necrotic** tissue**,** providing space for another tissue... which will **heal** and cover that area... it is a very **manual service** where you have to **scrub** to remove... and then, you have to be **gentle** to **work** with the tissue that is healing. **This** leads to **fatigue**".*
Heart*	Violet	*"... **the heart** a bit **broken**, as if a **part** is missing".*
	Lily	*"**Why** do these things happen? Why are there **some types of burns**? I **cannot understand**! I want an **explanation**!" "Our **work** is that of an **animal... a vulture**"... "We should have **psychological support**"*
	Dew	*"a colleague was **bathing** the **children**, she heard one of them speak with a tone of someone being **sedated**: - I did not want to be here; I'd like to be home playing. Our colleague **left** at the same time..., and she **left** there..., because she was **touched**"*
	Daisy	*"I **feel pain**, I also feel **happiness**... we see very **severe patients leave**" "I feel **useful, saving lives, I feel satisfied and** my **self-esteem increases**"*

* The heart is considered a body sense to influence the perception of other senses[3]

workmates.

In the present study, considering the behaviors and attitudes indicating mental burnout, as well as the psychodynamics of work, we have valued subjective experiences and the singularity of the nursing team in the CTQ context, through their shared sensorial perceptions and their effects.

The statements related to hearing helped understand how burnout occurs through paralanguage, groans and verbalizations.

The research group highlighted the bath time, when the wounds are dressed, as a time causing sensations because of the intense and high patients' screams of pain, as well as delusions and hallucinations due to the sedation and anesthesia.

The sound in the care environment is alternated with their memory, encouraging sound sensory perceptions on the nursing team[3].

In this situation participants experience the challenge of care, which means to face patients' pain and their own suffering, demonstrating intense sadness, trauma, discomfort, confusing feelings, irritability, tension, feelings of craziness, stress, physical and psychological fatigue, corroborating the study[7] on the meaning of pain caused by burn which points out living with constant complaints of pain by patients, as a trigger of stress in the nursing team working at CTQ.

The statements of the team show mental fatigue that cannot be dissociated from physical fatigue. The accumulated fatigue affects the body, leading to insomnia, irritability, discouragement, pain and loss of appetite, among other symptoms[8].

Feelings and sufferings reported present great interference in participants since they reflect defense mechanisms such as: difficult to return to work; desire of hearing protection or preference to listen to their own voice while working. The nursing team at CTQ develops some kind of defense to control suffering and maintain their psychological balance.

The suffering can be assessed as a space between psychological functioning and the defense mechanism. It is the limit between health and disease in face of destabilizing work pressures, that make workers maintain their psychological balance even if they face deconstructive work conditions. Overcoming challenges represent overcoming risks to health, with safety and quality of what is produced[8].

In this sense, a study[9] observed that the attitudes of the team can directly interfere in patients' adjustment to the admission process, they can also interfere in the cultural meaning of pain and in the care of the clienteles' pain complaints[7,10]. The studies indicate a critical/reflexive practice to improve interpersonal and care relations[7, 10].

Participants' visual sensations contributed to the conscious perception of human beings' fragility, our vulnerability and the possibility of debility.

Spending time with patients at CTQ, witnessing their efforts to live, leads to emotional burnout in the nursing team, represented by feelings of compassion, fear, doubt, deception, sadness, and concern. These leads to effects such as impact and shock, corroborating the study[11] that points out as causes for dissatisfaction of the nursing team, patients' suffering, their aggressions, together with management issues, and problems with professionals.

Together with the suffering presented, participants reflect and fight to work more effectively and with more solidarity with patients when they realize the stimulus to body senses make them capable of providing effective care because the senses allow for a better understanding of the environment surrounding us[12].

These actions point out to the dialectics of the formation of defensive systems, the same object that leads to suffering, also leads to resistance. Therefore, the organization of work triggers mechanisms of psychological adjustment. In this sense, work can cause unhappiness, alienation, and mental disease or self-fulfillment, sublimation and health[13]. Therefore, in the psychodynamics of work, mental suffering is seen with two sides: it leads to the disease, or to creativity.

Taste perception during patients' bath presented association with smell, demonstrating another defense mechanism adopted by participants: to keep their mouths closed, minimizing the discomfort caused by the smell of patients' lesions. Thus, through creative suffering, the team shows how to integrate the difficulties of the nursing work with the professional performance expected from them.

Smell is a mute sense and, as other senses, it provides information about the environment[12]. Thus, the sense of smell is a source of knowledge on the conditions of lesions because they can show infections and even the type of bacteria present on them. It is also a source of disturbance, the unpleasant smell of lesions cause participants to feel nausea, lack of appetite, repugnance and have burning eyes. The smell follows them, even when they are outside the work environment.

Co-researchers, considering this association of smell and taste, perceived taste and, in an attempt to prevent this parallel perception, used two masks as a defensive mechanism. Through this defense mechanism, the presence of suffering is identified. When suffering is dealt with creativity, workers can design the disagreeing issues between prescribed work and real work, with a positive outcome for them, and their work product[14].

In this sense, using creativity in a disrupted environment enabled to identify that the emotional involvement of the nursing team at a pediatric burn intensive care unit in the United States led to a reduction in psychological complications in patients after discharge[15].

As for touch, co-researchers were concerned with painful manifestations of children during wound dressing. There was physical burnout from professionals during the movement for debris, leading to fatigue.

The work psychodynamics[8] presents conflict between the objective defined by the organization which is to dress a wound, and the work reality which integrates patients' singularities regarding pain and professional burnout.

Perception of the heart sense indicated greater burnout of the team caused by the social problem with a focus in ethical and philosophical issues of not accepting or understanding the causes of burn such as, for example, violence or suicide. The feeling of powerlessness regarding the clienteles' psychoaffective issues, who try to give up life for several reasons, are opposed to the actions of the nursing team, who make efforts to save lives.

The heart sense collaborated for participants to present their internalized feelings, symbolizing their emotion and broken heart when bathing patients. However, as they have reported, they try to suppress their suffering by giving confidence to patients. Suffering is part of the search for an acceptable behavior in the work environment[14]; however, burnouts are enhanced by the attempt to mask them.

When the research group describes emotional burnout because of routine activities considered aggressive at times, they demonstrated a need to communicate their concerns, therefore suggesting the need for regular psychological care.

Workers' mental and physical burnouts provide information on work conditions rather than on individuals' conditions, signaling the need for changes in the work environment[16].

In child care, noticing one's own feelings regarding the suffering of others is enhanced when they visualize their kids or close relatives, resulting in an experience that leads to extreme sorrow.

Observing the behavior of the team in this issue, we understand that in the defense against mental burnout, individuals use subjectivity from their singularity such as their personal history and previous experience[13].

Despite suffering related to the activity developed in the CTQ, joy is also present when patients are discharged which reflect success of the staff's efforts to develop effective nursing care.

To sum up, the research group pointed out that the heart gives the balance, and that love for work and for clients is responsible for overcoming burnouts faced in burn center care.

In the nursing work, pleasure and suffering are not different units; they are linked with personal experiences in the understanding of the work relation, making part of the process formed by psychological, social and organizational aspects[17].

CONCLUSIONS

In the present study, participants demonstrated that their sensory perceptions are extremely encouraged and worn, leading to suffering. In this context, to provide effective care, they establish defense strategies to reduce psychological burnout and suffering of the team and the patients.

Physical and mental burnout should not be underestimated or ignored because they can have consequences on the mental

health of the nursing staff and on the care provided.

Considering that in the dialogic spaced created by the study the team presented their experiences, pleasures and requests, we believe that to listen to them gave the opportunity to (re)think care and care givers, valuing their sensibility and (re)sizing care given to patients.

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