

Nurses responses to the stressors within burn units

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Abstract

Objective: This paper as a part of more extensive research project aims to explain and describe the nurses' responses to the stressors within burn centers of Tehran.

Background: Nursing in a burn unit demands a heavy workload and provokes intense emotional response in nurses. The uniqueness of the burn unit and burn victim's characteristics requires the knowledge of the nurse's experience and her/his responses and reactions in these settings.

Method: Grounded theory was used as method. Thirty-eight participants were recruited by purposeful and theoretical sampling. The data were generated using unstructured interviews and participant observations. Constant comparison was used for data analysis.

Findings: Participants represented negative feelings and behaviors in response to the stressors within burn centers. These reactions emerged as emotional, attitudinal, psychosomatic, behavioral, and organizational responses. Emotional responses included personal and professional desperation; attitudinal responses emerged as depersonalization and negativity; psychosomatic responses included physical and psychological attrition; behavioral responses manifested as intolerance and justification; and organizational responses emerged as perfunctory care and declining performance.

Conclusion: the study clarified that the nurses' responses to the stressors within burn centers are very similar to the symptoms of job burnout and they are using some coping strategies to protect themselves against harm. So we suggest nurse managers of burn centers to carefully monitor these responses in their staff and execute stress reduction programs in these centers. Further research is needed to support the findings.)

Keywords- (Grounded theory, Quality nursing care, Burns, Burnout, Organizational behavior)

I. INTRODUCTION

The organizational factors of health care have an indirect influence on the process of care. While factors such as staff characteristics, available resources and their organization affect clinical activities [1], the most important public burn center of Tehran with 70-80 active beds has only 88 nursing

staff for 24 hours nursing care of burn survivors. Moreover high prevalence of self-inflicted burns is a special structural factor in these centers [2] which deteriorates nursing care by creating a heavy workload and emotional distress.

Self-management of burn centers and poverty of the majority of burn victims, low salaries of nursing staff, inability of administrators to manage problems, high incidence of addiction and HIV infection among burn survivors, physicians' tough rules and many other factors that preside over burn centers of Tehran are out of the nurses' control [3]. Reference [4] also believes that the political climate in which nurse's work has removed their control over the structural component of quality nursing care, because the structural factors are often in the firm grasp of their managers. Even in their own arena, the bedside nurses do not have professional control of their own practice; consequently they may be forced to resort to deviant and defiant behaviors to maintain minimum staffing levels and a safe and caring practice [5].

II. BACKGROUND

Providing quality care for patients is the ultimate aim of nursing care [6-7]. In other words, quality care is the right of all patients and a responsibility for all caring nurses [8].

Nurses have the most frequent contact with patients [9] and burn nurses are the largest group of burn team who are in charge for the daily care of burn victims. They are responsible for the recovery of burn survivors and resolving their problems [10]. However nursing care of burn patients demands heavy acuity load [11] and aggravates intense emotional response in nurses encountering patient's pain, abnormality and death [12].

Many reports have been published about the sources of nurses' frustrations and the causes of their stress in burn units. Research has pointed to factors such as heavy workload, frequent medical emergencies, infection transmission, and reactions of patients' relatives [11]. Some studies point to low rewards for the staff, problems related to medical team, unwelcome manner of superintendents, painful procedures for patients and conflict with other nursing staff and have emphasized heavy workload [13].

Issues related to uncooperative patients, taking care of dying patients; inability to relieve pain and discomfort, abused or neglected children, disputes between the staff and problems related to shift work have been resulted in nurses' job stress [12].