

Original Article

A Qualitative Study on Nurses' Experiences Working in Burn Units in South Punjab, Pakistan.

Saba Nazeer¹, Sajida Manzoor², Zaibu Un Nisa³, Anna Rana⁴, Adeela Qayyum^{5*}

¹Bachelor Science Of Nursing- Charge Nurse- Sardar Fateh Muhammad Khan Buzdar Institute Of Cardiology Hospital- Dera Gazhi Khan- Pakistan

²Head Nurse- Post Rn- Pak Italian Burn Center- Nishtar Medical University- Multan- Pakistan

³Post Rn- Diploma In General Nursing- Charge Nurse- Allama Iqbal Teaching Hospital- D.G.Khan- Pakistan

⁴Assistant Professor- MPhil Nursing- Generic BSc Nursing- University College Of Nursing- Islamia University- Bahawalpur- Pakistan

⁵Assistant Professor- MPhil In Nursing- MPhil Public Health- Generic BSc Nursing- University College Of Nursing- Islamia University- Bahawalpur- Pakistan

*Corresponding Author: Adeela Qayyum; Email: Adeelaqayyum151@gmail.com.pk

Conflict of Interest: None.

Nazeer S., et al. (2024). 4(2): DOI: <https://doi.org/10.61919/jhrr.v4i2.914>

ABSTRACT

Background: Nurses play an integral role in the multidisciplinary team managing care for burn patients. Their unique insights and experiences in such high-stress environments are crucial yet often underexplored. This study aims to illuminate the challenges and experiences of nurses in burn units within tertiary care hospitals in South Punjab, Pakistan.

Objective: To explore and document the experiences of nurses working in burn units, focusing on the challenges they face and the coping mechanisms they employ.

Methods: A qualitative study was conducted in 2022 using purposeful sampling to select 16 nurses from burn units at tertiary care hospitals in South Punjab, Pakistan. Data were collected through semi-structured, in-depth interviews and analyzed using thematic analysis to identify key themes and sub-themes.

Results: Analysis of the interview data revealed four main themes and sixteen sub-themes. The main themes identified were Workload, Spiritual Beliefs in Patient Care, Nursing Education Services in Hospitals, and Work-Life Balance. These themes encompass the physical, emotional, and spiritual challenges faced by nurses, as well as their educational needs and the impact of their work on personal life.

Conclusion: Nurses in burn units encounter numerous challenges that affect both their professional duties and personal lives. There is a critical need for better support structures, including modern facilities, continuous training, and more attentive administrative practices. Enhancements such as increased staffing, unit rotation, and provisions for financial and motivational incentives are necessary to improve care for burn patients and support the well-being of nurses.

Keywords: Burn Units, Nurses, Nursing Education, Patient Care, Spiritual Beliefs, Work-Life Balance, Workload.

INTRODUCTION

Burn injuries are a prevalent concern in developing countries, where they account for over 90% of fatalities related to such injuries (1). Health professionals working in burn units face unique challenges, as the care required for these patients demands a level of responsibility that surpasses that found in most other severe medical conditions. Nurses, in particular, are integral to the multidisciplinary teams that manage burn care, often spending more time with patients than any other healthcare provider (2). Their central role exposes them to a variety of challenges not only due to the nature of their duties but also because of the critical nature of their work.

Nurses in burn units often encounter physical, emotional, and environmental challenges stemming from the nature of burn injuries. Previous research indicates that these professionals grapple with issues such as heavy workloads, exposure to infections, conflicts within the medical team, inappropriate behavior from supervisors, and lack of cooperation from patients (5, 6, 7). Additionally, the unpredictability and intensity of the work in burn units contribute to stress, which can manifest as physical, psychological, and emotional strain, leading to feelings of incompetence, burnout, and depersonalization (9, 10). Despite the critical role they play, the experiences of nurses in burn units have not been comprehensively explored.

Understanding the experiences of these nurses is vital, as it provides insights into the challenges they face and the supports they require. Qualitative research is particularly effective in capturing the detailed nature of the experiences of nurses caring for burn patients, offering essential information that can enhance nursing practices in burn care (11). Therefore, this study aims to explore and characterize the experiences of nurses working in burn units in South Punjab, Pakistan, to better understand their professional challenges and needs. By delving into their firsthand accounts, this research seeks to provide a deeper understanding of the operational, emotional, and systemic hurdles they encounter, thereby informing improvements in clinical practice and support mechanisms.

MATERIAL AND METHODS

The study was conducted between December 2022 and September 2023, employing a qualitative research design with purposeful sampling. Participants were selected from nurses who had been working for at least one year in burn units across tertiary care hospitals in South Punjab, Pakistan. The inclusion criteria were designed to ensure a diverse representation of ages and genders among participants, all of whom had significant experience in burn care environments.

Data collection was carried out through semi-structured interviews, which allowed for both a consistent approach to gathering information and the flexibility to explore deeper insights based on participants' responses. Initial questions sought to gather personal information, details about work experience, and previous positions within the hospital, progressing to more explorative questions aimed at uncovering detailed experiences and emotional responses related to their roles in burn units. Examples of such questions included inquiries about daily work activities in the burn unit and feelings towards the care of burn patients.

Interviews were pre-scheduled and conducted in settings where participants felt comfortable and free to express their thoughts openly. Each session lasted between 40 to 60 minutes, reflecting the ease and willingness of the participants to share their experiences. The conversations were recorded and promptly transcribed to preserve the accuracy of the data, which were then coded and analyzed.

The analytical process followed Braun and Clarke's six-step method for thematic analysis, which began with multiple listenings of the interview recordings for an immersive data engagement. Initial coding was conducted, followed by the organization of similar codes into sub-themes, which were then grouped into broader themes. This iterative process involved refining and relabeling the codes, sub-themes, and themes to ensure they accurately represented the data (12, 13). The process continued until thematic saturation was achieved, where no new information was observed.

To enhance the trustworthiness of the findings, several measures were implemented. Credibility was addressed by allowing adequate time for data collection and thorough comparison, ensuring a robust representation of the data. An audit trail was established to contribute to the dependability of the study, and a qualitative expert reviewed the findings to confirm their validity. Additionally, the extracted codes and themes were returned to the participants for verification to ensure that the interpretations accurately reflected their experiences. Peer debriefing with a qualitative expert also provided further validation of the results and introduced additional perspectives on the data, bolstering the study's confirmability and integrity (14).

RESULTS

The data for this study were collected from 16 nurses (13 women and 3 men), aged between 25 and 40 years, who had accumulated 2 to 5 years of experience working in burn units at tertiary care hospitals in South Punjab. Of these participants, 11 were married and 5 were single. The analysis yielded 16 sub-themes, which coalesced into four major themes: Workload, Spiritual Beliefs in Patient Care, Nursing Education Services in Hospitals, and Work-Life Imbalance.

Regarding Workload, participants highlighted several challenges characteristic of burn unit environments. They described their work as physically demanding and emotionally draining, often exacerbated by an uncomfortable and sometimes hazardous environment. Nurses detailed the distress caused by unpleasant odors from burned tissues, infections, and medications. Additionally, they reported the logistical and physical difficulties encountered during lengthy procedures such as changing dressings in conditions that were often hot and humid, contributing to significant discomfort. The shortage of specialist personnel further intensified these challenges, placing additional pressure on the nurses to manage their duties under demanding circumstances. For instance, one participant noted the resistance from management when requesting a transfer, illustrating the scarcity of experienced personnel willing to work in such challenging settings (Participant 13).

The theme of Spiritual Beliefs in Patient Care revealed that nurses often viewed their work as not just a professional duty but also a spiritual calling. Despite the hardships, they believed that their efforts in caring for patients with burn injuries had a deeper spiritual significance, equating their toil to a covenant with God. This perspective was particularly poignant in cases involving patients injured through self-inflicted wounds or accidents, where the act of caring was seen as both a moral and sacred obligation (Participant 5).

In the realm of Nursing Education Services in Hospitals, nurses expressed a strong desire for ongoing education and training to keep abreast of the latest techniques and technologies in burn care. Many were proactive in seeking out new information and were eager for formal training opportunities, which they felt were inadequately provided by hospital management. This gap in training was frequently highlighted during supervisory rounds, where the lack of updated practices and equipment was acutely felt (Participant 7).

Finally, the theme of Work-Life Imbalance captured the profound impact that the demanding nature of burn care had on the nurses' personal lives. Many nurses reported significant stress, which permeated their home lives, leading to emotional exhaustion and affecting their interactions with family members. The intense stress also manifested in physical symptoms and a pervasive sense of apathy, with some nurses noting that their professional experiences influenced their personality and emotional responses even outside the workplace (Participants 7, 8, 11).

Overall, the study identified critical areas of concern for nurses working in burn units, highlighting the need for better support systems, improved training programs, and measures to address the significant work-life imbalances experienced by these professionals. These findings underscore the complex interplay between the demanding nature of burn care and its psychological, emotional, and professional ramifications on nurses.

DISCUSSION

The findings from this qualitative study illuminated the multifaceted challenges faced by nurses working in burn units, presented through four distinct themes. These themes encapsulate the physical, emotional, and spiritual dimensions of nursing in such high-stress environments.

The demanding nature of the burn unit is reflected in the daily encounters nurses have with difficult patients and labor-intensive care, compounded by an often-unpleasant environment. Nurses reported dealing with frequent instances of self-immolation, lack of patient cooperation, interpersonal conflicts, and the emotional burden of caring for dying patients (15). These experiences underline the intense and multifaceted pressures that characterize the workload in burn units, where nurses not only provide physical care but also address the significant psychological needs of their patients, such as managing pain and anxiety (16, 17). The scarcity of experienced nursing staff exacerbates these challenges, heightening the expectations placed on available personnel to deliver exceptional care under trying conditions.

The spiritual dimension of nursing in burn units emerged as a profound element of the work, with nurses often viewing their roles as a divine duty. This sense of spiritual engagement is seen as both a coping mechanism and a motivator, reflecting the strong influence of religious beliefs in shaping their professional ethos. Most nurses in this Pakistani context, being Muslims, associate their hard work with divine oversight, expecting that their efforts will be recognized in the afterlife (18). This belief system supports their resilience and dedication in the face of severe workplace challenges, encouraging an impartial approach to patient care regardless of the circumstances leading to the injuries.

Moreover, the study highlighted a critical need for continuous professional development among nurses in burn units. Participants expressed a keen interest in accessing up-to-date training and educational opportunities, including workshops and conferences, both nationally and internationally. Such educational initiatives are essential for nurses to stay abreast of new techniques and technologies, thus enhancing their ability to identify potential risks and deliver preventative care to their patients (22, 23, 24).

However, the intense demands of burn unit work have significant implications for the work-life balance of nurses, contributing to stress, emotional exhaustion, and a general apathy towards life outside of work. This chronic stress not only affects their personal lives but also has potential long-term impacts on their health and job performance. Previous research has documented the pervasive effects of occupational stress in healthcare settings, highlighting its capacity to cause both physical and psychological harm, which in turn can undermine overall organizational effectiveness (25, 26).

The study's strengths lie in its in-depth exploration of the lived experiences of burn unit nurses, offering rich insights into the complexities of their roles. However, it also has limitations. The researcher's close relationship with the participants might have influenced the findings, although efforts were made to maintain objectivity and focus solely on the participants' experiences. Additionally, the recruitment of participants from a limited number of locations may restrict the generalizability of the findings, suggesting that the experiences reported may be specific to the particular settings studied.

In conclusion, this study provides a comprehensive examination of the challenges and spiritual motivations of nurses in burn units, underscoring the need for enhanced support systems and continuous professional development. While the results offer valuable perspectives specific to the studied environments, further research is warranted to explore these themes in broader contexts to better understand the universal and unique aspects of nursing in burn units.

CONCLUSION

Nurses in burn units face significant challenges that impact their mental and psychological health, stemming from the complex demands of patient care and a high risk of burnout. This study highlights the necessity for modernized facilities and improved training to enhance patient care and support nurse well-being. To address these challenges, it is imperative that nursing management prioritizes the enhancement of the burn unit environment. Strategies such as offering extended vacation time for emotional and physical recuperation, along with ensuring sufficient staffing and resources, are crucial. These improvements are expected to positively influence nursing practice, management, and future research, ultimately leading to better care outcomes and a healthier work environment for nurses.

REFERENCES

1. Peck MD. Epidemiology of burns throughout the world. Part I: Distribution and risk factors *Burns*. 2011;37:1087–100
2. Benjamin DA, Jaco MHerndon DN. 33-Burn nursing *Total Burn Care (Fifth Edition)*. 2018 Elsevier:355–63
3. Greenfield E. The pivotal role of nursing personnel in burn care *Indian J Plast Surg*. 2010;43:94
4. Bayuo J, Agyei Bediako F, Allotey G, Kyei Baffour P. Developing support strategies for burn care nurses through an understanding of their experiences: A meta-ethnographic study *Int J Nurs Pract*. 2019;25:e12685
5. Brunner L, Smeltzer S, Bare BL, Hinkle P, Kerry H Brunner & Suddarth's *Textbook of Medical-Surgical Nursing*. 2010 Philadelphia Williams & Wilkins
6. Guo YF, Luo YH, Lam L, Cross W, Plummer V, Zhang JP. Burnout and its association with resilience in nurses: A cross-sectional study *J Clin Nurs*. 2018;27:441–9
7. Masoumi M, Tahmasebi R, Jalali M, Jafari F. The study of the relationship between Job stress and spiritual health of nurses working in Intensive care ward at Bushehr Hospitals *Nurs J Vuln*. 2016;3:37–47
8. Aghaei A, Mehrabi Y, Ramezankhani A, Soori H. Factors related to pediatric burn in Iran: A case-control study *Int J Pediatr*. 2018;6:7823–32
9. Guest E, Griffiths C, Harcourt D. A qualitative exploration of psychosocial specialists' experiences of providing support in UK burn care services *Scars Burn Heal*. 2018;4:1–10
10. Alavi CE, Salehi SH, Tolouei M, Paydary K, Samidoust P, Mobayen M. Epidemiology of burn injuries at a newly established burn care center in rasht *Trauma Mon*. 2012;17:341–6
11. Bayuo J. Nurses' experiences of caring for severely burned patients *Collegian*. 2018;25:27–32
12. Braun V, Clarke V. Using thematic analysis in psychology *Qual Res Psychol*. 2006;3:77–101
13. Firouzkouhi M, Zargham-Boroujeni A, Abdollahimohammad A. Thematic analysis of management behaviors of civilian nurses in Iran-Iraq War 1980–1988: A historical research *Iran J Nurs Midwifery Res*. 2018;23:267–71
14. Crowe M, Inder M, Porter R. Conducting qualitative research in mental health: Thematic and content analyses *Aust N Z J Psychiatry*. 2015;49:616–23
15. Yenikomshian HA, Lerew TL, Tam M, Mandell SP, Honari SE, Pham TN. Evaluation of burn rounds using telemedicine: Perspectives from patients, families, and burn center staff *Telemed J E Health*. 2019;25:25–30
16. Lerma V, Macías M, Toro R, Moscoso A, Alonso Y, Hernández O, et al Care in patients with epidermal necrolysis in burn units. A nursing perspective *Burns*. 2018;44:1962–72
17. Rafii F, Haghdoost Oskouie S, Mohammadi Fakhari F, Zarei M, Haghani H. Frequency and intensity of nurses' confrontation with intra and extra-organizational factors governing burn centers *Hayat*. 2012;18:11–26
18. Biro AL. Creating conditions for good nursing by attending to the spiritual *J Nurs Manag*. 2012;20:1002–11

19. Awenat Y, Peters S, Shaw-Nunez E, Gooding P, Pratt D, Haddock G. Staff experiences and perceptions of working with in-patients who are suicidal: Qualitative analysis *Br J Psychiatry*. 2017;211:103–8
20. Wilson J, Kirshbaum M. Effects of patient death on nursing staff: A literature review *Br J Nurs*. 2011;20:559–63
21. Baljani E, Azimi N, Hosseinloo A. A survey on nurses perception' of importance the of caring behaviors and factors affecting its provision *Evid Based Care*. 2011;2:13–21
22. Fortner PA. Review of burn treatment: Early care to current practices *Perioper Nurs Clin*. 2012;7:1–8
23. Wallace JA. A burn intensive care unit nurse's perspective *Perioper Nurs Clin*. 2012;7:71–5
24. Dries D, Marini J. Management of critical burn injuries: Recent developments *J Crit Care Med*. 2017;32:9–21
25. Sharma P, Davey A, Davey S, Shukla A, Shrivastava K, Bansal R. Occupational stress among staff nurses: Controlling the risk to health *Indian J Occup Environ Med*. 2014;18:52–6
26. Tajvar A, Saraji GN, Ghanbarnejad A, Omid L, Hosseini SS, Abadi AS. Occupational stress and mental health among nurses in a medical intensive care unit of a general hospital in Bandar Abbas in 2013 *Electron Physician*. 2015;7:1108–13.