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THE LIVED EXPERIENCES OF NURSES CARING FOR BURN VICTIMS AT A BURNS UNIT OF A PUBLIC SECTOR ACADEMIC HOSPITAL IN JOHANNESBURG

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A research report submitted to the
Faculty of Health Sciences, University of Witwatersrand,
Johannesburg,
in partial fulfilment of the requirements for the degree
of
Master of Science in Nursing

Johannesburg, 2015.

DECLARATION

I, Dorothy Kamalizeni, declare that this research report is my own work and is being submitted for the degree of Master of Science in Nursing, at the University of Witwatersrand in Johannesburg. It has not been submitted previously for any degree at this or any other university.

Signature: _____

Date: _____

Protocol Number: M140463

DEDICATION

I dedicate this work to the following:

- My parents, Mr and Mrs Malambo, for opening the gates to my education.
- The Stagecoach Bus Company of Scotland, under Ann Clog, for initiating and supporting the establishment of the Burn Centre in Malawi in 1993, where my passion for burn nursing originated.
- My late husband, Steven Nicholas Kamalizeni, for the good moments we shared together.

ACKNOWLEDGEMENTS

I thank God for the life I have and for taking me through my education path to this far.

I also thank the Malawi Government, National Aids Commission of Malawi (NAC) and Kamuzu College of Nursing (KCN) for their interactions in the provision and facilitation of the scholarship for this degree course through the Ministry of Health.

I further commend my lovely sons, Steven and Nicholas, for enduring my absence at home when I was at school for this course. Special thanks go to my sister in marriage, Rose Chisoni (the late Mrs Lovemore Kamalizeni), for taking care of my home and children in my absence. God bless you for your time and love.

To my supervisor, Shelley Schmollgruber, I say ‘thank you’ for your guidance and encouragement. I wholeheartedly appreciate your total commitment and mentorship in getting this work accomplished.

I also extend my thanks to the following:

- Dr Sue Armstrong for taking us through the theoretical aspects of the research process.
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- All burns unit staff for your support when I was in the unit collecting the data.
- My workmates at Queen Elizabeth Central Hospital for your support and encouragement.
- My brothers and sisters for your support and prayers.
- All my friends for the continued encouragement.

God bless you all.

ABSTRACT

This study was intended to investigate the lived experiences of nurses caring for patients with burn injuries. A qualitative, phenomenological descriptive design based on Husserl`s (1962) philosophy, was used to achieve the study`s objectives. Registered nurse participants (n=13) were recruited from the adult and children`s burns units of a public sector academic hospital in Johannesburg. Data was collected using in-depth interviews with the participants, which provided them with an opportunity to express their experiences and opinions regarding caring for patients with burn injuries. The collected data was analysed using a descriptive methodology utilising Colaizzi`s (1978) data analysis approach.

There was a general expression amongst the participants that caring for patients with burn injuries induced both physical and emotional discomfort, however good patient outcome was a source of gratification. The source of stress included labour intensity, unsightly nature of wounds and limitations in the provision for burns care with emphasis on shortage of nursing staff and lack of organisational support.

There were apparently strong expressions that on-job training without recognisable certification made the nurses and others doubt their capabilities in burns nursing practice. The desire was for speciality training relating to burns care, with accompanying recognisable certification.

Despite the prevailing challenges, the participants exhibited caring behaviour characterised by commitment to duty, passion for the job and compassion for the patients, which all enhanced professional boundaries and accountability. The findings of the study further reflected that the participants acknowledged management and other sources of

external support. However, there was evidence that participants engaged in establishing their own mechanisms of coping with the prevailing challenges related to their job through self-motivation, resilience, team work and team support. It was apparent the participants demonstrated self-determination, perseverance and suppressed their stressful feelings to continue with the nature of their work.

The findings of this study suggest that a supportive work environment coupled with competency and empowerment among the nurses are critical for the wellbeing of the patients and nursing staff in passing swiftly through the burns caring process. As the field of burns care is just developing, especially in the Low and Middle Income Settings, a lot of research is needed to determine the clinical, educational and management gaps in burns care with focus on nursing perspectives. Replica studies can therefore be conducted in other burns care settings to compliment the findings of the current study.

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CHAPTER ONE

OVERVIEW OF THE STUDY

1.0 INTRODUCTION

Burns are a common cause of attendance and admission in casualty and surgical units. Burn injuries present an acute illness which people suffer unexpectedly and this study sought to explore nurses` experiences in caring for patients who sustain such injuries. This chapter gives an overview of the study. It contains the background to the study, problem statement, the research question, objectives, significance of the study and its paradigmatic perspective. A highlight of the methodology and design used is also presented, including measures for ensuring trustworthiness and ethical consideration.

1.1 BACKGROUND TO THE STUDY

A burn is a form of trauma which can affect people of all ages and the world`s poor face the highest risk (World Health Organization, 2008). A South African survey showed that thermal injuries are a common cause of death in children under the age of 4 years and the third common cause of injury fatalities in the adult population (Rode, Berg & Rodgers, 2011).

People who sustain burns present a serious challenge to health professionals due to the serious nature of the injuries and the associated stress of both patients and their guardians (Hettiaratchy & Dziewulski, 2004). Nurses constitute the largest workforce of the burns care team of health professionals and maintain 24 hour contact with patients; their role in burns care is described as psycho-emotionally demanding (Cronin, 2001). According to Kornhaber (2011), nurses are more likely to be exposed to human suffering

than other health professionals. In burns nursing, nurses care for patients who, at times, may be unpleasant, hostile, frustrated and with the fact that burns therapy is always painful (Lewis, Helkermper & Dirkson, 2004). Greenfield (2010) further emphasises that nurses play an important role in the overall management of patients with burn injuries and she describes such a role as pivotal in burns care. It was therefore of interest to explore how nurses accomplish such a vital role in burns care.

Little publication could be accessed about nurses` experiences in caring for patients with burn injuries within the African context, where the magnitude of the injuries is huge. Accessed studies in the region focus on burns epidemiology, however some literature is documented on burns nursing in the Western region.

A study done in Sydney, Australia, revealed that nurses expressed feelings of stress with the devastation of patients with burn injuries, as well as feelings of accomplishment towards the successful burns care outcome (Kornhaber, 2009). This study was therefore carried out to explore how nurses in a different setting, where provisions for burns care might differ, cope with the caring of patients with burn injuries.

In a study on `Enduring feelings of powerlessness as a burns nurse,' Kornhaber (2011) found that nurses expressed feelings of inadequacy with regard to their ability to relieve pain during burns treatment procedures**.** It is obvious that the major role of nurses is associated with relief of discomfort, however in burns care, nurses are exposed to situations where they inflict pain during the many painful treatment procedures such as burns baths and dressing changes. This may predispose nurses to feelings of powerless with regard to pain relief, but little is reported concerning this issue. This study was therefore undertaken to probe more about burns nurses` experiences and feelings of powerlessness towards pain control in burns care.

Ariely (2008) describes burns baths and dressing changes as the most painful experiences and writes how discussions with nurses about the speed of the treatment and taking of breaks would make the process less horrific, however the author states some nurses argue that finishing the baths as fast as possible would be the best outcome. In this study, creation of an accommodating and caring environment for both the care givers and care receivers was worth exploring from the nurses.

Cronin (2001) conducted a study in a burns unit in the United Kingdom, where it was reflected that burns nurses relied on themselves to find formal support within the work environment. This study was therefore undertaken to explore how burns nurses feel they could be supported to cope with the nature of burns nursing.

Nurses assume a unique position in assisting clients achieve and maintain optimal levels of health (Potter & Perry, 2005). In burns care**,** nurses are duty bound to take a leading role in supporting patients with burn injuries to pass through the burns care process swiftly. This study was therefore centred on exploring the lived experiences of nurses as they accomplish such a unique role in burns care.

1.2 PROBLEM STATEMENT

Burn injuries are a relatively common cause of attendance and admissions in casualty and surgical units in Africa. The bulk of burns management is nursing care, however burns are viewed in a negative light by health professionals, with the resultant challenges for staff recruitment and retention in burns care settings (Potokar, 2012:16).

Patients with burn injuries suffer for extended period of time hence expose the nurses to prolonged occupational stress (Naggy, 1998). According to Cronin 2001, burns nursing is emotionally demanding due to the severity of the injuries. However, Greenfield (2010)

acknowledges that nurses play an important role in supporting patients with burn injuries during the burn process. There is therefore potential for improvement of burns care if nurses are supported and retained in burns nursing. It was therefore of interest to explore the lived experiences of nurses caring for patients with burn injuries in order to identify areas that need support and more research to advance nursing practice in burns care.

The study sought to answer the following research question:

> What are the lived experiences of nurses caring for burns victims at a burns unit of an academic hospital in Johannesburg?

1.3 PURPOSE OF THE STUDY

The purpose of the study was to explore the lived experiences of nurses practicing in a burns unit of an academic hospital in Johannesburg. This was accomplished by conducting interviews with eligible nurses working in the burns unit of the aforementioned hospital. The study was undertaken to identify burns nursing issues that will form a basis for making recommendations for supporting and advancing nursing practice in burns care.

1.4 OBJECTIVES OF THE STUDY

The objectives of the study were as follows:

- To explore the lived experiences of nurses caring for burns victims in a burns unit of an academic hospital in Johannesburg.
- To describe the lived experiences of nurses caring for burns victims in a burns unit of an academic hospital in Johannesburg.

- To identify and describe the mechanisms of coping with the demands of nursing burns victims in a burns unit of an academic hospital in Johannesburg.

1.5 SIGNIFICANCE OF THE STUDY

The study is significant because it intended to explore the experiences of burns nurses who are the backbone of the burns care team. The study is expected to highlight areas which need support for this crucial cadre of the burns care team. The information will be used as a basis for making recommendations for supporting the wellbeing of burns nurses and other burns care providers in the system to advance the quality of burns care as a whole. The information will further add to the existing body of knowledge and open up further research and documentation in burns nursing in Africa.

1.6 PARADIMATIC PERSPECTIVE

A paradigm is a general perspective on the complexities of the world (Polit & Beck, 2012:11). In research, this implies to the way a researcher views his or her material (de Vos, Strydom, Fouche & Delport, 2005: 443). A paradigm therefore helps to guide the enquiry of the research. The current study adopted the descriptive paradigm since a qualitative, phenomenological, descriptive design which focuses on giving description of things as experienced by people was utilised (Polit & Beck, 2012). The researcher based the enquiry of the research on the following meta-theoretical, theoretical and methodological assumptions.

1.6.1 Meta-theoretical Assumptions

An assumption is a basic principle that is believed to be true without proof or verification (Polit & Beck, 2012:12). According to Meleis (2005:12), assumptions are statements which describe concepts that are factual, accepted as truths and represent values, beliefs or goals. Assumptions in research help to provide a basis for the conduct of the research. Meta-theory refers to the analysis of the theoretical underpinnings on which studies are grounded (Polit & Beck, 2012:671). Meta-theoretical assumptions refer to those aspects of a discipline which are shared by its scientific community but are not meant to be tested (Meleis, 2005:11). These meta-theoretical assumptions assist the researchers` view of the human beings, the environment, health and nursing. In this study, the researcher adopted the central concepts of Fawcett's (1984) meta-paradigms of nursing from which the following assumptions were made (Munhall, 2001:50):

- **The person**

A person in this context is a human being who is the recipient of care. In the Nursing Conceptual Framework, the University of Central Oklahoma (UCO) (2009), describes a person as a holistic individual who strives to adapt to the changes within the internal and external environment. In this study, a person with burns is in need of care by virtue of sustaining the burn injuries and admitted to the burns unit. Burn injuries occur to individuals unexpectedly and alter the physiological functions of the body. Burns produce highly emotive responses to the affected individuals because of their association with loss of life, pain and scarring (Dolan & Holt, 2013:175). In severe cases, the patients can look horrible and terrifying, whilst at the same time being critically ill and requiring the greatest amount of attention. Nurses who maintain 24 hour contact with such patients are

therefore central in this study, as they strive to help the patients and their guardians pass through the burns care process swiftly.

- **The Environment**

Environment refers to the significant others and the surroundings of the recipient of care; the setting in which nursing care takes place (Munhall, 2005). According to Kolbaca`s theory of comfort, environment includes such aspects of the patient, family or institutional setting which a nurse can manipulate to bring comfort (Masters, 2013). These aspects include both internal and external factors, whose combined influences determine a person`s state of health and survival. The internal environment consists of the person`s inner response to factors (altered body physiology) which threaten one`s adaptation and the external environment is comprised of factors (ecological, social, psychological & spiritual) which have an outside influence on the person`s capacity to maintain optimal state of health (UCO, 2009). Florence Nightingale (1860) considered both the discomfort and suffering that patients experience as results of inadequacies in the environment and nurses' actions as focusing on that environment (Meleis, 2005:114). According to Morton, Fontaine, Hudak and Gallo (2005:36), creating an environment where patients feel secure can be a major goal. In this study, creation of an accommodating environment for both the care givers and care recipients is perceived as the central focus of the burns care, hence was worth exploring from the nurses. This would assist the patients, guardians and nurses in having a good understanding of the burns care process for successful outcomes.

- **Health and Wellness**

The World Health Organization (1948) defines health as a state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity, whilst wellness is described as an active process of becoming aware of and making choices towards a more successful existence (Morgan, 2009). According to Potter and Perry (2005:91), health is a state of being that people define in relation to their own values, personality and lifestyle. Within the nursing context, health is viewed as the wellness or illness state of the recipient of care at the time when nursing occurs (Munhall, 2005:50). In burns nursing, patients with burn injuries need to be physically and psychologically supported to pass through the burns care process swiftly, whilst maintaining the wellness of the care providers.

- **Nursing**

Nursing implies to the actions taken by nurses on behalf of or in conjunction with the recipient of care (Munhall, 2001). In any health care setting, the goal of nursing is to support the person in reaching an optimal state of health through one`s ability to adapt to changes in the environment (Potter & Perry, 2005). Nurses caring for patients with burn injuries should therefore have the necessary knowledge, skills and attitudes which when integrated, should create a caring relationship that promotes progression of both the care givers and the recipient of care in the burns caring process. According to Potter and Perry (2005), when caring is practiced in nursing, the client senses the nurses` commitment and therefore enters into a relationship which allows the nurses to gain understanding of the client`s experience of the illness. This influences nurses to become coaches or partners rather than solely care givers in such a relationship.

1.6.2 Theoretical Assumptions

A theory is an organised, coherent and systematic articulation of a set of statements related to significant questions in a discipline which are communicated as a meaningful whole (Meleis, 2005:12). A theoretical basis, which is a logical structure that guides the development of a study, enables researchers to link the findings of a study to the nursing`s body of knowledge (Burns & Grove, 2001:44). In this context, a theory in a study helps to determine the focus and goal of the research issue**.** This study is based on Florence Nightingale`s Theory of the Environment, which emphasises on manipulation of the physical environment as a major component of nursing care (George, 2002:90). This theory has both the physical and psychological component and Nightingale stressed that the nurses' duty is to alter the patient`s environment so that nature can act on the patient and repair their health (Alligood & Tomey, 2006:60).

In burns care, both patients and nurses are exposed to the `unpleasant sight of the wound and the reality of pain that accompanies the burn` (Lewis, Heitkemper & Dirksen, 2004:538). Dolan and Holt (2013:175) state that with burns, the smell of the affected skin and the degree of suffering can be very upsetting even to experienced staff. In this context, this becomes part of the environment that nurses are compelled to manipulate to bring comfort and healing to burns victims in burns care. Florence Nightingale`s Theory of the Environment fits well in this study as it will help to understand nurses` experiences within the context of caring for patients with burn injuries. The researcher`s assumptions, which relate to the phenomenon under study, that are a result of experience with patients with burn injuries include:

- Nursing patients with burn injuries is a challenging experience to nurses due to the serious nature of the injury and the associated painful treatment procedures.
- Burn nursing is unique within the health profession, as the bulk of burns management is all about nursing care.

- Display of a therapeutic hardiness, detachment and commitment towards patients` devastating experiences is a vital component of burns nursing which supports the affected individuals towards a successful recovery.

The researcher`s awareness of these assumptions helped to limit chances of imposing preconceptions on the study which could influence the study outcome. However, it was acknowledged that these assumptions could cross-cut all areas of nursing practice.

The study`s central theoretical statement revolves on nurses` capacity to support patients with burn injuries and this would depend on level of support and commitment demonstrated in the burns care process as a whole. When confronted with the devastations of burns injured individuals and the burns care process, nurses need not lose focus of their patients.

1.6.2.1 Terms of reference

The terms of reference for the purpose of this study are as follows:

- **Burns**

Burns are thermal injuries that result when the skin is exposed to a heat source beyond its protective abilities (Carlson, 2009:1213). Burn injuries alter the physiological functions of the skin with resultant life threatening problems and long term disfigurement.

- **Burns victim**

In this study, burns victims refer to patients with burn injuries admitted to burns care settings and receiving burn treatment at any point from resuscitation to recovery. According to Dolan and Holt (2013:175), patients with burn injuries may be distressed because of pain and anxiety caused by an awareness of the seriousness of their condition.

- **Caring**

Potter and Perry (2005:108) view caring as a universal phenomenon which influences the way people think, feel and behave in relation to one another and it is described as the focus of excellent nursing. In this study, caring pertains to all actions demonstrated and effected by the nurses during the burns caring process which help patients to recover and attach a meaning to their state of illness experiences.

- **Burns Nursing**

Burns nursing is a specialty which requires sharp clinical skills including triage, the stabilisation of acutely burned patients, fluid balance, pain management, critical care, rehabilitation and trauma recovery (Carlson, 2013). In this study, burns nursing is referred to the aspect of nursing which deals with provision of comprehensive nursing care to burns injury patients within a hospital setting.

- **Registered Nurse**

A registered nurse is a trained professional nurse, as defined in the Charter of Nursing Practice of South African Nursing Council of 2009, who assumes responsibility and accountability for practice (Muller, 2009). In this study, she/he is referred to as a professional nurse who is competent in providing comprehensive nursing care to patients with burn injuries of various degrees in collaboration with other health professionals.

1.6.3 Methodological Assumptions

Methodological assumptions consist of assumptions made by the researcher regarding the methods used in the process of qualitative research (Creswell, 2013). The researcher believes caring in nursing practice is grounded within an individual and is enhanced through knowledge acquired through education and experience in the subject matter. Understanding the uniqueness of the individuals` experiences of a particular area would therefore help to generate a body of knowledge which would be relevant to that particular discipline. In this study, a qualitative descriptive phenomenological enquiry which focuses on capturing the lived experiences of the study participants (Burns & Grove, 2011:76), was chosen as an appropriate method of obtaining the required information. The study was intended to explore nurses` experiences in caring for burns victims as lived by those who were actually involved in nursing the burns victims. It was therefore assumed that the lived experiences of nurses, which would include feelings and opinions about patients with burn injuries and the burns caring process at an academic hospital in Johannesburg, would be obtained from the nurses` actual experiences. This methodology was expected to generate subjective information and was believed to be a reliable source for the information required in this study.

1.7 STUDY SETTING

The study was conducted at a burns unit of a public sector academic hospital in Johannesburg, a large referral hospital in South Africa that also serves the surrounding countries. The unit was chosen because it is regarded as the best burn treatment centre in Africa. Nurses working in this unit receive on-the-job training and continuous professional development on new techniques in burns care management.

1.8 OVERVIEW OF RESEARCH METHOD

The following section provides an overview of the research methodology for the study.

1.8.1 Research Design

In this study, a qualitative, phenomenological descriptive design was chosen as an ideal approach for obtaining the desired information. Descriptive phenomenologists insist on giving description of things as people experience them (Polit & Beck, 2012:495). This approach is centred on investigating people`s experiences through the disclosure of those who lived in the situation under probe. The design therefore helped to explore the subjective lived experiences of nurses who were actually involved in caring for burns victims in a burns unit of an academic hospital.

1.8.2 Research Method

The research method refers to the activities of selection of a population and sampling method, data collection and data analysis.

The target population of this study were registered nurses practicing in the burns unit. Purposive sampling was used to select the study sample, where a minimum sample size of 15 registered nurses (n=15) with more than one year of working in the burns unit was targeted.

Data was collected using in-depth interviews which were audio-taped to keep an accurate record of information as expressed by the participants. The audio-taped interviews were transcribed verbatim and analysed using Collaizzi`s (1978) data analysis approach (Polit & Beck 2012:566).

Registered nurses were selected as they were expected to possess in-depth professional knowledge and skill for burns care. A period of more than one year of working in the burns unit ensured adequate exposure to the burns victims and the burns care process, hence such nurses were expected to be reliable sources of the desired information. Using in-depth interviews allowed the participants freedom to express their views and opinions regarding caring for burns victims, which allowed for generation of subjective lived experiences.

1.9 TRUSTWORTHINESS OF THE STUDY

In this study, the researcher`s confidence in the data collected was established based on the framework of Lincoln & Guba (1985), which includes credibility, dependability, confirmability and transferability, to ensure trustworthiness of the study (Polit & Beck, 2012:584-585).

- Credibility refers to level of confidence researchers have in the truthfulness of the data which helps to strengthen the integrity of the study (Polit & Beck 2012:585).
- Dependability refers to the extent to which repeated administration of a measure will provide same data (Kreftin, 1991).

- Confirmability implies objectivity and is concerned with establishing that the data represents the information participants provided and that the interpretations of the data are not invented by the enquirer (Polit & Beck, 2012:585).
- Transferability refers to applicability of the study findings in other settings (Polit & Beck, 2012).

1.10 ETHICAL CONSIDERATIONS

To safeguard the dignity of participants and the integrity of the research process, the following ethical measures were considered prior to and during commencement of the study:

- The research proposal was presented to the department of Nursing for peer review. This was further reviewed by the University Postgraduate Committee for assessment of the study`s feasibility.
- A clearance to conduct the study was obtained from the Ethics Committee for Research on Human Subjects of the University of Witwatersrand **(see Appendix E).**
- Prior to commencement of the study, permission was obtained from the Chief Executive Officer of the hospital of the study site (**see appendix G).**
- Eligible participants were given an information letter which helped them to understand the intention of the study and what was expected of them **(see Appendix C).**
- Interested participants meeting the criteria were required to give written informed consent for participation in the study upon comprehension of the contents of the information letter **(see Appendix D).**
- Participation in the study was voluntary and there was no penalty for any participant who chose to withdraw at any point.

- No names were used during data collection to ensure anonymity and confidentiality of participants and the institution.

1.11 PLAN OF RESEARCH ACTION

Below is an outline of the plan of the study:

Chapter One: Overview of the Study.

Chapter Two: Literature Review.

Chapter Three: Research Design and Research Methods.

Chapter Four: Presentation of Findings.

Chapter Five: Discussion, Implications and Conclusion.

1.12 SUMMARY

In this chapter, an overview of the research has been given. The background to the research rationale and questions were given in detail, the researcher`s assumptions were discussed and the research methodology described. Measures for ensuring trustworthiness were presented including ethical issues pertaining to the study.

In the next chapter, the literature review will be described in detail.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

In Chapter One, an orientation of the study was presented. This chapter presents literature reviewed in relation to the study and begins with clarification of concepts that underpin this study. A description of the theoretical foundation of the study and an overview of burns as a trauma event of public concern are also presented. The bulk of literature is centred on burns care with the focus on the nurses` experiences with the burns caring process, burns pain, stressors and the coping strategies which relate to burns care.

The sources of literature reviewed included printed text books and on-line articles which were not based on a specific time frame due to limited publications related to the topic. Most relevant sources accessed fall between 1987 and 2014. The bulk of literature accessed and analysed, is from international sources as few articles relating to the study could be found from within the region. It should also be acknowledged that not all accessed and reviewed literature is presented, only relevant issues are presented in detail in this section, whilst others are only mentioned.

Burn injuries are a form of trauma which alter the physiology of body systems and its structure, with the resultant life threatening problems and long term disfigurement. Burns affect people of all ages and occur to individuals unexpectedly worldwide (Hettiaratchy & Dziewulski, 2004). According to Dolan and Holt (2013), burns can produce highly emotive responses because of their association with death, pain and scarring, of which the impact can be devastating to the patients, guardians and the health care providers. In this context, patients with burn injuries present with varied challenges to health professionals

and the community at large. Caring for burns injured patients therefore requires a multi-disciplinary team whose interventions focus on meeting the patients` physiological needs, as well as supporting both the patients and guardians during the period of extreme crisis attributed to the injuries. At the centre of this team, is a nurse who maintains 24 hour contact with patients and assumes a unique role in coordinating all the burns care interventions from resuscitation to recovery and life afterwards.

Nurses constitute the largest workforce of the health care delivery system. Within the health care delivery team, nurses are uniquely positioned to add value to the overall health outcome. According to Ohmart (2013), `empowered nurses' advocates build effective patient centred health care team.` This implies that when adequately empowered and supported, nurses help to maintain open communication amongst all members of the heath care team which strengthens a therapeutic relationship to deliver patient centred care. In burns care, nurses are described as the backbone of the burns care team, who provide day to day continuity of care to patients and coordinate all therapeutic burns interventions (Van Hasselt, 2004). This study was intended to investigate what nurses pass through as they provide care to patients with burn injuries within a multidisciplinary approach. The investigation focused on exploring the lived experiences of nurses working in a burns unit of a public sector academic hospital in Johannesburg.

Munhall (2005) describes lived experiences as an account of first-hand information which is not just thought of but experienced by those who lived in the situation under discussion. In this context, lived experiences may reflect a description of those aspects of a situation as experienced by people who were actually exposed directly to the situation under discussion. Lived experiences therefore offer subjective information about life as lived by the people in the situation. The central theme in this lived experience is the concept of caring, which in nursing practice is comprised of the nurses` feelings, knowledge and skills (Wilkin, 2003). According to Potter and Perry (2005), caring influences the way

people think, feel and behave in relation to one another which when practiced in nursing, demonstrates a sense of commitment within the work environment. It was therefore hoped that understanding this nature of nurses` experiences, in the context of caring for patients with burn injuries, will form a basis for developing evidence-based strategies for supporting burns care providers.

2.2 THEORETICAL FOUNDATION OF THE STUDY

This study is founded on the environmental theory of nursing initiated by Florence Nightingale, which is based on acting on the patients` environment to bring healing (Heggie, 2013). This theory was adopted to provide a professional autonomy of the study as it guided the research approach. In this theory, Nightingale puts emphasis on the nurses` role of creating a healing environment through provision of holistic care that balances the patients` physical and psychological needs. Nightingale believed health care surroundings were vital for nursing care and expected nurses to use their powers of observation of the environment in caring for patients (Alligood, 2010). Patients with burn injuries are exposed to various degrees of physiological and structural alterations, as well as uncertainty of life afterwards attributed by the injuries. The central issue in this study is the nurses' experiences with the sequelae of burns that surround the patients as well as how they, as care providers, are affected. Timely recognition and response to patients` needs in an accommodating environment for both care givers and care receivers is vital for successful burns care outcome.

2.2.1 History of the Environmental Theory of Nursing

The origin of the Environmental Theory of Nursing can be traced back to the Crimean war (1854) when Florence Nightingale led a group of nurses in caring for war casualties

(McQuillan, Rueden & Hartsock, 2002:10). Nightingale and her nurses cared for the wounded soldiers whilst embarking on sanitary reforms in the military hospital clinical settings, the outcome of which brought the field of public health to national attention (Fee & Garofalo, 2010). According to Higgins (2011), Nightingale respected the soldiers as demonstrated by her initiative to deal with their personal affairs and they in turn respected her. This implies Nightingale's gentleness instilled hope in the soldiers and this could be viewed as a holistic approach of caring. On return from the Crimean war, Florence Nightingale devoted her life to the training of nurses which became the foundation for today`s nursing (Bloy, 2001).

2.2.2 Basic Concepts of Nightingale`s Environmental Theory of Nursing

Polit and Beck (2012), describe concepts as the building blocks of a theory. Concepts in this context help to provide an idea of the issue under discussion. According to Master (2013), Nightingale`s Environmental Theory of Nursing has four metaparadigms of nursing which include the person, environment, health and nursing. Nightingale focuses primarily on the patient and environment where she believes the nurses` manipulation of the environment enhances recovery.

The central concept in this theory is the belief that man has natural reparative powers and that all that is required of nurses is to create favourable conditions for nature to act. In her `*Notes on Nursing*` (1860), Nightingale emphasises that `nursing ought to assist the reparative process` (Alligood 2010). Through her observation and data collection, Nightingale linked the client`s health status with environmental factors and influenced her to embark on sanitary reformations during the Crimean war which brought significant improvement on patient outcome (Potter & Perry, 2005). This can be linked with the

importance of nurses` timely recognition and response to patients` alterations, in all aspects attributed to the burn injuries, for successful burns care outcome.

2.2.3. Implications of Nightingale`s Environmental Theory to Nursing Practice

Florence Nightingale`s work has been explored as a potential theoretical and conceptual model for nursing (Potter & Perry, 2005). Nightingale`s theory focuses on acting on the patient`s environment in order to promote recovery. According to Kolbaca`s Theory of Comfort, environment includes aspects of the patient, family or institutional setting which a nurse can manipulate to bring comfort (Masters,2013).These aspects include both internal and external factors whose combined influences determine a person`s state of health and survival upon which nursing care is established .

Burn injuries alter the physiology of the body systems and also induce emotional crisis to both patients and guardians. Nurses who maintain 24 hour contact with patients assume the role of supporting patients with burn injuries, through manipulation of both the internal and external factors exerted on the patients as a result of the burns, to pass through the burns process successfully. This theory therefore fitted well with the current study, as it intended to investigate nurses` experiences in the context of caring for patients exposed to sequelae of burn injuries that affect both their internal and external environment.

2.3 BURNS AS A TRAUMA EVENT OF PUBLIC CONCERN

Burns are a form of trauma that affect people of all ages. Burn injuries remain a common cause of attendance and admission in health care settings globally.

2.3.1 Overview of Burns

Burns are thermal injuries which result when the skin is exposed to a heat source that is beyond its protective abilities (Carlson, 2009:1214). Burn injuries occur to individuals unexpectedly and are sustained under different circumstances that can be avoided if precautionary measures are followed. High population density, illiteracy and poverty are the main factors associated with high risk of burn injuries (Bhattacharya, 2004).

The incidence of burn injuries varies across regions and globally, 11 million people suffer burns that require admission annually of which 95% are suffered by people in Low and Middle Income Countries (LMICs) and 70% of these are children (WHO, 2008). In South Africa, burns are common cause of deaths under the age of four (4) years and a third common cause of injury fatalities amongst the adult population (Rode, Beck & Rodgers, 2011).

The WHO (2008) describes burns as a ` forgotten global public health crisis.` According to Peck (2011), burn injuries have never received the level of attention and funding that is associated with HIV or infectious diseases, yet globally in 2004, the incidence of burns severe enough to require admission was nearly 11 million people and ranked fourth in all injuries, which was higher than the combined incidence of tuberculosis and HIV infections. In a review of burns morbidity and mortality, Outwater, Ismail, Mgaliwa, Temu and Mbembati (2013), found that burn injuries were a major cause of prolonged hospital stays, disfigurement, disability and death in Africa. In a related observational study on burns epidemiology, management and outcome, Samuel, Campbell, Mjuweni, Muyco, Carns and Charles (2011) found the admission rate for burns patients at Kamuzu Central Hospital in Malawi was 25.9% (96/370), which was more than twice the rate of all injury types (12.8%, 1067/8309). Despite being the major cause of admission, disability and death in LMICs, burns remains a chronically underfunded and often unrecognised issue

nationally and internationally, as it does not neatly fit into any of the Millennium Development Goals (Potokar, 2012). It is obvious that underfunding of health services compromises provisions for care in these settings hence the associated challenge for staff recruitment and retention.

2.3.2 Trauma and the Evolution of Burn Care

Trauma refers to the physical injury caused by mechanical insult and remains the leading cause of preventable mortality and morbidity globally (Elliot, Aitken & Chaboyer, 2007:503). Trauma has been recognised as part of the human experience since early civilization and its incidence, magnitude, cause, mechanism and treatment have changed over time (McQuillan, Reuden & Harstock, 2002). The current approach to trauma care originated in the military, when injuries sustained by the military personnel and civilians during times of war were the focus of studies of traumatic injury and shock and which became the initial source of information regarding trauma care (McQuillan, Macki, & Whalen, 2009).

As with other trauma types, advances in burns care can be attributed to the lessons in the battlefields with war casualties and other fire tragedies. Fernandez (2010) describes the use of cow dung for burn wounds care in the 1834s, use of hot oil by the mid-16th century and the less invasive compressing dressings as well the medical and surgical approaches that emerged by the end of 19th century, where the surgeon took the leading role. It was later recognised, after the Coconut Grove fire in Boston in the 1940s, that a multidisciplinary approach was indicated over the fragmented standard of care (Fernandez, 2010). The nurse who maintains 24 hour contact with patients remains vital in this approach.

2.3.3 Current Approach to Burn Care

Globally, advances in burns care varies across regions, however the general trend worldwide is that patients with burn injuries are treated in general wards, together with other surgical patients, where they are isolated because of the infection trends associated with the injury and with the sole purpose of protecting other patients (Rode, Beck & Rodgers, 2011). Currently, the recognition that it is actually the burn patients who need to be protected has led to advocating for separate wards called burns units, with dedicated staff to care for the patients. Among this team of staff are nurses who are duty bound to take a leading role in most burns care interventions. However, implementation of this approach to burns care is limited across the globe due to the associated cost implications.

2.3.3.1 Burns care in High Income Countries (HICs)

High quality burns care is dependent on the availability of financial resources, equipment and expertise (Atyeh, Masellis & Conte, 2010). In High Income Countries, caring for patients with burn injuries is a specialty field with defined and established standards. It is obvious the total care of patients with burn injuries has considerably improved in HICs due to sound financial resources coupled with advances in medical sciences. It is also acknowledged that the existence of the International Society for Burn Injuries (ISBI), whose influence has given a better understanding on the need for a team of professionals of different specialities such as surgeons, nurses, anaesthetists, bacteriologists, dieticians and many others whose specialisations play an important role in burns care, has further boasted advances in burns care in these HICs (Mackie, 2012).

According to Mackie (2012), the ISBI is an international non-governmental organisation which represents burns care globally. The society supports burns care by encouraging

education and trainings in burns care as well as providing for dissemination of knowledge and stimulation of burns prevention. The International Society for Burn Injuries has an extended membership and is considered to be the only medical society which brings together a large number of different health specialists, including nurses (Mackie, 2012). The ISBI holds annual international conferences for research and development in the field of burns care, where invitations are extended to all regions globally. These conferences provide excellent opportunities for participants to network and establish partnerships that boast interaction and sharing resources to advance burns care in their regions. Unfortunately, participation to such conferences is limited due to financial constraints in regions with low income where the magnitude of burn injuries is huge.

It is worth noting that improved burn injury prevention programmes in the HICs have led to fewer burns cases being treated in the specialised burn centres by well trained and specialised staff (Potokar, 2012). This creates an adaptive caring and healing environment that enhances recovery which is to the satisfaction of both patients and care givers.

2.3.3.2 Burns care in Low and Middle Income Countries (LMICs).

Certain injuries have been overlooked as contributors to global inequalities in health, yet the long-term disabilities they frequently produce represent a significant burden especially in LMICs (Hofman, 2005). Among such injuries are burns which, according to Outwater et al (2013), are a major cause of prolonged hospital stays, disfigurement and death in Africa. Most LMICs have limited burn care services which results in patients being treated in non-specialty health care settings (Rode, Beck & Rodgers, 2011). The major challenges for burns care in these LMICs include lack of organised settings to care for the patients with burn injuries. This has consequently led to loss of data about the magnitude of burn

injuries which could have been used to convince the relevant authorities and gain their commitment to burn care. Other challenges include lack of well-trained or oriented personnel in burns care and limited understanding of the need for a team approach. As a result, the responsibility of burns care in most LMICs is entrusted to other disciplines, such as nurses and surgeons who are also overwhelmed with other responsibilities owing to other disease burdens in the region.

According to Potokar (2012), international burn care standards developed for HICs possess limited relevance and applicability in LMICs, where the levels of technology, staff and other resources are different. Provision of optimal burns care within these settings therefore can be challenging to health care professionals and nurses who assume the greatest responsibility of the burden. Quality burns care however focuses on prevention and management of acute complications which relate to burn injuries (Mackie, 2012) and this can be achieved if the necessary support is provided and commitment demonstrated by all within the burns care environment of any setting.

This study was conducted in South Africa which falls under the LMICs.

2.3.3.3 Burns care in South Africa

The health care delivery system in South Africa ranges from basic primary health care, which is delivered by the public health sector, to the sophisticated advanced medical services which can be accessed in both public and private health institutions (South Africa. Info, 2012). With regard to burns care, South Africa is faced with challenges that are characteristic of the LMICs and include shortage of specialised burns care settings and inadequate trained burns care providers (Rode, Beck & Rodgers, 2011).

According to Rode, Rodgers, Adams, Kleintjes, Whiteblock-Jones, Muganza and Allorto (2013), 3.2% of the South Africa population suffer burn injuries annually; 6% of these

consult the private health sector whilst the vast majority are cared for in the various provincial health facilities. Burns care in the country is variable in terms of organisation and clinical management and the approach is predominantly emergency driven (Rode, Beck & Rodgers, 2011). South Africa has however a Burns Society which engineers burns care through organisation and implementation of burns care courses, where a two (2) day course for nurses from day hospitals, small regional hospitals and community clinics is offered annually (Peter de Wet, 2011). The country is also represented at the International Society of Burn Injuries with a representative at regional level (Meckie, 2012).

There are six (6) established burn centres in South Africa, against the nine (9) provinces, where most severe burn cases are dealt. The other moderate to severe cases are treated in the general and district hospitals where there are no specific established facilities for burns patients (Rode, Beck & Rodgers, 2011).

The current study was conducted at one of the established burn centres in Gauteng province, where nurses receive on-the-job training and continuous professional development on new techniques in burns care management. The centre also offers training and orientation in burns care to health professionals from the surrounding countries, including nursing staff.

2.4 NATURE OF BURNS AND THE BURN CARING PROCESS

Burns present a state of illness which occurs abruptly in an intense manner and persist for a long period affecting body functioning in many dimensions. According to Potter and Perry (2005), illness is a state in which a person`s physical, emotional, intellectual, social development or spiritual functioning is impaired compared with previous experience. Burn injuries induce both local and systemic responses due to their association with tissue injury and massive fluid shift in the body (Monahan, Sands, Neighbors, Marek and Green

2007:1915), as well as emotive responses because of their association with loss of life, pain and disfigurement (Dolan & Holt, 2013).

In this context, patients with burn injuries present with a wide range of problems requiring a multidisciplinary approach of care in which the nurse plays a vital role of coordinating all burns care activities (Greenfield, 2010).The multidisciplinary team in burns care is quite unique. In an interview with burns nurses at a burns unit in Texas, nurses explained there is minimal hierarchy in burns care as each persons' opinion is valued and sought (Wood, 2005). This approach promotes the spirit of working together and empowers all team members to take an active role. The nurses assume the role of coordinators whose creativity and innovations become excellent alternatives for successful burns care outcome. In this study, nurses` experience in influencing the multidisciplinary burns care team towards successful burns care outcome was worth exploring.

Atwal and Caldwell (2006) conducted a study on nurses` perception of multidisciplinary teamwork in an acute health care facility in the United Kingdom. The study intended to explore nurses` perceptions of multidisciplinary teamwork and identify types of interactions which occur in a multidisciplinary team. Nineteen nurses working in acute health care settings were interviewed to explore their perceptions of the multidisciplinary teamwork. The study identified the following as barriers that hindered teamwork:

- Different perceptions of teamwork.
- Different levels of skills acquisition to function as a team member.
- The dominance of medical power which influenced interactions in the team.

The findings of the study suggest that nurses failed to voice their opinion for fear of being reproached. The evidence from this research suggests that members of the medical team exerted the most power, which made nurses reluctant to voice their opinions in the multidisciplinary team and led to withholding of pertinent information that would have

positively influenced patient care. The researchers argue that team leaders need to ensure they allow all members to contribute equally and that all opinions be allowed to be debated regardless of source. In this context, nurses who maintain 24 hour contact with patients needed to be technically equipped to direct the team in delivering patient centred care.

Burns care wards are a form of acute health care settings where nurses need to be vigilant enough to direct the burns care team towards delivering patient centred care. When technically equipped, nurses become empowered to deliver patient care independently and collaboratively as equal members of the health care team, in contrast to the misconception that they are there to deliver delegated work (Ohmart, 2013). More research is therefore needed to explore nurses` experiences on their ability to influence the health care team, hence the undertaking of this current study.

The focus in burns care is on prevention and management of complications which relate to the injury. This can be achieved with the available resources and commitment of all who are either directly or indirectly involved in burns care. Timely recognition and response to patients` devastating problems, coupled with a supportive work environment, is central for successful burns care outcome.

Nyakanda (2012) conducted a study on factors that influence provision of care to paediatric burn patients in Tanzania. The researcher interviewed five nurses who were given the opportunity to express their views on factors that influenced provision of nursing care to the hospitalised paediatric burns patients. The findings of the study revealed that organised settings and provision of essential supplies were among the motivating factors which positively influenced provision of care to patients. The participating nurses also acknowledged that team work in burns care facilitated patient recovery; however the nurses` influence in the team was not clearly expressed. The study further revealed that

lack of standard skills in burns care due to unavailability of special trainings on burns care for nurses and lack of organisational motivations to increase work morale amidst increased work load negatively influenced provision of care to patients. This study therefore sought to explore more about whether the lack of special training on burns care, before allocation to the burns unit, would make nurses feel challenged in taking up the task of burns nursing and what specific motivations would increase work morale in burns nursing. The nurses` influence in the burns care team was also worth exploring in this study.

2.4.1 The Nurse and the Burn Caring Process

Currently, the standard certification to work as a burns nurse is not very specific, however, some educational opportunities which provide essential skills and advance trainings are recommended in some burns care institutions, whilst others provide on-the-job training (Carlson, 2013). Due to the complexity of the problems of patients with burn injuries, the nurse must possess in-depth knowledge of multisystem organ failure, critical care and psychosocial skills as well as familiarity with the burns protocols which can be used to rationally manage a given situation (Greenfield, 2010). In this context the use of the nursing process, which includes problem solving techniques and decision making process, becomes a tool for rendering comprehensive and holistic care to burns victims.

The concept of caring is instrumental in supporting burns victims pass through the burns process swiftly. Knowledge and technical skills, coupled with caring attributes, contribute greatly to a successful burns care outcome. Ariely (2008:7), writes of a personal experience with a therapeutic burns intervention:

> `*The speed at which nurses remove the bandage is almost too fast for me. They hold on to the edge of the bandage and quickly strip it off. This method causes me*

a short, but intense pain as the bandage is removed, followed by a longer and more muffled pain`.

The nurses` compassion becomes a natural part of every client`s encounter and if they chose to avoid the clients` requests, the nurses` inaction will quickly convey an uncaring attitude (Potter & Perry, 2005:110). The question as to how much patients with burn injuries should be involved in decisions concerning their care remains uncertain considering that compassion has to be demonstrated in the midst of inflicting pain which is for the good cause. Ariely (2008:7) further writes:

`*In addition to wanting to slow the removal process, I also want to break up the treatment and take a few short periods to calm down. The nurses and physicians are generally opposed to both of these suggestions. They argue that finishing the bath as fast as possible is the best approach for me.*`

According to Morrow (2014), the intensity of pain can only be expressed by the one experiencing it. In burns care, pain persists throughout the burns care process to recovery. Nurses in the burns care team are duty bound to evaluate the sources of pain and institute appropriate relief measures in a caring manner. Ohmart (2013) writes that nurses advocate for patients` safety when they coordinate patient care delivered by multiple health care providers. As members of the burns care team, nurses are uniquely positioned to increase their effort to provide safe quality care to patients. `Although nurses continue to provide bedside care and being a calming influence for patients enduring the stress of illness, today`s nurses build relationship across the health care team on behalf of their patient, ` (Ohmart, 2013). In burns care, this implies that as a backbone of the burns care team, nurses are empowered to direct the course of the multidisciplinary team members` interventions towards the well-being of patients as part of their caring responsibility. Little is documented on nurses` influence within the multidisciplinary health

care team. The current study therefore sought to explore the lived experiences of nurses working in a burns care multidisciplinary team system.

It is obvious the nurses` role is associated with promotion of comfort; however, inflicting pain on patients constitutes a great part of nurses` tasks in burns units as is seen during the implementation of the many painful treatment procedures. It therefore remains uncertain on how nurses can balance their role to care and cause pain in order to enhance recovery. It can be argued that the competency of balancing demonstration of compassion while inflicting pain is founded on the concept of caring.

Kornhaber (2009) conducted a study on the nurses` lived experiences of nursing severe burn patients in a burns ward in Sydney, Australia. The researcher carried out a descriptive phenomenological inquiry, where she interviewed seven full time registered nurses who shared their experiences in caring for the patients with burn injuries. The participating nurses described how they became hardened to the devastations of patients with burn injuries in order to enhance recovery. From the presented nurses` expressions, it was obvious that participants demonstrated hardiness in order to get the job done as reflected in the following views (Kornhaber, 2009:48):

> `*You know you cannot avoid that pain, but the only thing you can do is to just do it very quickly, so you need staff who can do it quickly instead of drag it on for many hours*`.

Despite being hardened to get the job done, participants also demonstrated compassion by respecting humanity as demonstrated in the following expressions (Kornhaber, 2009:48):

> `*.... Yes they`ve got a wound..... or they`ve got a burn but they`re still a person. So I don`t see the burn as the main thing. I see them as a person*`.

In this study, participants emphasised the importance of having the skills and knowledge to do dressings without traumatising the patients to help them pass through the burns care process swiftly. This approach helped to establish a mutual relationship between the nurse and the patients. On this aspect, the researcher concluded that the unique bond existing between the nurses and patients demonstrated a caring and trusting relationship which allowed the nurses to continue nursing the patients despite the painful treatment procedures they were exposed to.

In a related scenario, when interviewing burns nurses in a burns unit in Texas, nurses expressed that patients take on a new concept of care when a positive approach is demonstrated even when rendering painful treatment procedures (Wood, 2005). From this perspective, caring which originates from one`s feelings requires an action that demonstrates compassion. When caring is demonstrated, patients acknowledge nurses` commitment that helps both parties enter into a therapeutic relationship which enhances recovery and well-being of care givers. In this study, creation of an accommodating environment for both patients and nurses was worth exploring from the nurses caring for burns victims in a burns unit within the African context, where provisions for burn care were expected to differ.

2.4.2 The Nurse in the Burns Unit

Patients with burns present a challenge to health professionals due to the serious nature of the injury and the associated stress of patients and guardians (Hettiaratchy & Dziewulski, 2004). Often patients with burns present to health care settings, referred to as `burn centres,` in an emergency state and pass through the acute and rehabilitative phases. Several of these patients in the burns unit can create an intense atmosphere for health professionals (Cronin, 2001). In addition, the accompanying painful and stressful

treatment procedures coupled with limited resources, especially in LMICs, worsen the atmosphere. At the centre of this environment is the nurse who coordinates all the burns care interventions. This study intended to investigate the nurses` experiences in this context of caring for the patients with burn injuries.

According to Dolan and Holtt (2013), burn injuries induce emotive responses to nurses due to invasive treatment procedures and the degree of suffering witnessed in the burns care process. Cronin (2001) investigated how nurses deal with their emotions in the Regional Burns Centre in the United Kingdom. The researcher interviewed 20 nurses who were given freedom to express their experiences in caring for patients with burn injuries. The findings of the study reflected that burns nurses often suppress their emotions in order to provide the needed care which enhances recovery. To achieve this, nurses pass through various stages of adjustment to become committed to the work incurred in the burns unit. According to Cronin (2001), the study demonstrated how the current support services produce little effect in supporting the nurses. This study was therefore conducted to explore how burns nurses felt they could be fully supported in the emotionally exhausting burns care environment.

In their study, Hilliard and O`Neill (2010) explored the emotional experiences of nurses caring for children with burns. The study was done with eight nurses who had worked in a burns unit of an Irish paediatric hospital. The researchers used the Husserlian phenomenological enquiry, which required them to transcend their pre-understanding of the phenomenon through bracketing. Data was collected using unstructured in-depth interviews and was analysed using the Colaizzi data analysis approach. Two main themes of interest which were retrieved from this study include ` sustaining nurses` emotional well-being and learning to be a burns nurse. In the study, participating nurses described how they dealt with their emotions by hiding their feelings to avoid upsetting their patients.

The participants explained how they used masks to prevent display of their feelings and emotions during wound dressings. The study however was not clear on the implications of hiding such emotions within the nurses. It is obvious the manner in which individuals deal with their emotions in the work place can impact on their well-being. In this study, the sample consisted of nurses who had left the burns unit up to eight years ago, but described how their memories of nursing patients with burn injuries continued to live within them and influenced their practice. The researchers in this study however did not specify the reasons behind interviewing nurses about their past memories and how exactly such experiences impacted on their current practice. From the participating nurses` expressions, wound dressing dominated the narratives and became the source of considerable distress. On this aspect, the researchers concluded that helping nurses manage the emotional consequences of their work would help to sustain such nurses` well-being and deliver supportive care to the patients. However, more research is needed to explore why nurses would opt to hide their emotions in relation to the nature of work they are engaged in.

On becoming a nurse, the participants expressed that none of the nurses in the study had burns nursing experience before joining the burns unit and that created an initial sense of self-doubt. The participants in this study expressed that to some extent, their initial inexperience in burns care influenced their emotions in caring for the patients as they felt such inexperience exacerbated the pain patients experienced, as one explained (Hilliard & O`Neill, 2010:19).

> `*If I had more confidence would I have been quicker at it [dressing-change] and made it, the whole process, made it less traumatic*`.

According to Carlson (2013), the standard certification to work as a burns nurse is currently not very specific, however Greenfield (2010) writes that psycho-social skills and

familiarity with burns protocols can help to provide rationally care for patients. The nurses in this study gained their knowledge and skills on burns care through experience on the job. The process of gaining such knowledge and skills varied as some nurses explained that fear of being judged by colleagues sometimes inhibited them from seeking help. It should be acknowledged, that the complexity of problems patients with burn injuries experience, requires care givers with the technical confidence. More research is needed to explore how nurses feel they can be technically prepared to take up the task of caring with confidence for their wellbeing and safety of their patients.

Other experiences nurses in the study expressed were satisfaction in contributing to patients` recovery and anxiety of being unable to relieve pain which created a sense of helplessness within the nurses. It is a known fact that pain is an integral experience in burns and the burns caring process. The crucial therapeutic burns interventions involve inflicting pain which has been described to be terrible for those experiencing it and stressful to those delivering the care (da Silva & Rebeiro, 2011). The aspect of pain in burns care therefore needs to be widely explored from both the patients` and care givers` point of views hence the current study was undertaken.

Negble, Agbenorku, Ampomah, and Hoyte-Williams (2014), write that nurses are more exposed to human suffering than other health professionals. In burns care, nurses who maintain 24 hour contact with patients are continuously exposed to the devastation of patients with burn injuries. The nurses are also duty bound to take a leading role in all burns care interventions. Negble et al (2014) conducted a descriptive cross-section survey on the impact of nursing burns victims on nurses working in a burns unit in Ghana. The researchers used questionnaires and interviews to obtain data about personal and professional experiences of nurses working in the burns unit.

The findings of the study revealed that nurses experienced some levels of anxiety that resulted in sleep disturbances, headache, moodiness and fatigue. The nurses further

demonstrated detachment in order to conduct the painful treatment procedures that accompany burns therapy. However the researchers did not clearly correlate the levels of anxiety with the age, work experience and seniority in the burns unit despite these parameters being captured in the study. In the current study, it was worth exploring if age, education level and period of working in the burns unit had an influence on nurses` experiences in caring for patients with burn injuries.

2.4.3 Patients` Burn Pain

Burns are unique in that pain is experienced from time of injury and persists throughout burns care to recovery. According to Van Hasselt (2004), no other condition is so painful for so long and so debilitating as a burn. Burns pain poses a huge problem from the patients' and care givers` point of view, as it is terrible for the ones who feel it and stressful for the ones who deliver the care (da Silva & Rebeiro, 2011). Pain in burns is complicated by fear, anxiety, depression and chronicity of the healing process (MacQuillan et al (2002).

2.4.3.1 Overview of pain

Pain, as defined by the International Association for the Study of Pain (IASP) (1994), is `unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage` (Loesor & Treeder, 2008). According to Morrow (2014), pain is a symptom that cannot be objectively assessed, as its intensity can only be expressed by the one experiencing it. Pain classified as acute has an identifiable cause and resolves within a given time frame, whilst chronic pain, whose physiological origin is less understood, may last for an indefinite period (Morton, Fontaine, Hudack & Gallo, 2005).

The source of pain is variable and may be as a result of injury, disease process, diagnostic as well as therapeutic interventions. Pain can potentiate other manifestations in an individual such as confusion, inadequate ventilation, immobility and sleep deprivation, amongst many other problems (Baird, Keen, & Swearingen, 2005). These complications of pain can eventually compromise the quality of care given to patients. According to MacQuillan et al (2002), prioritising pain management in the overall care of patients is the key to proactive management. The role of nurses in the clinical setting is therefore centred on evaluating possible sources of pain and instituting appropriate remedial measures.

2.4.3.2 The nurses` experiences with the patients` burn pain

Burns pain is unique in that it persists for a long time due to the associated painful treatment procedures. One of the nurses` major roles is to alleviate discomfort. In burns care, infliction of pain on patients is part of the daily routine for nurses, as seen during providing baths to patients and conducting dressing changes. The role of nurses in burns care has therefore been described as psycho-emotionally demanding (Cronin, 2001).The nurse must deal with the unpleasant, rejective, hostile clients and with the fact that burns therapy is always painful (Lewis & Collier, 1987.) Burns nurses maintain 24 hour contact with patients and are therefore continuously exposed to the physical and emotional discomfort of patients with burn injuries. According to Lewis, Heltkemper and Dirksen (2004), nurses new to burns nursing often find it difficult to cope with the unpleasant sight of the wounds and the reality of the pain that accompany burns therapy. It can therefore be assumed that nurses, whether experienced or inexperienced in burns nursing, may have varied perceptions and reactions to the discomfort of patients with burn injuries.

Choiniere et al (1989) conducted a study, involving 42 nurses and 42 patients, in which they compared patients` and nurses` assessment of pain and medication efficacy in severe burns injury at a burns centre in Canada. The patients and the attending nurses

were asked to rate, independently of each other, the intensity of pain felt by the patients during a therapeutic procedure and at rest using the criteria they commonly employed.

The results of the study revealed nurses frequently underestimated or overestimated the patients` pain, with the tendency for the nurses to overestimate the success of the analgesia. The study showed the amount of pain experienced by the patients at the time of treatment was overestimated significantly more often by the less experienced nurses, in contrast to those who had worked longer in the burns unit who tended to underestimate.

From these findings, the researchers speculated that nurses with less experience with burns patients are more easily overwhelmed and emotionally affected by the patients` pain hence tended to infer more pain than the patients` experienced. However with experience and repeated exposure to intense pain, the nurses may develop some sort of defence mechanism and become hardened to pain. The current study sought to explore the varied nurses` experiences with patients` burn pain and how they cope with it.

Nagy (1998) conducted a study in which she compared the emotional reactions to pain of burns nurses who were exposed to patients with obvious pain and to the reactions of neonatal unit nurses whose patients` pain was uncertain as they could not communicate. The results of the study showed that burns nurses demonstrated high levels of anxiety compared to the neonatal nurses. However, despite such high levels of anxiety, the findings of the study indicated that burns nurses demonstrated a greater sense of personal competence and control in relation to patient care compared to the neonatal nurses. The researcher concluded that nurses` occupational mental health was affected by the pain of their patients and that extreme pain of burns victims had the capacity to generate considerable emotional distress in the nurses who cared for them. The researcher however did not make any correlation between the length of time in nursing and burns nursing and the level of anxiety, despite this information being captured. The

current study therefore explored if period of exposure in burns nursing had an influence on nurses` perception and experience with patients` feelings of burn pain.

2.5 STRESSORS AND COPING STRATEGIES IN BURNS CARE

Care givers who work with trauma patients are subjected to significant stress which is manifested in different forms (Collins & Long, 2003). Burn injuries are a form of trauma which can subject care givers to such stress. In burns care, the sources of stress may vary depending on various factors which may include approach to service delivery and organisation of work pattern, magnitude of the injury and other issues related to the burns caring process itself. The current study also focused on investigating stressors and coping strategies of nurses with regard to burn care.

Lewis, Peppe, Twomey and Poltier (1990) surveyed perceived stressors and coping strategies amongst nurses in a burns unit in the United State of America. The study was intended to identify what burns nurses perceived as stressors in the work place and how they coped with the stress. Questionnaires, in an open ended question format, were distributed to 24 registered nurses working in a burns unit. Seventeen (71%) of these nurses completed and returned the questionnaires. The findings of the study indicated 88% of the nurses expressed that people used to question them about why they worked with burns injured patients; 65% of the nurses expressed they felt both positive and negative about the community`s sentiments, whilst 36% felt totally negative. All the nurses expressed that work related stress affected their life and included irritability, impatience and feelings of fatigue.

The nurses in the study expressed that their greatest asset in the unit was team work and team support. The nurses however further stated that conflicts with the medical team were one of the main stressors in the work place as well as personal conflicts among nursing

staff and dealing with staff personalities. According to the findings of the study, the common methods of coping with the work related stress were talking with co-workers and maintaining a sense of humour.

The findings of the study did not however clarify the sources and nature of the conflicts amongst the staff and how they were resolved. It is acknowledged that working in a team requires vigilance of the team`s coordinator to direct the course of the team`s activities towards a common goal. The current study therefore probed more on the nature of the interaction which exists between the nurses and other members of the burns care team.

The nursing profession has always been associated with the act of caring to promote comfort. However, inflicting pain on patients has been described as part of the daily routine for nurses, especially those working in burns units though it has not been acknowledged as a legitimate part of the work in nursing (Nagy 1999). Burns pain has been described to be terrible to the ones who feel it and stressful for the ones who provide the care (da Silva & Rebeiro 2011). This implies that inflicting pain on patients during some therapeutic interventions, such as dressing changes, can be a source of stress for nurses.

Nagy (1999) conducted a study aimed at identifying the range of coping strategies nurses use when performing painful procedures on patients with burn injuries. The researcher interviewed nurses working in a paediatric and adult burns units who were asked to express their views on what it was like for them to inflict pain on patients during the course of giving nursing care. The participating nurses were given maximum opportunities to explore their experiences by being interviewed several times at six-month intervals. The findings of the study revealed that the nurses carried out the painful procedures in order to enhance recovery. However, the nurses had different approaches of accomplishing this desire.

In this study, some nurses opted for ignoring patients` pain by emotionally and physically distancing themselves, from the patients` pain, in order to continue with their work. Nurses with this opinion gave their patients little control over the procedure as they only focused on the long term benefits of their actions. Other nurses engaged the patients by providing shared control over the painful procedure in attempt to gain compliance, whilst some sought support from colleagues, friends and patients` relatives. There were also nurses who employed the core role reconstruction which aimed at balancing their role to care but also inflict pain in order to enhance recovery. This enabled the nurses to view nursing as being inclusive of inflicting pain to bring healing as well as alleviating pain.

The findings of this study showed there was no single strategy of coping with burn pain to the full satisfaction of both patients and care givers. The current study was therefore undertaken to explore more views of coping with burns pain which might be close to the satisfaction of both patients and care givers.

In their study, Kornhaber (2011) found nurses expressed feelings of inadequacy with regard to their inability to relieve burn pain during burns treatment procedures. This can predispose nurses to feelings of powerlessness which can be a source of stress in burns care. Little is reported on the issue of powerlessness towards pain control amongst nurses therefore this study was carried out to probe more on nurses` experiences and feelings of powerlessness towards pain control in burns care.

Following exposure to the sequalae of burn injury, Ariely (2008) conducted retrospective evaluation of the encountered experiences with burns pain regarding pattern of pain over time, breaking up of the painful burns treatment procedures and the duration for conducting the painful treatment procedures in relation to care providers` views of these aspects.

According to the researcher, the findings of this study reflected that the overall pain of prolonged experience was largely influenced by the final intensity of the pain experienced. This implied pain that worsened over time was perceived to be more painful than pain which improves. Based on this, the author argues that care providers should initially deliver treatment interventions to most painful parts and then to the less painful aspects. On introduction of breaks to relieve pain during painful procedures, the researcher found this should be considered in relation to the patients` ability to cope with the inflicted pain, which should be influenced by the individual patient and the specific treatment required.

On duration of conducting the painful therapeutic interventions, the author wished to investigate the value of the short-fast treatment approaches which are routinely employed in the clinical areas by most care providers. The findings of the study reflected that pain intensity would be reduced in favour of prolonged duration of the procedures although that could also be influenced by individual patients. However, on presenting these findings to the care providers the other side of the issues surfaced, as Ariely (2008:12) writes:

> `*I was assuming the goal should be to minimize the overall pain of the patient. I was neglecting the caregiver's emotional difficulty in delivering treatments to patients who were screaming and begging for them to stop. Since the nurses experience the duration more readily than the pain intensity, and since the treatment's duration was under their control, to reduce the nurses' pain, the short-fast treatment was chosen*`.

From the above perspectives, it is evident that nurses who are duty bound to inflict pain onto patients with burn injuries during the different painful therapeutic interventions are equally stressed with the continued exposure to the patients` devastations. Such nurses are likely to respond to the patients` demands differently. The current study was therefore undertaken to investigate the varied approaches nurses employ to deal with the patients`

demands in attempt to explore appropriate mechanisms that will be to the interest of both parties.

Current advances in medical sciences have led to prolonging life of trauma victims, even if prognosis remains unpredictable and poor and the stress of nursing such patients cannot be undermined. According to Coffey (2011), making decisions on sustaining life in light of advanced medical technology and where prognosis is poor can be challenging to health professionals. This can be a source of stress and nurses, who spend more time with patients on daily basis than any other health care team member, bear the greatest burden.

Coffey (2011) conducted a literature review on end-life in burns care from the nursing perspective. The purpose of the literature search was to illustrate the challenges burns nurses face when nursing patients with extensive burns and whose prognosis is poor. One case of interest was that of a patient with over 65% of body surface burns, whose single session of wound dressings used to take more than 90 minutes. During the dressing process, the patient used to cry uncontrollably and withdraw from the pain despite administration of adequate analgesia. The study revealed that the nursing staff found it difficult to care for the patient because of the amount of pain they had to inflict for daily care and dressing changes. The nurses had to request not to care for the patient more than one day at a time because of the suffering and distress the patient`s pain caused on them. When the condition of the patient worsened, the nurses who used to spend more time with them were also challenged in answering questions and explaining the care and course of the illness to the patient and guardians which further worsened their emotional feelings. The patient eventually died after seven months, with a hospital bill exceeding 1.5 million USA dollars. The author suggested that research in this area is needed to look at nurses' resilience and communication about death and dying issues within the burns care team.

According to McAlister and Lowe (2011), the concept of resilience refers to a person`s resistance to stress and indicates an individual`s ability to overcome a difficult situation which can be developed and acquired over time. Resilience can therefore be achieved using good coping skills. In burns care, this resilience can be used to overcome traumatic experiences associated with the burns and the burns caring process.

Kornhaber and Wilson (2011) conducted a descriptive phenomenological enquiry on building resilience in burns nurses. The study was intended to explore the concept of building resilience as a strategy for responding to adversities experienced by burns nurses. Purposive sampling was used to select seven registered nurses from a severe burns injury unit in South Wales, Australia. Participants were all female nurses, aged between 25 and 58 years, with a burns nursing period ranging from 3 to 23 years. Data was collected using in-depth interviews and analysed using the Colaizzi`s phenomenological method of data analysis. Themes of interest that emerged from the study for the purpose of the current study were those of natural selection, coping with the challenges of burns nursing and regrouping and recharging in burns care.

On natural selection, participants expressed that the principles of natural selection of the survival of the fittest would be applied in burns nursing, where only those nurses who would be mentally strong enough would continue to work in the burns units without reaching burn-out state. On coping with the challenges, participants expressed burns nursing to be challenging due to the physical and emotional demands endured during provision of care, such as the increased work load and exposure to the devastations of the patients. On regrouping and recharging, the participating nurses expressed the importance of finding means to remove themselves from the stressful burns environment during periods of high stress and emotions. However such approaches would be determined by the provisions for burns care in the context of staffing levels, which remains varied globally and individual nurse`s capacity to respond to the varied sources of stress.

From these perspectives it can be acknowledged that more research is needed globally to establish different ways of building resilience amongst nurses; consequently the current research was undertaken.

2.6 SUMMARY

This chapter has provided analysis of the literature reviewed in relation to the study. The chapter presents clarification of major concepts that underpin the study, description of the theoretical foundation of the study as well as an overview of burns as a trauma event of public concern. The bulk of the literature reviewed and analysed is on burns care with focus on nurses` experiences in the burns caring process, patients` burns pain, stressors and coping strategies in burns care.

The key issues in this study include the burn injuries, caring and the lived experiences. At the centre of these issues are the nurses who care for patients with burn injuries. In this study, the nurses` lived experiences are investigated in the context of caring for these patients.

The study was built on Florence Nightingale`s nursing theory of the environment. According to the literature reviewed, Nightingale`s theory stresses on nurses` role of manipulating the patients` environment to enhance recovery. The current study focused on exploring nurses` lived experiences in manipulating the environment surrounding the patients with burn injuries, which was inclusive of both the internal and external consequences of burn injuries on the patients.

From the literature reviewed and analysed, burn injuries pose as a global burden whose magnitude is quite huge in LMICs. Despite being a major cause of morbidity and mortality, burns do not attract the priority attention of the health budget in these countries compared

to HICs (Potokar, 2012). This can place a burden on the burn care givers which can eventually compromise the quality of burns care in these regions.

The literature analysed also suggests that optimal burns care requires a multidisciplinary approach, where collaborative efforts of different disciplines support the patients towards a successful recovery. At the centre of this team is a nurse who, if well-equipped and supported, assumes the role of coordinating the teams` interventions towards such a successful patient recovery. However the current capacity of the nurses in influencing the burns care team towards delivering patient-centred care remains uncertain.

Central to the overall burns care is the concept of caring which, according to the literature analysed, is perceived to be very instrumental for supporting patients with burn injuries to pass through the burns care process swiftly. However, it is acknowledged that demonstration of compassion in burns care can be challenged with the infliction of pain which constitutes part of routine in burns care, as is seen during the varied painful therapeutic interventions. According to da Silva and Rebeiro (2011), pain from burns is perceived to be terrible for those experiencing it and stressful for those delivering the care and consequently can be a source of stress to both parties.

The literature reviewed also points out that delivering care to patients with burn injuries can expose nurses to significant stress. The sources of such stress is varied and can arise from the organisation of the burns care approaches, the patients and the caring process itself, amongst many other sources. Some reported signs and symptoms of stress amongst burns nurses include sleep disturbances, headache, moodiness and fatigue (Negble et al (2014). The nurses` demonstration of these forms of stress varies and more research is required due to differences in provisions for burns care across the globe.

From the examined literature, the bulk of information that explores aspects of burns globally focuses on burns epidemiology, management and burns care outcome. Information which investigates the experiences of burns care providers is limited to specific regions. Based on the literature reviewed and analysed, it is evident that working in burns care settings induces physical and emotional exhaustion among care providers (Cronin 2001, Kornhaber 2009 & 2011). Nurses who maintain 24 hour contact with patients have been described as being more heavily exposed to this exhaustive occupational environment than other health care professionals (Kornhaber 2011 & Negble et al 2014).The literature also suggests there are various factors contributing to such occupational exhaustion across the globe which are influenced by case load and provisions for burns care.

From this perspective, it is evident that response to various occupational exhaustions in burns care might differ globally. The literature reviewed suggests that caring for patients with burn injuries can be psycho-emotionally demanding to care givers (Cronin 2001; Kornhaber 2009; Negble et al 2014), however, specific stressors and coping strategies have not been adequately explored. The current study utilised a qualitative descriptive phenomenological approach to investigate the lived experiences of nurses in caring for patients with burn injuries within the African context, which was intended to further highlight stressors and coping strategies in burns care within the region.

This chapter has highlighted crucial findings in previous studies on burns care and how the current study builds on such findings. The next chapter describes in detail the research methods utilised in the study.

CHAPTER THREE

RESEARCH DESIGN AND RESEARCH METHODS

3.1 INTRODUCTION

In this chapter, the methodology used in this study will be discussed in greater detail and will include the research design and research methods used, the study setting, population, sample and sampling, data collection, data analysis, measures for ensuring trustworthiness of the study and ethical considerations.

3.2 AIM AND OBJECTIVES

The aim of the study was to investigate what nurse's undergo as they provide nursing care to patients with burn injuries at a public sector academic hospital in Johannesburg. The investigation included probing into the nurses` experiences, perceptions, feelings and opinions regarding caring for burns victims. This was intended to identify areas which need support and further research for the wellbeing of the nurses and advancement of nursing practice in burns care.

In order to do this, the following objectives were set:

- To explore the lived experiences of nurses caring for burns victims in a burns unit of an academic hospital in Johannesburg.
- To describe the lived experiences of nurses caring for burns victims in a burns unit of an academic hospital in Johannesburg.

- To identify and describe the mechanisms of coping with the demands of nursing burns victims in a burns unit of an academic hospital in Johannesburg.

3.3 **RESEARCH DESIGN**

Research design is the overall plan for addressing a research question including specifications for enhancing the study`s integrity (Polit &Beck, 2012:741). In this study, a qualitative, phenomenological descriptive design was used to explore nurses` lived experiences in caring for burns victims in a burns unit of an academic hospital in Johannesburg. This was based on Husserl`s (1962) philosophy, which places emphasises on giving a description of a situation as experienced by those who lived in it (Polit & Beck, 2012).

3.3.1 Qualitative Research

Qualitative research is the investigation of phenomena, typically in an in-depth and holistic fashion, through collection of rich narrative material using a flexible research design (Polit & Beck, 2012:739). According to Munhall (2001), qualitative research involves use of broadly stated questions about human experiences and realities, studied through sustained contact with the persons in their natural environment and producing rich, descriptive data that helps to understand those persons` experiences. In this context**,** qualitative research helps to generate subjective lived experiences through the disclosure of one`s everyday life in relation to a particular situation. This approach therefore provided an opportunity to gain understanding of the lived experiences of nurses practicing in a burns unit of an academic hospital in Johannesburg.

3.3.2 Phenomenology

Phenomenology is the research methodology employed in this study. In this section, an overview of phenomenology will be presented including the two (2) approaches of this research methodology as developed by Husserl and Heidegger. The applicability of Husserl`s approach in this study will also be presented.

3.3.2.1 Overview of phenomenology

Phenomenology is both a philosophy and a research method with the purpose of describing human experiences as they are lived (Burns & Grove.2001:65). Historically, phenomenology has its origin way back in the early twentieth century under the influence of the German Philosopher, Edmund Husserl, who intended to establish unbiased approach of understanding human consciousness and experience (Lopez & Willis, 2004). According to de Vos, Strydom, Fouche and Delport, (2005:270), phenomenology is a type of research design that aims at understanding and interpreting the meaning subjects give to their everyday lives. The focus of phenomenological study is on investigation of human experiences through disclosure of those who lived in the situation under probe (Polit & Beck 2012). The current study therefore fitted well with this approach as it intended to investigate the lived experiences of nurses who were actually involved in caring for burns victims in a burns unit of an academic hospital in Johannesburg.

3.3.2.2 Approaches to phenomenological studies

Phenomenological studies are based on two schools of thought; descriptive phenomenology and interpretive phenomenology (Polit & Beck, 2012:495). According to Polit and Beck (2012), descriptive phenomenology is based on Husserl`s (1962)

philosophy which places emphasises on giving descriptions of things as people experience them, whilst interpretive phenomenology is based on Heidegger`s philosophy which advocates for interpreting and understanding human experience beyond just giving a description. The data collecting strategy for both approaches is the qualitative, in-depth interview where the output of the interview is the narrative account by the participant regarding her/his knowledge and experience of the topic under probe (Lopez& Willis, 2004). According to Polit and Beck (2012), the main differences between these two approaches is that descriptive phenomenology advocates for bracketing, which is the process of identifying and holding preconceived beliefs and opinions about the phenomenon under study by the researcher, whilst interpretive phenomenology advocates for understanding of the subject matter on the part of the researcher. In this context, descriptive studies yield actual information that is free of interpretation, hence is more subjective, whilst interpretive studies seek for meanings of a situation.

Husserl`s Descriptive Phenomenology

It is acknowledged that the roots of phenomenology are related to early history of Plato, Socrates and Aristotle who struggled to understand the phenomena (Fochtman, 2008). However, according to Lopez and Willis (2004), Edmund Husserl was a German Philosopher who influenced phenomenological studies in the early twentieth century. Polit and Beck (2012) document that descriptive phenomenology was developed first by Husserl (1962), whose primary interest was centred on giving description of things as people experience them. The main concept in Husserlian philosophy is for the researcher to be able to achieve information that is subjective. ‘Husserl believed that subjective information should be important to scientists seeking to understand human motivation because human actions are influenced by what people perceive as real’ (Lopez & Wills, 2004).

According to Polit, Beck and Hungler (2001), descriptive phenomenological studies involve four (4) steps: bracketing, intuiting, analysis and describing. Polit and Beck (2012) refer to bracketing as the process of setting aside preconceived beliefs and opinions about the phenomenon under probe and that intuiting occurs when the researcher remains open to the meanings attributed to the phenomena by those who experience it. These authors state that analysis involves extraction of significant statements, categorising and making sense of the phenomena after which the researcher comes to understand and define the phenomena. In this context, descriptive phenomenological studies generate actual subjective information that is free of any interpretations.

Heidegger`s Interpretive Phenomenology

Heidegger was a student of Husserl and was influenced by his teachings (Kornhaber, 2009). In his inquisitiveness, Heidegger modified Husserl`s philosophy by introducing some assumptions he felt would yield meaningful inquiry (Lopez & Willis, 2004). In contrast to Husserl`s philosophy, Heidegger`s philosophy advocates for interpreting and understanding human experience beyond just giving a description (Polit & Beck, 2012). According to Lopez and Willis (2004), Heidegger believed that to study human experience required looking for meanings embedded in common life practices.

From the above perspectives, it can be argued that descriptive phenomenological studies would generate information free of interpretations and consequently, such information would be more subjective compared to interpretive phenomenological studies which seek for meanings of a situation. In the current study, the descriptive phenomenology was adopted in order to generate subjective information which would provide rich understanding of the actual experiences as lived by the nurses caring for burns victims at an academic hospital in Johannesburg.

3.3.2.3 Implications of phenomenology in nursing practice

Phenomenological studies are viewed as means of understanding the uniqueness of individuals and their meanings and interactions with others and the environment, thus providing nurse scholars/practitioners with an approach of inquiry that fits well with the philosophy and art of nursing (Lopez & Willis, 2004). It can therefore be acknowledged that these phenomenological studies can help nurse scholars to develop knowledge which is culturally relevant and respectful to the social realities of those living in the situation (Lopez& Wills, 2004). By employing a phenomenological approach in this study, it was hoped it would help in gaining rich information regarding nurses` experiences in caring for patients with burn injuries

3.3.3 Exploratory Study

Qualitative research methods are useful in exploring the full nature of little understood phenomena (Polit & Beck, 2012:18). Studies have been conducted in the field of burns care within the African context, however not very extensively with regard to nursing perspective. Exploratory strategy was therefore used in this study to shed more light on the aspect of nursing practice in burns care within the region.

3.4 RESEARCH METHOD

Research methods are techniques researchers use to structure a study and to gather and analyse information relevant to the research question (Polit & Beck, 2012:12). According to Burns and Grove, (2001:223), research methodology can be considered as the entire strategy for the study, while the research design guides the researcher in planning and implementing the study in a way which is most likely to achieve the intended goals**.**

3.4.1 Research Setting

This study was carried out at a burns unit of a university affiliated hospital in South Africa. South Africa has nine (9) provinces with an estimated total population of 52.98 million, 24% of which is in Gauteng Province (Statistics South Africa, 2013). South Africa`s health service delivery consists of a large public health sector and a small but fast growing private sector. Health care services range from basic primary health care to hi-tech health services available in both public and private health sectors (South Africa. Info, 2012).

The setting for this study is a burns unit of a public sector hospital in Johannesburg, Gauteng Province. This 3000 bedded hospital was, in 1994, listed in the Guinness Book of Records as being the largest hospital in the world and gained international status for training of health professionals (Tshukutsoane & Scribante, 2008). Currently, the hospital remains one of the largest referral hospitals in South Africa and serves surrounding countries. The institution has two (2) burns units for adults and paediatric patients. Nurses practicing in these units include those with speciality training in Intensive Care Nursing and those who receive on-the-job training and continuous professional development on new techniques in burns care management. The unit was chosen as an ideal site for the study as it also serves as a learning centre for burns care providers, including nurses from the surrounding countries.

3.4.2 Target Population

The target population of a study is the group of people a research problem is concerned with (de Vos, Strydom, Fouche & Delport 2005:194). In this research, registered nurses, practicing in the burns unit at an academic Hospital in Johannesburg, were the target study population.

3.4.3 Sample and Sampling method

A sample is a subset of the population selected for a particular study and sampling is the process of selecting a group of people, events, or other elements with which to conduct a study (Burns & Grove, 2005:42). In this study, the sample was selected using purposive sampling which focused on personal judgment about which ones would be most informative (Polit & Beck, 2012:738). In this context, registered nurses with more than one (1) year of practicing in the burns unit were targeted as they were expected to possess professional knowledge and skills in burns care and to have adequate exposure with burns victims and the burns caring process.

In this study a total of 15 registered nurses (n=15) were targeted. A list of registered nurses practicing in the burns unit was requested from the burns unit manager and included the period working in the unit. Those with more than one year of practicing in the unit were approached, issued with the information letter about the study and requested to participate in the study upon comprehension of the contents of the letter. The registered nurses who showed interest and agreed to take part in the study were selected as participants for the study. A total of 13 registered nurses gave written consent for participation in the study.

For this study, the inclusion criterion was as follows:

- Registered nurses with more than one year of practicing in the burns unit.
- Registered nurses who met the above criteria and had given written informed consent for participation in the study.

Exclusion criteria for the study were enrolled and auxiliary nurses, as their category of nursing was not expected to have the skills and in-depth knowledge of burns care.

3.4.4 Data Collection

Data collection is the gathering of information to address a research problem (Polit & Beck, 2012:725) and involves collection of information from the study participants about the issue under study. In qualitative studies, interviewing is the predominant mode of data collection (de Vos, Strydom, Fouche & Delport 2005:287). In this study, data was collected using in-depth interviews and the researcher was the instrument whose experience in burns nursing helped to direct the discussion towards the objectives of the study.

3.4.4.1 Pilot study

A pilot study is a smaller version of a proposed study, conducted to refine the methodology of the study (Burns & Groove, 2005:38). In this context, one (1) interview was conducted, prior to those of the main study, to assess the competency of the researcher in conducting interviews and to test for clarity of the interview questions and probes used.

One registered nurse was randomly selected for this pilot interview and was briefed of the intention of the interview to be conducted. The interview was conducted at the burns unit using the interview guide.

The registered nurse participant was asked to comment on the clarity of the language, questions and the questioning technique employed by the researcher. This was intended to identify strengths and weaknesses of the proposed study design and the competency of the researcher in conducting the interviews. The participant conveyed that the questions and questioning techniques were clear and relevant and so no modifications were made

to the question guide. The results generated in the pilot study are not included in the findings of the main study

3.4.4.2 Data collection process

After obtaining clearance to conduct the study from the ethics committee **(see Appendix E: Clearance Certificate no: M140463)** and approval from the Chief Executive Officer for the hospital **(see Appendix G),** permission to gain access to the burns unit for the study was sought from the manager of the Nursing Services of the hospital **(see Appendix H).** The burns unit manager was visited and briefed of the intended study and the information letter, about the study, was issued to her **(see Appendix C).** With the Unit manager`s permission, the eligible registered nurses were approached at a convenient time and briefed of the intended study and its purpose. Copies of the information letter and consent form were left with each of the selected registered nurses who showed interest in participating in the study. Voluntary participation in the study was emphasised and the eligible nurses who felt strongly about participating, after comprehension of the information letter, were asked to give written consent **(see Appendix D).** A convenient time for the interview was agreed with each participant in liaison with the unit manager.

All the interviews were conducted at the burns unit. At the beginning of each interview, participants were asked to relax and were reminded they could withdraw at any point should they so wish. A prepared interview guide with one (1) open ended question and probes was used to guide the course of the discussion **(see appendix B).** This allowed the participants to talk more about their experiences in their own terms while the researcher listened (de Vos et al, 2005:288-296).

The discussion included sharing of participants` experiences, perceptions and opinions about caring for burns victims in general, aspects of painful treatment procedures, what they considered to be most motivating or challenging in caring for burns victims, coping mechanisms and opinions on what could increase work morale in burns nursing. Each interview continued until no new information could be generated, which signified data saturation (Polit & Beck, 2112:62)**.**

During the interview, after obtaining written consent (**see Appendix D),** field notes were made and the discussion was audio-taped**.** No names were used during interviews to ensure confidentiality and anonymity, however, information (in range) on age, work experience and qualification was sought (see **Appendix A**).

At the end of the interview, the participants were thanked for their cooperation and input. The audio-taped information and other written scripts were stored in a locked cupboard only accessed by the researcher.

There were a total of 13 interviews, each of which was conducted by the researcher alone. The audio-taped information was transcribed verbatim within 48 to 72 hours following the interview.

3.4.5 Data Analysis

Data analysis pulls elements or data together to present a clear picture of all of the information collected (Macnee, 2004:21). This involves organisation of information generated during data collection in a more meaningful manner. In this study, data analysis began with listening to the informants` verbal description and observing non-verbal expressions during the interviews. Clarification of issues of interest was sought during the interviews which were interactive in nature. The transcription of the audio-taped

information was analysed using a descriptive methodology utilising Colaizzi`s (1978) data analysis approach (Polit & Beck, 2012:566), which involves the following steps:

- Step one: Re-reading the transcribed data to get sense of the information.
- Step two: Extracting significant statements which link to the issue under probe.
- Step three: Formulating meanings of each extracted significant statement.
- Step four: Organising the formulated meanings into clusters of themes.
- Step five: Integrating results into exhaustive description of the phenomenon.
- Step six: Formulating an exhaustive description of the phenomenon.
- Step seven: Validation of formulated descriptions of the phenomena.

According to Polit and Beck (2012), Colaizzi`s strategy of descriptive phenomenological data analysis approach, as outlined above, assists in extracting, organising and analysing narrative dataset. The process further helps to integrate significant statements and clusters of themes to formulate overall themes which describe the phenomenon thoroughly.

Below is the schematic summary of the data analysis approach employed in this study, as framed from the Colaizzi`s steps of data analysis:

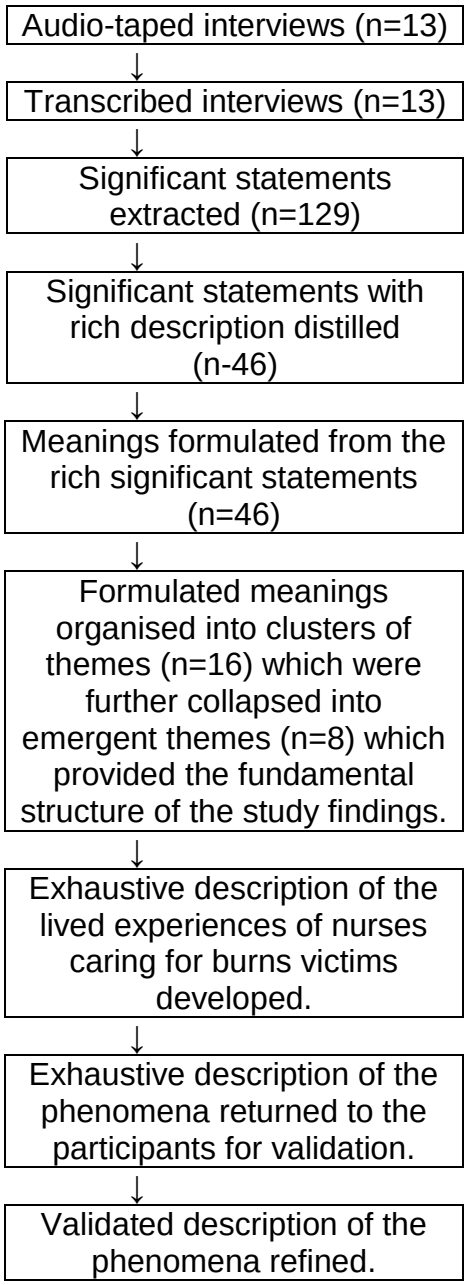


Figure 3.1 Schematic Summary of the Data Analysis

3.4.5.1 The practical approach employed for data analysis in this study

Prior to commencement of the data analysis, each transcribed interview was cross-checked with the original audio-recording to establish its accuracy.

In this study, the following flow of activities was employed during the data analysis process:

Step one: Reading the Transcribed Interview

During this step, each of the audio-taped interviews was listened to attentively several times. This was followed by reading the corresponding transcribed data repeatedly to get a meaning of its content. The researcher`s own assumptions and views about caring for burns victims, which were a result of her experience in burns care, were set aside to concentrate on exploring the experiences as expressed by the participants. This was achieved through bracketing, which is a process of identifying and holding preconceived beliefs and opinions about the phenomenon under study in an effort to confront the data in its pure form (Polit and Beck, 2012: 495).

Step two: Extracting Significant Statements

At this point**,** significant statements linked to the phenomenon under probe and the objectives of the study were isolated and underlined in each transcribed interview. Below is an extract of how significant statements were isolated and underlined in one transcript:

(Participant: `Sister, **don`t think it is all about money issues though that can be part of it**. **I mean something that can sooth us from this exhaustion after this heavy work,** I have seen this happening in other units, **I mean organizing things like brier parties, just to keep us refreshed for a while`**(*participant pauses).*

Participant continues: `Also, knowledge and skills for recognition- and not merely for doing the job. Just look at how critically ill these patients are and the surrounding technology in this room like these monitoring machines (*points to an ECG monitoring machine*). I was only trained to use these machines and care for these critically patients on the job! But you know, my decisions sometimes may not

be appreciated in this unit because I do not have that power- I mean that empowerment via knowledge and skills acquired through proper certification. You know, people tend to be recognised and appreciated based on the certified qualification that they possess. These trainings on the job do not place so much power on us nurses that we can effectively influence patient centred care in the clinical settings` (*participant pauses*)

Participant continues: `You know, it is not only about these sophisticated monitoring systems- you see these green stained dressings, (*points to green-stained swabs used on the wound*), this room needs to be well aerated before getting in another fresh burn. But people here will only be looking at the urgency of the situation. **As a nurse, I may not have much influence on immediate transferring in of patients in this room.** Sister, this sometimes frustrates me- I cannot be just be doing delegated work on and on. My views based on what I am certified with concerning my work needs to be recognised...` (*makes another pause*)

These statements were later written on another sheet where they were identified with the source in the transcript. A total of 129 significant statements were extracted. However, an element of repetition was spotted and so only significant statements with rich descriptions related to the phenomena under study were retained. A total of 46 significant statements were extracted and coded with numbers as demonstrated in **Table 3.1.** (For a full list of the significant statements, **see Appendix I)**

Table 3.1 Extraction and Coding of Significant Statements

CODE	SIGNIFICANT STATEMENTS
1	*`... this unit is so busy especially during this time when it is very cold. See, how many patients we have in the ICU rooms and there are also others in the cubicles..,`*
2	*`- ...see how we are working so continuously....`*
3	*`... you see, patients here come from all over, we no longer see patients just from nearby, but from all the regions and really this increases the work load as we always have so many patients as you can see.`*
4	*`You see, like in our shift, we are only 2 professional nurses! This unit just needs a lot staff especially the registered nurses, you know.`*
5	*`you are talking of the patients with the skin all gone,...and sometimes they are confined to the bed as they are on the ventilators, so changing their dressings is not easy at all, doing them on the bed and also trying to make sure that the machines and the intravenous lines, talk about the tubes fixed to the patients are not disturbed, hei, really we just need to be more than one nurse on a single patient..., you see.`*
6	*`Oho.., it was like a shock for I never expected to see what I saw when I just came in....`*
7	*` you talk of the smell of the burned skin at your disposal, the discomfort of the patients, the number of patients you are to attend to; all with their high expectations of you as their care giver; and sometime such patients don`t make it you know, you become affected as human beings.`*

Step three: Formulation of meanings of the extracted significant statements

During this step, each of the extracted significant statements was scrutinised and examined within the context it was expressed to attach a meaning in relation to the phenomenon under study. Forty six meanings were therefore formulated which corresponded to each extracted significant statement, as shown in **Table 3.2**. (For a full list of formulated meanings, **see Appendix J)**

Table 3.2 Formulation of Meanings of the Significant Statements

CODE	SIGNIFICANT STATEMENT	FORMULATED MEANINGS
1	*`... this unit is so busy especially during this time when it is very cold. See, how many patients we have in the ICU rooms and there are also others in the cubicles..,`*	Many patients are admitted with burns when it is cold and this increases work load for the nurses.
2	*` ...see how we are working so continuously....`*	Nurses overwhelmed with increased workload in the burns unit.
3	*`... you see, patients here come from all over, we no longer see patients just from nearby, but from all the regions and really this increases the work load as we always have so many patients as you can see.`*	Due to unavailability of specialised burn treatment centres within the region, the burns unit admits many patients from a wide catchment area, hence exposes nurses to increased workload.
4	*`You see, like in our shift, we are only 2 professional nurses! This unit just needs a lot staff especially the registered nurses, you know.`*	Burns unit require more nurses.
5	*`you are talking of the patients with the skin all gone,...and sometimes they are confined to the bed as they are on the ventilators, so changing their dressings is not easy at all, doing them on the bed and also trying to make sure that the machines and the intravenous lines, talk about the tubes fixed to the patients are not disturbed, hei, really we just need to be more than one nurse on a single patient..., you see.`*	It is very cumbersome and demanding to nurse patients with burns because wounds are big; victims in severe cases are confined to bed and restrained with varied life support gauges.
6	*`Oho..- it was like a shock for I never expected to see what I saw when I just came in....`*	Nurses experience the unexpected when initially allocated to the burns unit.
7	*`you talk of the smell of the burned skin at your disposal, the discomfort of the patients, the number of patients you are to attend to; all with their high expectations of you as their care giver; and sometime such patients don`t make it you know, you become affected as human beings.`*	Nurses feel challenged to care for patients with burn injuries due to the seriousness and nature of the injuries.

Step four: Organising formulated meanings into clusters of themes.

This step involved pulling together the formulated meanings of similar nature into unique categories of a specified character, followed by incorporation of these categories into clusters of themes which reflected a particular distinct issue related to the phenomenon under study. A total of 16 clusters of themes were generated which depended on their commonalities, as partly shown in **Table 3.3.**

Table 3.3 Formulation of Clusters of Themes

FORMULATED MEANINGS	CLUSTERS THEMES
Many patients are admitted with burns when it is cold and this increases workload for the nurses (1). Due to unavailability of specialised burn treatment centres within the region, the burns unit admits many patients from a wide catchment area which exposes nurses to increased workload (3), It is very cumbersome and demanding to nurse patients with burns because wounds are big and victims in severe cases are confined to bed and on varied life support apparatus which needs intensive care and monitoring (5). Nurses experience the unexpected when initially allocated to the burns unit (6). Nurses feel challenged to care for patients with burn injuries due to the seriousness and nature of the injuries(7)	Labour intense (Exposure to physical wear and tear) Exposure to emotional wear and tear
On-the-job training without proper certification makes burn nurses doubt their own abilities in burn nursing practice (14). Burn nurses are equipped in knowledge and skills for the job only after long exposure to the burns unit work setting.(16), Burn nurses exhibit some degree of inadequacy in decision making (18)	Initial inadequacy in knowledge and skills for the burn nursing job Inadequacy in decision making

Key:

Bracketed figures= coded significant statements

Step five: Description of the Phenomena under study (Emergent themes)

At this step, the 16 cluster themes were further examined and collapsed into eight (8) emergent themes which depended on their commonalities, as partly presented in the last column of **Table 3.4.** These emergent themes provided the fundamental structure of the lived experiences of nurses regarding caring for patients with burn injuries. (For full list of clusters of themes and emergent themes, **see Appendix K)**

Table 3.4 Emergent Themes

FORMULATED MEANINGS	CLUSTERS THEMES	EMERGENT THEMES
Many patients are admitted with burns when it is cold and this increases workload for the nurses (1). Due to unavailability of specialised burn treatment centres within the region, the burns unit admits many patients from a wide catchment area which exposes nurses to increased workload (3). It is very cumbersome and demanding to nurse patients with burns because wounds are big and victims in severe cases are confined to bed and on varied life support apparatus which need intensive care and monitoring (5). Nurses experience the unexpected when initially allocated to the burns unit (6). Nurses feel challenged to care for patients with burn injuries due to the seriousness and nature of the injuries (7).	Labour intense (Exposure to physical wear and tear) Exposure to emotional wear and tear	Exhaustive caring
On-the-job training without proper certification makes burn nurses doubt their own abilities in burn nursing practice (14). Burns nurses are equipped in knowledge and skills for the job only after long exposure to the burns unit work setting.(16), Burn nurses exhibit some degree of inadequacy in decision making (18)	Initial inadequacy in knowledge and skills for the burn nursing job Inadequacy in decision making	Powerlessness on the job (limited empowerment on the job)

Key: Bracketed figures= coded significant statements

Step six: Development of exhaustive description of the lived experiences of nursing burns victims

The eight emergent themes developed above provided the fundamental structure from where the exhaustive description of the lived experiences of nurses caring for patients with burn injuries was developed. This was achieved by integration of the results into an exhaustive description of the phenomena under study **(refer to page 108**).

Step seven: Validation of the exhaustive description of the lived experiences of nursing burns victims

This step involved taking the study findings back to the participants for validation (Polit & Beck, 2012). This was done to verify if the presented results of the study were a true reflection of the participants` expressed feelings and experiences.

3.5 TRUSTWORTHINESS OF THE STUDY

Trustworthiness refers to the degree of confidence qualitative researchers have in their data and this revolves on issues which pertain to the whole research process (Polit & Beck, 2012). It is argued that trustworthiness of a study may be established if the reader is able to audit the events, influences and actions of the researcher (Koch, 1994). In this context, the central issue in establishing trustworthiness of a study is to ascertain that measures employed in the research process generate data which reflects the truthfulness of the issue under study. Several scholars have established different methods of ensuring trustworthiness and this study utilised the method of Lincoln and Guba (1985), which includes credibility, dependability, confirmability and transferability, to ensure trustworthiness of the findings (Polit & Beck, 2012, de Vos et al. 2005 & Krefting, 1991).

3.5.1 Credibility

Credibility refers to the confidence researchers have in the truth of the data and the interpretations (Polit & Beck 2012:585). According to de Vos et al. (2005), the goal in ensuring credibility is to demonstrate that the enquiry was conducted in a manner which ensured the subjects were accurately identified and described. In this context, credibility helps to strengthen the integrity of the study, which enhances people`s belief in the findings. The following techniques were employed to ensure this study`s credibility:

- **Peer examination**

The study proposal was reviewed at the Nursing Department, Post Graduate Faculty and by the Ethics Committee of the University of Witwatersrand, where it was refined and its feasibility assessed and approved.

- **Nominated sample**

In this study, purposive sampling was used to select the study participants, where study subjects were identified based on personal judgment, which would be most informative (Polit & Beck. 2012, 739). In this context, registered nurses with more than one years' experience of practicing in the burns unit were recruited for participation in the study. These nurses were expected to have in-depth knowledge of burns nursing and adequate exposure to the burns caring process hence were regarded to be a reliable source of the desired information for the study.

- **Authority of the researcher**

The researcher is a registered nurse with extensive experience in burns care and is a Master`s degree student undertaking course work in Trauma and Emergency Nursing.

- **Engagement with study participants**

The researcher visited the study setting where she worked with the nurses which helped to establish a trusting relationship with the study participants.

- **Structural coherence**

Data in this study were collected using in-depth interviews which were conducted by the researcher alone using an interview guide. This helped to take the participants through the same course of the discussion.

- **Referential adequacy:**

The interviews were audio-taped to keep an accurate record of information as related by the participants.

3.5.2 Dependability

Kreftin, (1991) relates dependability to consistency which is described as the extent to which repeated administration of a measure will provide same data. This refers to the consistency of the data and reliability of the study. The following measures were utilized to ensure dependability of this study:

- Peer examination where the study protocol was scrutinised, refined and its feasibility assessed and approved.
- Provision of a dense description of the research methods used.

3.5.3 Confirmability

Confirmability refers to objectivity and is concerned with establishing that the data represents the information participants provided and that the interpretations of the data are not invented by the inquirer (Polit & Beck, 2012:585). Confirmability therefore deals with a demonstration that the study findings are the result of the experiences and ideas of the informants and not the views of the researcher. In this study, this was ensured by the following measures:

- Verbatim transcription of the audio-taped information which allowed for presentation of exact data as related by the informants.
- Involvement of the supervisor who continuously cross-checked the whole data collection and analysis process.

3.5.4 Transferability

According to Polit & Beck (2012), transferability means the extent to which findings of a study can be applicable to other settings. This is demonstrated, in this study, by providing dense description of the research process and the report of the findings.

Table 3.5 Measures Applied for Ensuring Trustworthiness.

STRATEGY	CRITERIA	APPLICATION
Credibility	Peer examination. Nominated sample. Authority of the researcher. Engagement with the participants. Structure coherence. Referential adequacy.	Study proposal`s feasibility assessed and approved by the ethics committee of the University of Witwatersrand. Purposeful sampling was used to recruit study participants. Researcher experienced in burns care. The researcher worked with the participants at the burns unit. All interviews conducted by the researcher. The interviews were audio-taped
Dependability	Peer examination. Dense description.	Study proposal was reviewed, refined and its feasibility assessed and approved. Provided a dense description of the research methods used.
Confirmabilty	Verbatim transcription.	Audio-taped interviews were transcribed word by word.
Transferability	Dense description.	Detailed proposal was drawn. Detailed descriptive data presented in the report.

3.6 ETHICAL CONSIDERATION

Ethical issues in nursing research are standards of ethical conduct intended to safeguard the dignity of study subjects and integrity of the research process (Polit & Beck, 2012).

3.6.1 Permission to Conduct Research

In this study the research proposal was presented to the department of Nursing Education for peer review, where it was refined. The refined protocol was then submitted to the University Postgraduate Committee for assessment of the feasibility of the proposed study, where it was further refined and approved. The research protocol was further submitted to the Ethics Committee for Research on Human Subjects of the University of Witwatersrand where it was reviewed and clearance and approval to conduct the study was granted **(see Appendix E: Clearance Certificate Number: M140463).** With the Ethics Commission's approval, permission to conduct the study was sought from the authorities of the hospital where the study was to be done (**see Appendix G)**. Permission was further sought from the manager of the nursing services of the hospital to gain access to the burns unit **(see Appendix H).** The Burns Unit Manager was approached and briefed of the intended study to gain access to the study participants.

3.6.2 Informed consent

After obtaining the necessary approvals, eligible participants were approached and briefed of the intended study. Those who volunteered to participate in the study were given the information letter, which explained the details of the study, for them to comprehensively read **(see Appendix C)**. The nurses who maintained their interest to participate were asked to give written consent which demonstrated their willingness to take part in the

study (**see Appendix D).** It was further emphasised that participation was voluntary and withdrawal from the study at any point would incur no penalties.

3.6.3 Anonymity of Participants

Anonymity refers to the most secure means of protecting confidentiality, which occurs when the researcher cannot link participants to their data (Polit & Beck, 2012:162). In this study, anonymity was ensured by not using names of participants during the data collection process.

3.6.4 Confidentiality

Confidentiality is a pledge that any information participants provide will not be publicly reported in a manner that identifies them (Polit & Beck, 2012:162). In this study, the following measures were taken to ensure confidentiality:

- The audio-taped interviews were destroyed immediately after transcription.
- The transcribed data was saved with a password that was known only to the researcher.
- Identifiable written scripts were kept in a lockable cabinet and the keys only accessed by the researcher.
- Using codes and integration of identifiable data.

3.7 SUMMARY

In this chapter the methodology of the study has been described in detail. The design, population and sample were described, data collection and analysis were discussed and measures to ensure trustworthiness and ethical consideration of the study explained.

Descriptive phenomenology based on Husserl`s philosophy is the research methodology that underpins this study. The study population was identified using purposive sampling and data was collected using in-depth interviews. A description of the Colaizzi`s data analysis has been presented with illustrations of how the collected data was analysed using this frame work. The method of Lincoln and Guba (1985), which includes credibility, dependability, confirmability and transferability, was utilised to ensure trustworthiness of the findings. In the next chapter, the results will be presented.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 INTRODUCTION

This study was intended to investigate what nurse's experience as they provide nursing care to patients with burn injuries at a public sector academic hospital in Johannesburg. The investigation involved probing into the nurses` experiences, perceptions, feelings and opinions regarding caring for patients with burn injuries. In order to do this, the main objectives guiding the conduct of the study were: exploring the lived experiences of nurses caring for burns victims, describing these lived experiences, identifying and describing the mechanisms of coping with the demands of nursing the burns victims in a burns unit of an academic hospital in Johannesburg.

Thirteen (13) registered nurses participated in the study and data was collected using in-depth interviews, which were audio-taped. The collected data was analysed using the Colaizzi`s data analysis approach.

The audio-taped interviews were transcribed verbatim and significant statements and clauses which linked to the study were extracted from the transcripts. These statements were reviewed and scrutinised to ensure they related to the objectives of the study. Meanings were then formulated for the significant statements and clusters of themes developed. These clusters of themes were finally collapsed into emergent themes which became the fundamental structure for development of the exhaustive description of the phenomenon under study.

This chapter begins with the presentation of the demographic profile of the study participants. The themes which emerged from participants' expressions of their experiences in caring for patients with burn injuries are then presented with participants` quoted words for clarification purposes. The exhaustive description of the phenomenon under study is finally presented and provides the fundamental structure of the nurses` experiences in caring for patients with burn injuries.

4.2 PARTICIPANTS`DEMOGRAPHIC

Thirteen (13) registered nurses from the adult and children`s burns units of the public sector academic hospital in Johannesburg participated in the study and **Table 4.1 presents** their demographic profile**.**

Table 4.1 Demographic Data of Study Participants (n=13)

ITEM	DEMOGRAPHIC VARIABLE	FREQUENCY	PERCENTAGE
1	Age: Below 25	0	-
	26-35	3	23.0
	36-45	5	38.5
	Above 45	5	38.5
2	Gender: Male	1	7.7
	Female	12	92.3
3	Qualifications:		
	Diploma	10	77.0
	Bachelor`s degree	3	23.0
4	Speciality training:		
	Intensive Care Nursing	5	38.5
	Trauma	0	-
	Burns	0	-
5	Years of experience as a RN:		
	Below 10	3	23.0
	Above 10	10	77.0
6	Years of experience in burns nursing:		
	Below 5	2	15.4
	Above 5	11	84.6

Of the total participants (n=13), the majority were female nurses, 92.3% (n=12), 23% (n=3) were in the age range of 26 to 35 years whilst the remainder were above 36 years old. Seventy seven percent (77%: n=10) of the nurses had a diploma in nursing, whilst 23% (n=3) had a Bachelor's Degree in Nursing. With regard to specialty training, 38.5% (n=5) were Intensive Care Unit (ICU) trained nurses, none (n=13) had specialty training either in trauma or burns nursing, however, 100% (n=13) were oriented and trained on-the-job for burns care.

4.3 CLUSTERS OF THEMES

From the data collected, significant statements were extracted and meanings were formulated from these statements. The formulated meanings were grouped into clusters of themes according to their commonalities and emergent themes were developed against the isolated clusters of themes, as partly illustrated in **Table 4.1**.

Table 4.2 Cluster Themes and the Emergent Themes

FORMULATED MEANINGS	CLUSTERS OF THEMES	EMERGENT THEMES
-Many patients are admitted with burns when it is cold and this increases work load for the nurses (1). Due to unavailability of specialised burn treatment centres within the region, the burns unit admits many patients from a wide catchment area hence exposes nurses to increased workload (3). It is very cumbersome and demanding to nurse patients with burns because wounds are big, victims in severe cases are confined to bed and on varied life support apparatus that need intensive care and monitoring(5). -Nurses experience the unexpected when initially allocated to the burns unit (6). Nurses feel challenged to care for patients with burn injuries due to the seriousness and nature of the injuries (7).	-Labour intense (Exposure to physical wear and tear) -Exposure to emotional wear and tear	Exhaustive caring
-On-the-job training without proper certification makes burn nurses doubt their own abilities in burn nursing practice (14). Burn nurses equipped in knowledge and skills for the job after long exposure to the burns unit work setting.(16), -Burn nurses exhibit some degree of inadequacy in decision making (18)	-Initial inadequacy in knowledge and skills for the burn nursing job -Inadequacy in decision making	Powerlessness on the job (limited empowerment on the job)

Key: Bracketed figure= coded significant statement

4.4 EMERGENT THEMES

This section focuses on critical issues which surfaced from the participants` expressions of their experiences regarding caring for patients with burn injuries. The main issues prevailed around workload, nature of wounds, technical preparation for the job, support systems and coping strategies. Sixteen (16) cluster themes were isolated from the formulated meanings of the extracted significant statements. These were collapsed into eight (8) emergent themes which provide the fundamental structure of the findings of the study and include:

- Exhaustive caring
- Limited empowerment on the job
- Burn out
- Organisational support
- Caring behaviours of burn nurses
- Job satisfaction
- Mutual bonding
- Coping strategies which include self-motivation, resilience and teamwork/support

Each of these emergent themes will be presented in detail using extracts from the participants' quotes in the context they were expressed to give more meaning.

4.4.1 Exhaustive Caring

Nurses in this study expressed that caring for patients with burn injuries was quite exhaustive both physically and emotionally. It was apparent the cold weather that prevailed contributed to the increased workload as many patients were admitted to the unit, just as this participant described:

> *`... this unit is so busy especially during this time when it is very cold. See, how many patients we have in the ICU rooms and there are also others in the cubicles..,`*

There was an expression that the burns unit caters for a big catchment area which contributed to the increase in workload for the nurses in the unit. This is how this participant stated:

> *`... you see, patients here come from all over, we no longer see patients just from nearby, but from all the regions and really this increases the work load as we always have so many patients as you can see.`*

Due to the increase in number of patients in the unit, nurses expressed they were overworked and demonstrated some level of being overwhelmed with the workload when on duty, as expressed by this participant:

> *`I mean, ah.., (***pauses***), really we are overstretched, hei, nurses here, my sister, so many patients to care for and you see, we cannot give that total nursing care as we would wish,.. you know, we just continue working and working as we have to finish the work, we cannot leave these patients just like that, mhh..,`***(Frowns)**

The size and nature of burn wounds also exposed the nurses to some physical and emotional wear and tear as this participant expressed:

> *`And you see, the nature of wounds here, hei, they are not the ordinary types of wounds that you know, you are talking of the patients with the skin all gone, and when the face is involved the patient is swollen up`...*

To express on the intensity of the workload, the same participant further states:

> `*and sometimes they are confined to bed as they are on the ventilators, so changing their dressings is not easy at all, doing them on the bed and also trying to make sure that the machines and the intravenous lines, talk of the tubes fixed to the patients that they are not disturbed, hei, really we just need to be more than one nurse on a single patient...,*`

In this study, burn wounds were perceived as being unique compared to other surgical wounds, as one participant related:

> `*Eh...., hmm,.. It has been really challenging especially when I compare from the ward I was just before coming to this unit.., eh it was so terrifying. You know, I was in a surgical ward where we also had wounds, but the wounds there could not be compared to the ones I encountered here. So I would really say it was tough to get used and at times I used to think of quitting you know..,*`

On the same uniqueness of patients with burn wounds, this is what another participant had to say:

> `*Eh my dear, it`s really stressful, you talk of the smell of the burned skin at your disposal, the discomfort of the patients, the number of patients you are to attend to; all with their high expectations of you as their care giver;*`

When initially allocated to the unit, the participants expressed varied experiences in response to the perceived state of patients and nature of work encountered. This is how this participant expressed her initial experiences in the unit, which may reflect that new nurses allocated to the unit may have different expectations of the unit:

`Oho..- it was like a shock for I never expected to see what I saw when I just came in `

Another participant expressed the initial experiences as this;

`My Sister, it was terrible- seeing this nature of wounds and even touching them. Truly, I felt like quitting...,`

It was apparent that nurses felt challenged when initially allocated to the unit before they adapted, just as this participant expressed:

`You know some times I would not cope the sight of the big wounds ....eh and I would run out of the dressing room...., but any way, I managed to stay on, you see..`

Another nurse further stated:

`Truly, I felt like quitting but eventually I got used and here I am taking even a lead in doing dressings of such wounds. `

4.4.2 Limited Empowerment on the Job

The emergent theme `Limited Empowerment´ related to feelings of inadequacy with regard to knowledge and skills for burns care. This was expressed with regard to preparation for technical competency and decision making regarding caring for patients with burn injuries in the unit. This is what one participant had this to say regarding technical preparation for the burns care work in the unit:

`*Just look at how critically ill these patients are and the surrounding technology in this room like these monitoring machines (***points to a cardiac monitoring machine***). I was only trained to use these machines and care for these critically ill patients on the job.*`

The participants lamented for training that would adequately prepare them for caring for patients with burn injuries in totality, just as this participant expressed:

`*...so we need on-going in-service education-more on aspects of burns care from critical to rehabilitation...,and trainings for knowledge and skill development in the field of burn care.*`

With regard to specific training packages, the nurses alluded to Intensive Care training as one educational opportunity which would empower them on the job, just as this participant expressed:

`..., *you see, nurses in this unit need to be upgraded so that they become equipped with knowledge. Things like that.....I think we just need more of professional nurses in this unit but also with post-basic trainings in ICU and care of the trauma individuals.., something like that, I don't know...,*`

The need for proper training and certification for recognition in burns care was highly expressed, as stated by this participant:

`*.....it is all about going for these specialisation courses like critical care nursing. You become certified and come to work in this unit; perhaps that can make one feel empowered.*`

Another participant had this to say with regard to training for recognition:

> `*.....and of course after such trainings we need to be well certified and to be recognised, you see, making this burn nursing a speciality field can make us feel empowered...*`

The participants expressed they only received training when they were allocated to the unit, as one participant described:

> `*Ahh, hmm, I was just trained on the job for this burns care,...*`

Another participant also said:

> `*Hmmm, I did not have any formal training at all! But we do go for workshops where we are orientated on some aspects of burns care, you see.*`

It was noted these on-the-job trainings were not without some hurdles, as this participant expressed:

> `*Ahh, hmm, I was just trained on the job for this burns care,...but frankly speaking what I saw when I came here was really too much,*`

Another nurse had this to say when expressing how new nurses acquire burns nursing experience in the unit:

> `*Eh... Sister, some of the new nurses really needed a lot of support to learn and get used to this work environment, you see... I have seen some actually quitting saying `hey,..I cannot cope` and they would really leave.´*

It is worth noting that the need for special training on burns care was commonly expressed by those participants between the ages of 25 and 36 and with less than five years of experience in the unit. Those participants with more than five years of experience and aged over 45 years expressed that long exposure in the unit helped them get used to the work environment. One participant had this to say:

> `*And we also use our experiences, that is, the long exposure in this unit. You know, with that experience, you can come across a burn wound and straight away you would know exactly how to manage it...yah.*`

It was evident that nurses in the unit were mainly trained on-the-job, however one nurse had this to say:

> `*You know, people tend to be recognised and appreciated basing on the certified qualification that they possess. These trainings on the job do not place so much power on us nurses that we can effectively influence patient-centred care in the clinical settings..,*`

In this study, nurses expressed some level of inadequacy to exert influence in the burns care team for the benefit of patients, which they attributed to limited empowerment just as this participant explained:

> ` *....But you know, my decisions sometimes may not be appreciated in this unit because I do not have that power- I mean that empowerment via knowledge and skills acquired through proper certification.*`

The same nurse expressed:

> `*...you see this green stained dressings (***points to green-stained swabs used on the wound***), this room needs to be well aerated before getting in another fresh burn. But people here will only be looking at the urgency of the situation. As a nurse, I may not have much influence on immediate transferring in of patients in this room. Sister, this sometimes frustrates me - I cannot just be doing delegated work on and on. My views based on what I am certified with concerning my work needs to be recognised...*(**makes another pause**)`

It was apparent that nurses in this study demonstrated minimal influence in the burns care multidisciplinary team which prevented them manipulating the patients` environment to enhance wound healing, as this participant also stated:

> `*You know...., I think we have a challenge on controlling infections. There are times when we experience many deaths due to infections...., but I don`t know.... (***pauses)***, Well...., I do not know exactly but I think it is due to non-compliance to adhering to infection prevention practices by the staff....., and I feel this contribute greatly...,Mhhh...,I think....,(***hesitates***) you know, I just become strong and tell them to follow infection prevention practices in the unit especially when they are performing procedures on the patients..*`

Another nurse`s response on the same issue of influence in the burns care team was as follows:

> ` *Sometimes the nurses can have good ideas but you know, they may not feel all that strong to say it out although it can be the right thing* ***...Mhhh****,... (***hesitates***). I really do not know but perhaps it can be the issues of trainings,*`

However, one out of the 13 participants expressed some level of confidence in advocating for the patients. When expressing how it felt like to be the primary contact of the patients, below is what was described:

> `(**Smiles**).... *You know, this alone really makes me feel that I actually own the patients under my care, ne, and the patients really belong to me. The others just come for a while and they go. This makes me really to feel so responsible for all the care of the patients and of course I know that I am the patients` advocate so I would call in others depending on my patients` needs..,`*

4.4.3 Burn out in Burns Nursing

In this study, burnout was expressed in the context of stressful work environment and lack of organisational support. It was apparent that shortage of staff against increased work load added stress to the nurses just as one participant described:

> *`..., ha, this shortage of staff, I don`t know, I mean nurses, we are short staffed and this time of the season as you can see it is cold out there and really we have so many patients to attend, really it is very overwhelming to work in this unit, you see,..`*

Another participant also shared this response by stating:

> *`...,really it is very traumatic within, and you see, with the increase of the workload, there can be burnout syndrome...,`*

The increase in number of patients during the cold season also added stress to the nurses, just as one participant put:

`*Better when it is summer, because it is less busy then.*`

It was also demonstrated that exposure to extremes of workload in the unit would induce some emotional reactions amongst the nurses just as this participant expressed:

`*Really we are all traumatised, that is why even some nurses may not speak well with each other because of pressure*.`

The nature of patients` wounds in the unit also added emotional stress, which could induce burnout, as they were compared to wounds in the other surgical wards:

`*Eh...., hmm,.. It has been really challenging especially when I compare from the ward I was just before coming to this unit.., eh it was so terrifying. You know, I was in a surgical ward where we also had wounds, but the wounds there could not be compared to the ones I encountered here. So I would really say it was tough to get used and at times I used to think of quitting you know..,*`

The same participant further expressed:

`*You know some times I would not cope with the sight of the big wounds ....eh and I would run out of the dressing room....,*`

Limited material resources and increased responsibilities also exposed the nurses to stress as expressed below:

`*You see, I did not have a proper dressing set- I just improvised the stuff. This also delays the work.*`

The nurses felt frustrated when essential supplies were limited which added stress during service provision. The availability of few professional nurses in the unit also exposed the nurses to multiple responsibilities which was another source of stress, as one participant commented:

> `*You see, the few professional nurses available per shift do not put much effort on their allocated patients as they are jumping here and there to supervise the staff and auxiliary nurses, so they become overstretched and thus cannot function effectively...*`

Another participant shared her sentiments on this aspect by stating:

> `*Eh..you know, though I am senior, but I am also part of the stressed team...*`

The nurses felt overwhelmed with multiple responsibilities, such as having to provide direct care to patients and engaging in other administrative tasks, as they felt this compromised the quality of care they could give to patients.

From these perspectives, it was generally demonstrated that the increased work load, exposure to unsightly wounds and frustrating work environment, as expressed by participants in this study, could induce some levels of anxiety amongst the nurses which could further add to physical illness and burnout syndrome.

4.4.4 Organisational Support in Burns Nursing

In this study, there were mixed expressions regarding issue of organisational support for staff in the unit. In appreciation of the support experienced in the unit, one participant had this to say:

> *`Mhh..., you see.., our managers are very supportive...., yes they do support us. But also the guardians, they do appreciate us - you know sometimes they send us thank you cards and sometimes they do come in and just say such nice words..you know,.. so it becomes so encouraging....,`*

There was also a demonstration that external support was offered to the staff in the unit, as this participant expressed:

> *`Also this company (***mentions the company***) does support us with orientation seminars which are conducted out either in Durban or Cape-Town.`*

Another participant also expressed:

> *`You know at times, though not regularly, we do organise outings as nursing teams, that is, when we are on off, we go out and refresh ourselves; like very shortly there are plans to go to Zimbabwe to see the Victoria Falls in particular although these trips are often self-sponsored,....´*

Conversely, some participants expressed lack of organisational support in the unit, as one participant stated:

> *`And there are no incentives at all! (***Participant uses a raised tone)…** *you see…,don`t think it is all about money issues though that can be part of it. I mean*

something that can sooth us from this exhaustion after this heavy work, I have seen this happening in other units, I mean organising things like braai parties, just to keep us refreshed for a while,´ **(participant pauses).**

The same participant further stated:

`You know what: These very patients you see can be managed in the other ICUs with same outcome as here- but our colleagues there are recognised through special packages while we are not because burn nursing is not a recognised field of specialisation and it`s really frustrating.´

The need for being appreciated was also expressed as this participant put:

`Me I think, one way would be a token of appreciation from the management- just see how people are working here, we need more staff here, so management visiting and acknowledging all this work and staff , I think that can boast our morale here....´

The participants repeatedly expressed the need for special counselling services in the unit for the nurses, as one participant described:

`..., but I remember previously they used to arrange for a psychologist to come to talk to us..yah..,really, it used to be more of counselling us to keep going with this nature of work, yah...so after talking it over, you would really feel somehow encouraged and continue with the job..,´

Varied views were expressed on nature of support to be provided:

`*I think we need to be supported in organising some activities that would refresh us after exposure to this kind of environment...´*

The same participant further expressed:

`*Ah.., you know, it`s like as a team you have been on duty, working so hard as you can see, you become so exhausted and all you talk about its all about patients , work, work & work .., you know, that can be very exhausting indeed. But the same team when you go out, interact, talk about other issues outside work environment, you regain energy and become really fresh for the next shift..,´****(participant kept on laughing when expressing these views*).**

When expressing an opinion about what would increase work morale in burns nursing**,** one participant had this to say:

`*Ehe,, (***laughs)** *Speciality allowance! (***Keeps laughing***) You know, we need to be paid more money here; this is really a speciality area, it is more like the Intensive Care Unit, you see, people would always go where there is more money!´*

Another participant echoed to this by stating:

`*To me this burns unit is like a special area considering the nature of work here. You know, we just need to have a special allowance here, I really think this can encourage the nurses to come and work in the unit.´*

The expressions above reflect some limitations in the organisational support for nurses caring for patients with burn injuries in the burns unit. The participants in the current study expressed the need for provision of both monetary and non-monetary incentives as strategies of offering the organisational support to staff working in the unit.

4.4.5 Caring Behaviours of Burns Nurses

Despite exposure to some levels of work related stress, the participants in this study displayed a considerable caring attitude in the unit. The unique characteristic features captured in this study include commitment and dedication to duty, empathetic and passionate.

It was apparent that commitment and dedication to duty were fundamental features that kept the nurses continue caring for patients with burn injuries in the unit amidst the stressful work environment.

Reacting to increased work load in the unit, this participant said:

> *`Mhhh... We just continue working....,, just being committed even if it means looking after three patients. The issue is that at the end we need to have the work done..,´*

Emphasising on how work is accomplished with the shortage of staff, the same participant further stated:

> *`...,we work as a team, complaining less, because if you complain you waste a lot of time....., you can see, today, we are only two professional nurses but see how we have managed to get most of the work done.´*

With regard to other sources of stress, another participant stated:

`Oh!... It is all about setting aside all other prevailing challenges and getting the job done. What I do is to help the patient get cured.´

The nurses at times got discouraged but they still continued to help the patients with burn injuries in the unit, just as this participant described:

`However, what worries me is lack of community`s recognition on the great work we do. Rarely have I ever heard of a nurse being praised. All we hear most is that nurses are rude and so on. This really discourages me. However, that is from their perspectives. As for me, I just choose to continue with my work.´

Describing their experiences in the unit, the participants also displayed considerable empathy for their patients and guardians. It is worth noting that empathetic feelings were more apparent with paediatric burns patients, as this participant described:

*`...., it is so painful you know,... quite painful... especially that we deal with paediatric patients... eh hmm..., (**pauses**),Oh, I feel bad.., really it is not good seeing children suffer like this you know..... it is so bad..´*

Another participant also expressed her feelings:

*`..., but you know the children are very sick due to the accident...(**makes a pause**),..suffering innocently...., (**pauses**). If we can only prevent these accidents ... you see, also the scars and deformities when they survive, I really feel for the baby how they will cope in future life with such deformities, so you see, they can get well, but the future life...´*

The participants also had empathetic feelings with the mothers, as the same participant further stated:

`..and also the parents,.. you know, they are also affected, and if the children pass on, you see, you feel for the parents.´

It was likely these empathetic feelings triggered the nurses into wanting to help the patients get cured, just as this participant described:

`... it`s like we are a family so you automatically develop that inner feelings to just be part of their problems and this perhaps is what triggers this determination to continue working here because I have that desire or perhaps love... I don`t know, I just feel I have to help these patients really go home well.´

It was also evident that the participants had passion for the burns nursing job. Passion in this context implies to having strong emotions related to love of something, such as the caring of the patients with burn injuries.

One participant had this to say:

`Mhh, I think it is the passion that I have for this nature of work...,´

Another participant also expressed:

`..., I also love the kids, so it is really something within me that triggers me to continue working in this unit.´

Spiritual motivation was also apparent among the participants and helped to develop this passion for caring for patients with burn injuries.

One participant had this to say:

> *`Ah,.. you know, it`s because of the love I had for my being a nurse, I just told myself that I think it is God who is calling me to do this job, ne, so you see here I am very happy with the job.´*

Another participant also expressed spiritual views in this context:

> ***(*Speaks softly*)*** *`My dear, I would say it`s more of the love of my job, you see, so I get used to it. You know, I just love my patients. And the other thing is that I am a Christian, and not merely a Christian as such, but also a born again Christian you know. So, to me, I just feel this is part of a calling by God. Quitting from this ward because of the nature of work here and of course the kind of patients here to me would mean refusing to assist the needy ones which is not a right thing before God..., you know.´*

It is apparent that commitment and dedication, empathy and passion were the unique characteristic features of the participants of this study regarding caring for patients with burn injuries.

4.4.6 Job Satisfaction in Burns Nursing

Despite exposure to varied work-related hardships, participants in this study expressed satisfaction with regard to good patients` outcomes. One participant had this to say:

> *`Ah... it is basically when I see patients discharged. You know, after all that work... you feel good about yourself.´*

Another participant expressed satisfaction at seeing the happiness of relatives regarding recovery of patients as described below:

> *`...., and of course you see the children recovering, I really feel good about this because I know that the recovery of these children also affects some other lives like the parents and relatives. So it really brings joy within seeing the joy of many others as well.´*

Speciality training related to some aspects of burns care was also expressed as a source of motivation which created job satisfaction, although this was limited to very few individuals amongst the participants.

This is what one participant described:

> *`Mhh..., me, I was allocated to this unit when I only had general nursing you know and I was only oriented to all this on the job. However, at one point, I was privileged to go for ICU training and right now I am a trained ICU nurse`..., (***participant continues***)...., because I have ICU as a speciality, I do get monitory incentive package.., You know, with this money, I do feel somehow appreciated for the work I give in this unit and this to some extent is a motivation.´*

It was noted that participants felt bad when treatment failed and patients died, as this participant expressed:

> *`Oh.. I mean some children die..., and it is not nice at all, you see... these kids pass through so much discomfort like pain and they just die like that.., this is really traumatic to us as well, considering all we do on the patients and nothing good really comes out.´*

From the expressions above, there is a reflection that participants` job satisfaction dwelt on good patient outcome. It was worth noting that participants aspired for intensification of burns prevention to reduce workload and therefore facilitate provision of intensive care to burns victims for good outcome, just as this participant expressed:

> *`Mhh..., I would wish to see burn nursing improving in the context of care we give but also in the area of prevention so we have few patients to give that intensive care, you see...´*

Another participant aspired to having professional nurses in the unit with post-basic training in critical care nursing for successful burns care outcome, as this participant described:

> *`Mhh, (smiles)..Ahh, I think I would like to see the burns unit being manned by professional nurses only, of course with post-basic training in critical care nursing, you see, because once with the patient, the professional nurse would be giving nursing care in totality;´*

However, another nurse had contrary views as described below:

> *`.., really we need to be more of us nurses here, it may not be specifically ICU trained nurses, but even the other cadres as well, that can really make a different to our patients, you see, a good number of nurses attending to these patients will make them feel well cared for as their needs will timely be attended to and that will be less overwhelming even to us nurses.´*

These sentiments were expressed with the wish to improve patient outcome, which was perceived as a source of job satisfaction in the unit

4.4.7 Mutual Bonding in Burns Nursing

In this study, unique bonds were observed to be established between the participants and patients based on elements of long contact and sympathy as this participant described:

> *`Ah... With this form of contact... you know, I really become fond of the patients, I even know them all by their names; you see, that kind of thing.´*

Another participant had this to say:

> *`Unlike in other wards, here we stay with our patients for so long; we chat and get used to them- we just become like family members. When they recover and go home, we feel happy and satisfied as well. And when they don`t make it, we become affected.* ***(expresses sadness)*** *Oh! It is like losing someone you are fond of- you see..., you get worried and become affected as usual. Just the way you feel when you lose someone you know...., you see, the same applies here when we lose patients we become fond of.´*

This nature of interaction helped to establish trust in the work environment which was fundamental for a caring relationship.

It was also noted that whilst engaging in establishing this nature of relationship, with regard to the element of sympathy, the participants were also conscious of their professional boundaries and responsibilities to keep work moving. With regard to feelings for patients` pain, this participant expressed:

`But still there are times when others would really scream and so I become empathetic and not sympathetic because then I would not assist them anyway. As a care giver I just bear their pain and continue to assist them... you see, that`s how it works.´

4.4.8 Coping Strategies in Burns Nursing

In this study, participants expressed varied sources of stress regarding caring for patients with burn injuries which included exposure to increased workload, unsightly nature of burn wounds, patients` extreme pain as well as lack of organisational support. The participants also expressed varied means of coping with these stressors which included self-motivation, resilient and team work as well as team support.

From the participants` expressions in this study, enduring job-related stress regarding caring for patients with burn injuries partly starts from within an individual and is related to elements of self-determination and passion for the job, as this participant described:

`Oh my Sister, it is just something that you just condition yourself, you know, the determination within yourself to keep going, eh..., what else can you do? As for me, it is the love of my patients and of course I just love working here in the unit..,´

Another participant also expressed:

`But any way, you just have to develop that sort of courage to get the job well done. You can really be affected both emotionally and physically. But as I said, I am a born again Christian, I just know that God is on my side so I don't really late this to overtake me as such..., you know..., I don`t really know how I can put it but this is how I survive through this nature of work.´

The same participant further stated:

> *`..,but the other issue is that this morale can be developed within an individual as well, you see, I mean how strong one is to survive these somehow awful experiences, one may really not need a second person to be specific but how and who you are within yourself..., so we really need God the most!´*

When expressing what would increase work morale in caring for patients with burn injuries, this participant also stated:

> *`Ah..mhh, I don't know really apart from self-motivation..., you know, sometimes I just condition myself to get used to my work you know..´*

It was worth noting that this self-motivation was specific to individuals and more apparent in participants aged 36 years, with over five (5) years of working in the burns unit.
With regard to increased workload, participants in this study demonstrated resilience through perseverance, as this participant described:

> *`Oh.., short staff...., that`s a big challenge, especially now that the wards are full as it is cold out there- but any way, we still continue to care for our patients.´*

Another participant responded to shortage of staff, as she stated:
`Hah, sister is it not about this shortage of nursing staff? ...see how we are working so continuously especially now that it is very cold and the cases are on the rise.´

It is evident in this study that participants persevered with the increased workload by their determination to continue working, as this participant further described:

` *you know, we just continue working and working as we have to finish the work, we cannot leave these patients just like that, mhh..,´*

Resilience was also demonstrated in this study by concealing feelings just as this participant expressed:

`*The issue is that at the end we need to have the work done. So, we work as a team, complaining less, because if you complain you waste a lot of time.....,´*

The participants also expressed that the patients` pain induced some discomfort within them and varied resilient strategies were employed, as this participant described:

`*It is not nice any way, as a human being....., I also feel for them, but you see, I also need them to be healed, so I have no choice but just to do the dressings, just a bit of braveness within..,´*

By gathering some braveness within, the participant demonstrated an element of detachment which is also a form of resilience.

Another participant had this to say:

`*Oh....oh....oh.., it`s not easy, but you know, at the end of the day it is for their own benefit, because if we don`t do, then the wounds would not heal..... so even if they scream, we just have to do them.´*

Another participant re-affirms this by stating:

`It`s really disturbing, but anyway, I have no choice but just be strong and do the dressings, otherwise if I don`t do, then the wounds won`t be healed and it will not be good at all.´

It is therefore evident that the participants focused more on long term benefits of the stressful painful dressing procedures by demonstrating detachment, toughness and hardiness to assist patients with the healing of their wounds.

The necessity of teamwork and team support was also expressed as a strategy to cope with the nature of work these participants were exposed to.

Regarding exposure to increased work load, this participant stated:

`We believe in team work where we work together to get the tasks done. This makes the big job small or rather manageable..,´

Another participant also expressed:

`Also the spirit of team work with fellow nurses: You see, I could not have done this dressing by myself if it were not for this colleague who was assisting me..,´

This spirit of teamwork was not only confined to the nursing staff but also to the other cadres, as this participant expressed:

`Hmm, I think it is all about working together towards a common goal with that passion amongst all- nurses, Doctors, and other supporting staff.´

It is evident that with this spirit of teamwork, the stress of increased workload becomes less tense amongst the nurses, as this participant expressed:

> *`As a team, really we work as one- helping each other while on duty... this helps us to remain mentally sound so we can assist our patients here effectively.´*

There is also a demonstration that the nurses support one another emotionally to contend with the nature of burns nursing, as this participant described how she/he got used to the unit:

> *`I think it was a matter of determination on my part and the encouragement of those who surrounded me like my colleagues.`*

Another participant stated:

> *`Ah... I don`t know really but I think the support of my colleagues here....., my colleagues used to encourage me to keep staying on.... you know, but now ah* ***(laughs).....,*** *I am now used and I can handle any size of the wound.`*

Support for one another is also evident by this participant`s expression:

> *`Ah, we just talk over it amongst ourselves. You know..through talking you ventilate your feelings and comfort one another..,´*

There is demonstration that the participants also get support from other avenues, as this participant expressed:

> *`Mhh, here in the unit ah... I don`t know. But when I get home, Woh, I just get my bath, sit on the sofa and my family members would be doing all I want just like that*

till I go to bed to rest. That really refreshes me for the other day`s tasks here at work.´

Another participant also expressed:

(*Smiles) ´Hah, me, you know, when I am off, I just stay home and rest, chart with my family members, yah such types of things. And when I am here at work, I also talk and chart with my colleagues here and even the patients like these kids just play around with them when they are comfortable, I follow them in the play room and just interact with them as they play around, at least you see them happy after I have done the dressings which really cause pain on them*`

From all these perspectives it is evident the participants, who are nurses involved in caring for patients with burn injuries, mainly establish their own means of coping with the job-related stressors. Self-motivation, resilience and team support were amongst the strategies that participants in this study utilised to cope with the nature of burns nursing.

This section has provided the fundamental features which give an insight into the lived experiences of nurses in caring for patients with burn injuries. The main expressions are linked to exposure to increased workload and the serious nature of burn wounds. During the course of their work, the participants also feel less empowered on the job to fully influence patient-centred care in the burns care multidisciplinary system. Good patient outcome was expressed as a source job satisfaction. The participants further expressed that self-determination, passion for their job as well as team support helped them to cope with the prevailing challenges relating to the nature of their work

4.5 EXHAUSTIVE DESCRIPTION OF PHENOMENA UNDER STUDY

The participants` expressions in this study reflect that burns care induces physical and emotional discomfort to both patients and caregivers. It is evident in this study that nurses who maintain 24 hour contact with the patients are more seriously exposed to the various stresses that relate to caring for patients with burn injuries compared to the other health professionals in the burns care team. A supportive environment, coupled with competency and empowerment, amongst the nurses is critical for the well-being of both patients and nursing staff to pass swiftly through the burns caring process.

The participants in this study express that labour intensity is huge in the burns centre. This is perceived to be attributed to ineffective burns prevention programmes, especially during the cold season, coupled with the limited number of specialised burns treatment centres in the region which increases workload and exposes the nurses to physical and emotional exhaustion.

Caring for patients with burn injuries exposes the nurses to stressful emotions often triggered by the seriousness of the injuries, limitation in the provisions for burns care and lack of organisational support. This may influence burn out syndrome amongst the nurses. Burns care training, without recognisable certification, causes the nurses to doubt their competency on the job. The nurses therefore experience a sense of powerlessness and tend to exert minimal influence in the burns care multidisciplinary system. However, the nurses acknowledge and value the team approach in caring for patients with burn injuries as consultations with relevant disciplines is the order of daily nursing practice.

Despite exposure to some levels of stressful emotions in the workplace the nurses, as expressed by the participants of this study, display considerable caring behaviour. The nurses continue rendering their services to patients without complaining amidst increased

workload which is indicative of commitment and dedication to duty. There is also the display of passion for the job and feelings for the patients which all trigger the inner feelings and motivation to help the burns victims in the unit.

The nurses in the burns unit express job satisfaction with good patients` outcome which is a source of motivation despite the feelings that their effort attracts minimal recognition and appreciation. In addition, nurses with speciality training which adds value to burns care, such as Critical Care nursing, also feel gratified in the context of professional development.

With prolonged contact with patients, mutual relationships become established between the nurses and patients. This form of relationship is fundamental for a caring atmosphere in the unit that re-enforces professional boundaries and responsibilities.

Whilst acknowledging limitations in organisational support, the nurses establish their own mechanisms of coping with the nature of their work. Fundamental to this is an element of resilience, where nurses persevere with the work related stress, conceal their feelings and keep going with their work in the unit. The nurses further engage in self-motivation, team-work and team support to cope with work related stress. Peer support both within the unit and outside is perceived as a valuable asset amongst the nurses and provides relaxing moments to release stress and regain emotional and physical strengths for the job.

The above description provides the fundamental structure of the lived experiences of nurses caring for patients with burn injuries as expressed by the participants in this study.

4.6 SUMMARY

This chapter presented the findings of the study. Sixteen cluster themes were isolated collapsed into eight (8) emergent themes. These emergent themes were presented and validated with extracts of participants` exact expressions for clarity purposes. The exhaustive description of the phenomena under study was defined which formed the fundamental structure of the lived experiences of nurses caring for patients with burn injuries as captured from the study findings.

In the next chapter, the findings will be discussed in relation to relevant literature including the study limitations and implications for nursing practice, education, management and future research.

CHAPTER FIVE

DISCUSSION, IMPLICATIONS AND CONCLUSION

5.1 INTRODUCTION

This study was intended to explore and describe the lived experiences of nurses caring for patients with burn injuries. A qualitative, phenomenological descriptive design based on Husserl's (1962) philosophy was used to obtain rich description of nurses` experiences regarding caring for patients with burn injuries. In this study, sixteen clusters of themes were isolated from the data collected and collapsed into eight emergent themes which provided the fundamental structure of the phenomenon under probe. There was a general expression amongst the participants that caring for patients with burn injuries induced physical and emotional discomfort, as well as some levels of gratification with regard to good patient outcome. The sources of stress included labour intensity, unsightly nature of burn wounds, limitations in the provisions for burns care with emphasis on shortage of nursing staff and lack of organisational support.

This chapter provides a discussion of the major issues which surfaced in this study in line with literature of similar nature. The study`s limitations are also discussed together with implications of the findings in nursing practice, education, management and future research.

5.2 DISCUSSION OF STUDY FINDINGS

The findings of this study are discussed in the context of challenges, attributes and adaptation in burns nursing.

5.2.1 Challenges in Burns Nursing.

Challenges in the context of the current study imply to the problems nurses encounter as they provide care to patients with burn injuries, as expressed by the study participants.

5.2.1.1 Exhaustive caring

Exhaustion literally implies to a state of extreme physical and mental tiredness (Mosby, 2009). Caring in nursing practice can be perceived as a technical activity which requires both physical and emotional strengths. According to Hiarraratchy and Dziweulsik (2004), patients with burn injuries present with serious challenges to health professionals due to the critical nature of the injuries. Nurses form the backbone of the burns care multidisciplinary system, whose role is described as psycho-emotionally demanding (Cronin, 2001). In burns nursing, nurses care for patients who may be unpleasant and hostile, coupled with the fact that burns treatment is always painful (Lewis, Helkermper and Dirkson 2004). In this study, participants expressed feelings of being physically and emotionally worn out due to exposure to increased workload and nature of patients` wounds.

The findings of this study demonstrated that the increase in number of patients in the burns unit added stress to the nurses. This was further attributed to by the cold weather which prevailed and the scarcity of specialised burns treatment centres in the region. It is evident that the magnitude of burn injuries is huge in Africa due to poverty related factors. According to WHO (2008), 11 million people annually suffer burns which require medical attention and 95% of these live in LMICs. In an observational study on burns epidemiology, Samuel et al (2011) found the admission rate for burn patients at Kamuzu Central Hospital in Malawi was 25.9% (96/370), which was more than twice the rate of all

other injury types (12.8%), 10671/8309. In South Africa, 3.2% of the population suffer burn injuries annually; 6% of these consult the private health sector while the majority are cared for in provincial health facilities (Rode, et al, 2013). However, South Africa has only six (6) established burns centres against the nine provinces (Rode, Rodgers & Beck, 2011) which include the centre under this study. The limited number of burns centres in the country could be attributed to the increased workload, as expressed by the participants in this study, which exposed them to the physical exhaustion. The participants in this study often expressed that they continued to work with minimal rest periods as they were under-staffed for the case load in the unit.

This study also demonstrated that the size and nature of wounds in the unit exposed the nurses to some physical and emotional wear and tear. The participants described burn wounds as being unique, when compared to other surgical wounds in the general wards, due to the extensiveness of the injuries and their odorous state which resulted from the burned skin. This conforms with Kornhaber`s (2009) study findings where participants expressed they felt traumatised after a major burns dressing, describing it as an `*emotional rollercoaster*.´

According to Lewis, Heltkemper and Dirkson (2004), nurses new to burns nursing often find it difficult to cope with the unpleasant sight of burn wounds. In the current study, there was also evidence, from participants' expressions, that nurses do pass through some levels of difficulty before becoming used to the exhaustive nature of caring for patients with burn injuries. This is consistent with the findings of a study by Negbel et al (2014), who investigated the impact of nursing severe burn patients, where they identified burns nursing as extremely challenging due to the physical and emotional demands. In that study, Negbel et al discovered nurses had to undergo a lot of stress before they adapted to the nature of work in the burns unit. Cronin (2001) investigated how nurses deal with

their emotions in a burns centre and revealed nurses pass through various stages of adjustment to become committed to the work incurred in the unit.

From all these perspectives, it is evident that caring for patients with burn injuries is quite exhaustive and Kornhaber (2009) described exhaustion as one of the barriers to caring in burns nursing.

5.2.1.2 Lack of empowerment on the job

According to Muller (2009), empowerment in nursing refers to the purposeful personal and professional development of staff which facilitates participative management. It can be acknowledged that in every clinical setting, adequate knowledge, skills and positive attitude towards a subject matter of interest in the area are critical to successful service provision. Lack of empowerment in this study relates to feelings of inadequacy with regard to knowledge and skills for burns care.

In the current study, participants doubted their capabilities to take full control of the burns nursing process, which they attributed to limited technical preparation and decision making during service provision. According to Greenfield (2010), the nurse must possess in-depth knowledge of multisystem organ failure, critical care nursing, psychological skills as well as familiarity with burns protocols to manage the complexity of the problems of patients with burn injuries. However, currently, a standard certification to work as a burns nurse is not very specific and educational opportunities which provide essential training and advanced training are recommended in some burns care settings (Carlson, 2013). In this study, the participants aspired for Intensive Care training as one educational opportunity which would empower them on the job.

It is still uncertain as to what specific training package would fully equip burns nurses for the job. In a study on factors which influence provision of care to paediatric burns patients

in Tanzania, Nyakanda (2012) identified that the lack of standard skills on burn care negatively influenced provision of care to patients. In another study on nurses` emotional experiences in caring for children with burns, Hilliard and O`Neill (2010) identified that none of the nurses in the study had burns nursing experience before joining the burns unit and that created an initial sense of self-doubt. This conforms to the findings of this current study, where the nurses also doubted their capabilities to take full control of the burns nursing process due to limited technical preparation for the job.

Participants in this study expressed levels of inadequacy in exerting influence in the burns care multidisciplinary system. According to Ohmart (2013), when technically equipped nurses become empowered to deliver patient care independently and collaboratively as equal members of the health care team, contrary to the misconception that they are there to deliver delegated work. Patients with burn injuries present with a wide range of problems requiring a multidisciplinary approach of care in which a nurse plays a vital role of coordinating all burns care activities (Greenfield, 2010). According to the Environmental Theory of Nursing, Nightingale believed health care surroundings were vital for nursing care and expected nurses to use their powers of observation of the environment in caring for patients (Alligood, 2010). The nurses in this study revealed they exert limited influence in the burns care multidisciplinary system which prevented them from manipulating the patients` environment to enhance wound healing and comfort.

In the exposition as a burns patient, Ariely (2008) describes how negotiations with nurses and physicians on speed of dressings and need to take some breaks were opposed by both health professional teams, who all argued that finishing the dressing quickly was the best approach. It may be argued the nurses in this situation demonstrated lack of confidence within the burns care multidisciplinary system to examine this patient`s proposition regarding the plan of care which would be accommodating to both the patient and care givers.

Burns care wards are a form of acute health care setting, where nurses need to be sufficiently vigilant to direct the burns care team towards delivering patient centred care. Atwal and Caldwel (2006) conducted a study to explore nurses` perceptions of a multidisciplinary team work and identify types of interactions that occur in a multidisciplinary team in an acute health care in the United Kingdom. Their findings suggested that nurses failed to voice their opinion for fear of being scapegoated. The evidence from this research suggests nurses felt reluctant to voice their opinions in the multidisciplinary team. The findings of this study therefore conform to those of the current study, where nurses also demonstrated some level of inadequacy in influencing the burns care team towards provision of patient-centred care.

From these perspectives, it is apparent nurses need to be well prepared to remain vigilant enough to freely voice their opinions as patients` advocates in the burns care multidisciplinary system.

5.2.1.3 Burnout in burns nursing

Burnout is a popular term for mental or physical energy depletion after a period of chronic, unrelieved job-related stress characterised by physical illness (Mosby, 2009). In the nursing profession, this may be related to a stressful work environment, lack of support, long working hours and lack of respectful relationships within the health care team, amongst many other causes. According to Coelho and Araujo (2009), excessive dedication, exhaustive workload and conflicts with patients and workmates can induce mental burnout in the nursing profession. In this study, burnout was expressed in the context of stressful work environment and lack of organisational support.

Dolan and Holtt (2013) state that caring for patients with burn injuries can induce emotive responses in nurses due to varied factors. In a study on impact of nursing burns victims in

Ghana, Negbel et al (2014) discovered that nurses experienced some levels of anxiety which resulted in sleep disturbance, headaches, moodiness and fatigue; this conforms to the findings of the current study. The increased work load and frustrating work environment expressed by participants in this study could also induce some levels of anxiety amongst the nurses, which can further lead to physical illness and burnout syndrome. Lewis, Peppe, Twomey and Poltier (1990) surveyed perceived stressors amongst nurses and found that burns work-related stressors affected the nurses` life and included irritability, impatience and feelings of fatigue.

The participants in the current study also expressed they felt disturbed with the unsightly nature of burn wounds and the screaming of patients, especially during wound dressing. This is consistent with the findings of a study on burnout of the nursing team by Coelho and Araujo (2008), which demonstrated that sensory effects of the vision and auditory induced emotional burnout amongst the burns nursing team members.

In another study, Nagy (1998) compared emotional reactions to patients` pain of burns nurses, who were exposed to patients who could verbalise pain and to the reactions of neonatal unit nurses, whose patients` pain was uncertain as they could not communicate. The researcher found that burns nurses demonstrated higher levels of anxiety compared to neonatal unit nurses. Hilliard and O`Neill (2010) studied nurses` emotional experiences when caring for children with burn injuries and found that participants` expressions of wound dressings dominated the narratives and which became a terrible source of stress. In a retrospective evaluation of the encountered experiences with burns pain, Ariely (2008) found nurses exposed to inflicting pain on patients during wound care are equally stressed with continued exposure to patients` feelings of discomfort. These findings all conform to the current study findings, where participants expressed feelings of discomfort with patients` burn pain.

Burn injuries are perceived to be terrible to those affected and also stressful to the ones who provide care (da Silva & Rebeiro, 2011). In a study by Kornhaber (2009) on the lived experiences of nursing severe burns injury patients, participants described burns nursing as extremely challenging due to the physical and emotional demands endured whilst nursing these patients. These perspectives tally with the overall findings of the current study, where it has been generally expressed by all participants that caring for patients with burn injuries induces some level of both physical and emotional discomfort. It is worth noting that in the current study, as well as some of the reviewed studies, variations in participants' age, education level and experience in burns care seem to have no significant impact on levels of burns related anxieties which induce burnout amongst burns nurses.

5.2.1.4 Organisational support in burns nursing

Organisational support relates to the employees` perceptions about the degree to which the organisation cares about their well-being and values their contributions (Liu, 2004). In nursing practice, this organisational support can enhance commitment to duty amongst the nurses which can further contribute to rendering quality care to patients. In this study, there were mixed expressions regarding issue of organisational support in caring for patients with burn injuries in the burns unit.

In the current study, some participants acknowledged support rendered in the unit which revolved around an occasional token of verbal appreciation from the guardians and management. However, there was a general expression of some limitation in the organisational support offered to nursing staff who provided care to patients with burn injuries in the unit.

The participants in the current study repeatedly expressed the need for special counselling services which they felt would encourage them to keep going with the nature of work involved in caring for patients with burn injuries. This conforms with Kornhaber`s 2009 study, where participants also spoke of the enlistment of a professional counsellor as a means of discussing work related issues and feelings. However, Kornhaber (2009) acknowledges other research findings where such counselling sessions often attracts poor attendance by the nurses.

In a study on factors which influence provision of care to paediatric burns patients in Tanzania, Nyakanda (2012) found that lack of organisational support negatively influenced the provision of care to patients, which was concurred by participants in this current study. The participants in the current study further expressed the need for provision of both monetary and non-monetary incentives as strategies to increase work morale in caring for patients with burn injuries in the burns unit. These expressions also tally with Cronin's 2001 study findings on how burns nurses' deal with their emotions, which demonstrated that the current support services produce little effect in supporting the nurses.

In nursing practice, nurses maintain 24 hour contact with the patients and are therefore more heavily exposed to varied stresses relating to patient care compared to other health professionals. From the study participants` expressions, it can be acknowledged that the bulk of burns management is nursing care. A supportive work environment is therefore critical for the well-being of both patients and the nursing staff to pass swiftly through the burns caring process.

5.2.2 Attributes in Burn Nursing

Attributes in this study imply to credentials or characteristics of good intent demonstrated in burns nursing as expressed by the study participants.

5.2.2.1 Caring behaviours of burns nurses

The concept `Caring behaviours of burns nurses,´ as described in this study, highlights the characteristic conduct displayed by the nurses with regard to caring for patients with burn injuries. Despite exposure to some levels of work related stresses, the participants in this study displayed a considerable caring attitude in the unit. The unique characteristic features captured in this study include commitment and dedication to duty, empathetic and passion. It was worth noting that these caring attributes were grounded on individual determination and spiritual concepts embedded within the specific participants as individuals.

It was apparent that commitment and dedication to duty were fundamental features which kept the nurses caring for patients with burn injuries in the unit amidst the stressful work environment. Describing their experiences in the unit, the participants also displayed considerable empathy for their patients and guardians. It is worth noting that empathetic feelings were more apparent with paediatric burns patients. It is likely that these empathetic feelings triggered the nurses into wanting to assist the patients get cured, thus instilling professional boundaries and responsibilities within the burns caring environment.

It can therefore be acknowledged that commitment and dedication, empathy and passion were the unique characteristic features noted in the participants of this study regarding caring for patients with burn injuries. The findings of this study conform to those of a study

on the lived experiences of nursing severe burn injury patients by Kornhaber (2009), who found that nurses experienced considerable passion, commitment and dedication towards burns nursing. According to the researcher, this was driven by the challenges of nursing severe burns injury patients despite the often intense and stressful environment in which they worked. These caring attributes, as demonstrated in the study participants, conform with Potter and Perry (2005) who described compassion as a natural part of every client`s expected encounter with a nurse.

5.2.2.2 Job satisfaction in burns nursing

Job satisfaction is a concept which focuses on all the feelings an individual has about her or his job, which is identified as a key factor for nurses` turn-up in the nursing profession (Lu, While & Barribal, 2004). According to Potokar 2012, within the health care setting, burns are viewed in a negative light by health professionals with the resultant challenges for staff recruitment and retention. However, according to Kornhaber (2009), rewarding and gratifying experiences for nurses caring for severely burnt patients brings job satisfaction.

In the current study, despite exposure to varied work-related hardships, participants expressed satisfaction on the job with regard to good patients` outcomes. It was also noted that participants acknowledged tokens of verbal appreciation from patients and guardians on discharge and was apparent that good patient outcome was a source of job satisfaction. These findings are consistent with Kornhaber`s (2009) study, where participants expressed a high level of job satisfaction and accomplishment on seeing patients, who had sustained severe burn injuries, discharged.

In another perspective, Mayers (2006) explored the developing role of nurse practitioners in burns centres whose main purpose was to explore job satisfaction, barriers to practice,

roles and collaboration amongst nurse practitioners choosing to practice in the environment of caring for burned patients. The researcher discovered that autonomy amongst nurse practitioners in the burns centres was a major source of job satisfaction. The participants in the study stated they were able to practice with freedom to make suggestions, hence felt a personal sense of accomplishment with what they did. In that study, the nurses felt valued and beneficial within their workplace, as they had diverse job descriptions within the burns care multidisciplinary system which included providing collaborative medical and surgical care with physicians to burns victims. This is in contrast to the findings of the current study where participants expressed minimal influence in the burns care multidisciplinary system which was expressed as a source dissatisfaction on the job.

5.2.2.3 Mutual bonding in burns nursing.

Mutual bonding in nursing practice refers to relationships established between nurses and patients based on trust, compassion and mutual trust within a therapeutic environment (Potter & Perry, 2005). According to Halldorsdottir (2008), caring, professional knowledge and skills in the subject matter as well as competency in connecting with people are critical prerequisites for developing this nature of nurse-patient relationship. To the patient, this relationship is perceived as having `somebody in the hospital who is with him rather than working on him´ (Halldorsdottir 2008).

In this study, unique bonds were observed to be established between the participants and patients based on elements of long contact and sympathy. It is worth noting this nature of interaction, as expressed by the participants, helped to establish trust in the exhaustive and terrifying burn care environment which was fundamental for a caring relationship. This conforms with the results in a study on nurses` emotional experiences of caring for children with burns by Hilliard & O`Neill (2010), who found that developing a trusting

relationship with the children helped to reduce fears and made them comfortable in the burns care environment. However it was also noted in that study that during wound dressing procedures, the nurses experienced feelings of guilt and distress from their perception that they were breaking the children`s trust, as manifested in this participant`s expression (Hilliard & O`Neill, 2010:2910):

> `*You felt like a Judas because you would be playing with them 2 nights beforehand, you`d be sitting, having a laugh and then you- you are pulling the dressing off, as gently as you can, but they`re still screaming the place down.*`

In this context, it becomes the nurses` responsibility to establish and maintain professional boundaries with patients regardless of how they behave (Halldorsdottir 2008). This concept was demonstrated in the current study, where it was noted that whilst establishing this nature of relationship, with regard to the element of empathy, the participants were also conscious of their professional boundaries and responsibilities to keep working by not being too sympathetic during wound care. In a study on nurses` lived experiences in nursing severely burn injury patients, Kornhaber (2009) further discovered that the uniqueness of relationships between burns nurses and their patients demonstrated a unique bond embedded in trust and understanding which allowed the nurses to continue caring for burn patients for extended periods.

5.2.3 Adaptation in Burn Nursing.

In this study, adaptation implies the process of getting used to the challenges of the burns caring process as experienced by the participants and carrying on with normal life. This is discussed in the context of coping strategies used by the burns nurses as established in this study.

5.2.3.1 Coping strategies in burns nursing

Coping strategies refer to rational ways of dealing with anxieties of life which usually originate from the conscious mind. In nursing practice, these include specific cognitive or behavioural efforts that nurses may employ to tolerate stressful events in the clinical setting (Lambert & Lambert, 2008).

It is acknowledged that patients with burns present a serious challenge to health professionals due to the severity of the injury (Hettiaratchy & Dziewulski, 2004). According to Cronin 2001, the role of nurses in burns care is described as psycho-emotionally demanding. Caring for patients with burn injuries involves working through the emotions and effects of stress which relate to the burns caring process.

In this study, participants expressed varied sources of stress regarding caring for patients with burn injuries which included exposure to increased workload, unsightly nature of burn wounds, patients` extreme pain as well as lack of organizational support. The participants also expressed varied means of coping with these stressors which included self-motivation, resilient and team work as well as team support.

From the participants` expressions in this study, enduring job-related stress regarding caring for patients with burn injuries partly starts from within an individual and is related to elements of self-determination and passion for the job. In this study, self-motivation was reflected in the participants` interests, which directed and conditioned their behaviour regarding caring for patients with burn injuries. Participants expressed self-determination and passion for the job as the key elements which enabled them endure the work related stresses, regarding caring for patients with burn injuries, which were also grounded in their spiritual concepts. This is consistent with the findings of a study on perceived stressors and coping strategies by Lewis et al (1990), who found the most methods of

coping with work related stresses amongst the nurses included maintaining a sense of humour. In that study, participants expressed an element of resilience as a coping strategy to accomplish their role in burns care. According to the American Psychological Association (2007), resilience is the process of coping well in the face of significant sources of workplace stressors. This implies the ability to withstand difficulties and carry on with the assigned work. Resilience, in the current study, was demonstrated by concealing feelings evident when participants expressed they continued to work and assist the patients despite exposure to stressful situations. Cronin (2001) investigated how nurses deal with their emotions in the Regional Burns Centre in the United Kingdom, where it was found that burns nurses often suppress their emotions in order to provide the needed care which enhances recovery. All these findings are congruent to those of Kornhaber (2011), who confirmed that burns nurses have a resilient nature with the ability to cope with challenges by emotionally detaching and becoming emotionally toughened and hardened to the devastations of severe burns injury.

The current study also identified that nurses relied mainly on themselves to find formal support within the work environment. This was evident through team work and team support. Lewis et al (1990) surveyed perceived stressors and coping strategies amongst burns nurses, where the participants in the study expressed that their greatest asset in the burns unit was teamwork and team support. These findings tally with Kornhaber`s (2009) study, where the importance of peer nursing support was continuously voiced by the participants.

From all these perspectives, it is apparent that participants focused more on long term benefits of the stressful work environment by demonstrating detachment, toughness and hardiness to assist patients in having their wounds healed. Participants mainly established their own means of coping with the job related stressors.

5.3 LIMITATIONS OF THE STUDY

Polit and Beck (2012) state that researchers must be able to point out deficiencies in the study design which could affect the integrity of the results. This refers to features of the study design which may influence participants` expressions as well as the researcher`s interpretation of the study findings. According to Kornhaber (2009), recognising the limitations of the study provides understanding of the scope of the study and assists in evaluating the implications of the study findings. In this study, the following limitations were acknowledged by the researcher:

- **Study design and sample**.

This was a qualitative design. The interviews were done on a one-to-one basis with 13 participants and the expressions were individual specific. In this context, the experiences and views of the participants cannot wholly be a representation of all nurses caring for patients with burn injuries in the region. The results of this study cannot therefore be fully generalised to a larger population of nurses caring for patients with burn injuries.

- **Study site.**

The study site is considered the best burns treatment centre in the region, with good supporting systems, therefore provision for burns care at this site cannot be compared to those in other burns care settings within the region. This may also influence the nature of nurses` experiences in caring for patients with burn injuries. In this context, the nurses` experiences generated in this study cannot be generalised to those of nurses working in other burns care settings with different provisions for burns care.

- **Timeliness of the study**.

The study was conducted during the cold season when the unit experienced many burns cases. To this effect, the participants were interviewed when they were overwhelmed with the case load, which could likely influence the expression of their experiences regarding caring for patients with burn injuries.

Despite these limitations, it is acknowledged that this study has provided rich information about the phenomena under investigation, which provides an insight in understanding central issues regarding nurses` experiences in caring for patients with burn injuries. Replica studies can therefore be conducted in other burns care settings to compliment the findings of the current study.

5.4 IMPLICATIONS AND RECOMMENDATIONS

Research in nursing is intended to provide Evidence-Based Practice (EBP). According to Polit and Beck (2012), EBP involves using research findings as a basis for making decisions about patient care. It is therefore common practice that where research information is not available, decision making would be guided by the experience or expert opinions of those in charge. Currently, according to Potokar (2012), there are no internationally agreed operational standards for burns care, therefore each region therefore has its own approach to burns care which is largely influenced by the available resources.

The findings of the current study provide insight of the nurses` experiences in caring for patients with burn injuries. These findings are expected to have significant implications for burns care with regard to nursing practice, education, management and further nursing research.

- **Clinical Nursing Practice**

The findings of this study reveal that the burns caring environment is quite stressful to the nursing staff, largely due to increased workload and complexity of patients` problems. Some nurses also tend to doubt their capabilities in the burns care multidisciplinary system. Recommendations in this context are therefore focused on reducing tension in the work environment for the nurses.

To provide total care to patients with full command, special consideration needs to be given to equipping nurses with the necessary knowledge and technical competencies within the burns care multidisciplinary system. A flexible work pattern which provides adequate rests to allow regaining of physical and emotional strengths should be considered within the available provisions. Adequate provisions for burns care in terms of human and material resources should be considered especially during peak periods when workload rises and this should be coupled with special incentives to keep staff encouraged and motivated. The participants also hoped for the resumption of psychological counselling services in the unit which assists in relieving tension as well. To reduce burn injuries and eventually workload, intensification of burns prevention campaigns should be considered starting from within the hospital to the community.

Overall, a supportive work environment is fundamental for delivering quality nursing care to patients while maintaining the well-being of staff.

- **Nursing Education**

It is acknowledged that the field of burns care is just developing and advances in the care varies globally. According to Carlson (2013), currently there is no standard certification to

work as a burns nurse although some educational opportunities are considered in some institutions. From the findings of the current study, 100% (n=13) of the participants got on-the-job training for burns care and 38.5% (n=5) had had Intensive Care nursing courses. Considering the complexity of the problems of patients with burn injuries, it is worth revisiting the nature and content available on burns for the generic and post-graduate nurse curricula. The Nursing Education therefore needs to develop a burns care curriculum for nursing students which would improve knowledge, technical competency and interest on the subject. This would help in preparing the nurses in burns care during the course of their career experience. The issue of specialisation in burns nursing can also be given a thought as expressed by the participants in the study.

- **Nursing Management**

Participants in the study expressed the need for varied basic essentials in burns care with regard to increased workload, empowerment in burns nursing, organisational support and safety issues.

It is recommended that policy on deployment of nurses to the burns unit be given special consideration, especially during peak seasons. The policy should also consider some prerequisites for allocation of nurses to the burns unit to ascertain interest for the job. To re-enforce empowerment in burns nursing, capacity building for burns nurses should also be considered at regular intervals. The existing support systems, including incentives, need to be explored and addressed. In addition, policy on safety measures, especially on aspects of infection precautions in the unit, may need to be explored to ensure safety of both patients and staff.

- **Future Nursing Research**

As the field of burns care is just developing, a great deal of research is needed to determine the clinical, educational and management gaps in burns care with focus on the nursing perspectives. The current study can also be replicated in other burns care settings within the region to obtain varied experiences of nurses with regard to caring for patients with burn injuries.

5.5 CONCLUSION

This study is built on the Environmental Theory of Nursing initiated by Florence Nightingale who stressed that in nursing practice, nurses` roles are centred on manipulation of the patients` environment to enhance recovery (Heggie, 2010). Burn injuries are unique in that management is associated with stress to both the patients and care givers (da Silva & Rebeiro, 2011). Nurses are uniquely positioned in the burns care multidisciplinary system as they maintain 24 hour contact with patients and are therefore more exposed to the sequelae of the burns caring process than any other health care professional.

This study was intended to explore the lived experiences of nurses in caring for patients with burn injuries at a burns unit of a public health sector in Johannesburg. A qualitative, phenomenological design, based on Husserl`s (1962) philosophy, was used to achieve the study`s objectives. Data was collected using in-depth interviews with the study participants and analysed following the descriptive methodology of Colaizzi`s (1978) data analysis approach.

The results of this study reflect that caring for patients with burn injuries exposes nurses to both physical and emotional discomfort. It is worth noting, in this study, that increased workload and exposure to the unsightly nature of burn wounds exposed the nurses to physical and emotional discomfort. The participants repeatedly expressed concern over the increase in number of patients in the unit which increased workload. This exposed the nurses to physical and emotional wear and tear which ultimately led to exhaustion.

The participants also expressed a sense of powerlessness in exerting influence in the burns care multidisciplinary team which they attributed mainly to limited recognisable educational opportunities in the field of burns care. According to Ohmart (2013), when technically equipped, nurses become empowered to deliver patient care independently and collaboratively as equal members of the health care team. In this study, the participants doubted their capabilities in influencing patient-centred care in the unit.

Despite the existing challenges, the participants exhibited caring behaviour through commitment to duty and passion for the job. The results of the study further reflect that participants coped with the nature of their job mainly through self-determination, resilience and peer support and gained job satisfaction through good patient outcomes.

The findings of this study are consistent with studies of a similar nature conducted in Africa and abroad and will add to the existing body of knowledge in burns nursing practice.

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APPENDICES

APPENDIX: A

PARTICIPANT DEMOGRAPHIC DATA

PARTICIPANT NO: ……..

AGE RANGE IN YEARS:

Below 25		**26-35**				**Above 45**	

GENDER

Male		**Female**	

ACADEMIC QUALIFICATION

PROFESSIONAL QUALIFICATION

Diploma		**Bachelors degree**		**Masters degree**		**Others**	

FIELD OF PROFESSIONAL QUALIFICATION

PERIOD OF SERVICE IN NURSING IN YEARS:

Below 10		**Above 10**	

PERIOD OF PRACTICING IN BURN NURSING INYEARS:

Below 5		**Above 5**	

APPENDIX B

INTERVIEW GUIDE

PARTICIPANT NO……..

I appreciate your willingness to participate in this study which is titled: `**The lived experiences of nurses caring for burn victims at a burns unit of a Public Sector Academic hospital in Johannesburg`.** Very little is published about burn nursing in the African context specifically on nurses` experiences with caring for burn victims and the burn care process. This will be an interactive discussion so fell free to share your experiences.

- What are your experiences regarding caring for the burn victims and the burn care process that go on in this burns unit?

PROBES

- As a nurse you are often the primary contact of these burn victims in their times of great need. Tell me what your feelings are about this?
- Burn pain is often perceived as horrible and is further worsened with the treatment procedures like baths and dressing changes. How does this make you feel when you are to render such painful treatment procedures on to the patients?
- Tell me what you consider to be most challenging about caring for burn victims?
- Please tell me what you do for yourself to cope with this nature of work?
- What would you recommend could increase work morale in burn nursing?
- Will you please elaborate more on that?
- Is there anything you wish to say that we have not talked about nursing burn victims and the burn care process?

Thank you very much for your time. The proceeds of this discussion will be brought to you for validation after formulation of the exhaustive description of your shared lived experiences with burn victims**.**

APPENDIX C

PARTICIPANTS` STUDY INFORMATION SHEET

Dear……. (Name of participant)

My name is Dorothy Kamalizeni. I am registered as a student at the University of Witwatersrand, in the Department of Nursing education for the degree of Master of Science in Nursing (Trauma and Emergency). I hope to conduct a research project in the area of burn care and would therefore like to invite you to consent to my including you in my sample of participants that I hope to study at the burns unit.

The purpose of the study is to explore the lived experiences of nurses caring forburn victims of an academic hospital in Johannesburg. This is intended to identify areas that need support in burn nursing as the bulk of burn management is nursing care. Currently very little is documented in burn nursing and specifically on nurses` experiences with the burn victims within African context. The findings of this study are therefore expected to highlight areas that need support and more research to advance the quality of nursing practice in burn care.

Participation to this study is voluntary. Should you be interested to participate in the study after comprehending the contents of this letter, you will be asked to sign an informed consent form for participation. During the process, you will be asked to share your experiences regarding caring for burn patients and the burn care process including your opinion about burn nursing and burn care as a whole. It is planned that the interview will be audio-taped with your permission. Be assured that the audio-taped information will be immediately destroyed after transcription to ensure that you will never be identified with it. The interview is expected to last for about 40-45 minutes. No names will be used in this study to ensure confidentiality and anonymity. There will be no penalties should you wish to withdrawal from the study at any point. No harm is anticipated with your with your participation in this study. There are no direct personal benefits for participation in the study. However it is hoped that the shared experiences will provide a basis for making recommendations to support burn nursing to the interest of nurses and other burn care providers. Results of the study will be given to you should you so wish.

Permission to conduct the study has been sought from the relevant authorities like the Human Research Ethics Committee of the University of Witwatersrand, and the Chief Executive Officer of Baragwanath academic Hospital.

Thank you for taking time to read this information letter. Should you have any concerns about the study, you may contact me in the Department of Nursing Education or on the following e-mail and telephone number: d.kamalize@gmail.com and 0846062803.

APPENDIX D

CONSENT FORM FOR PARTICIPATION TO THE STUDY

I……..(Name) give permission to be included in the study titled `The lived experiences of nurses caring for burn victims at a Burns unit of a Public Sector Academic Hospital in Johannesburg`.

I have read with understanding the content of the information sheet and I have been given the opportunity to ask questions I might have regarding the procedure and my consent to being included in the study.

Date……Signature……

…….. (Witness)

CONSENT FOR AUDIO-TAPE RECORDING THE STUDY INTERVIEW

I…….(Name) having been clarified on the purpose of audio-taping the interview hereby give consent to have the interview audio-taped for the study titled `The lived experiences of nurses caring for burn victims at the Burns unit of a Public Sector Academic Hospital in Johannesburg.

Date……Signature……

…….. (Witness)

APPENDIX E

M140463

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M140463

NAME: Mrs Dorothy Kamalizeni
(Principal Investigator)

DEPARTMENT: Nursing Education
Chris Hani Baragwanath Academic Hospital

PROJECT TITLE: The Lived Experiences of Nurses Caring for Burn Victims in a Burns Unit of PublicSector Academic Hospital in Johannesburg

DATE CONSIDERED: 25/04/2014

DECISION: Approved unconditionally

CONDITIONS:

SUPERVISOR: Shelley Schmollgruber

APPROVED BY:
Professor PE Cleaton-Jones, Chairperson, HREC (Medical)

DATE OF APPROVAL: 11/06/2014

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Secretary in Room 10004, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report**.

Principal Investigator Signature M140463Date

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX F

LETTER TO THE CHIEF EXECUTIVE OFFICER OF BARAGWANATH ACADEMIC HOSPITAL

University of Witwatersrand,
Department of Nursing Education
7 York Road.
Parktown, 2193.

Date.....

The Chief Executive Officer, Baragwanath Academic Hospital.

Dear Sir/Madam,

RE: REQUEST FOR PERMISSION TO CONDUCT A STUDY AT THE BURNS UNIT OF BARAGWANATH ACADEMIC HOSPITAL

I am a Registered Nurse currently pursuing a Master's Degree in Trauma and Emergency Nursing at the University of Witwatersrand. I intend to conduct a study titled: `The lived experiences of nurses caring for burn victims at a burns unit of an Academic hospital in Johannesburg, ´ which is in partial fulfillment for the award of the degree. I hereby apply for permission to conduct the intended study at your hospital.

Burns are a common cause of hospital attendance in most health facilities. Burns management is unique in that treatment persists for a long time with associated stress to both care givers and care receivers due to painful treatment procedures and unpleasant sight. Realising the bulk of burns management is nursing care, I feel there is potential for improvement of burns management if burn nurses are supported and motivated in burn nursing.

The purposes of this study is to explore the experiences of nurses regarding caring for burns patients as expressed by the nurses practicing in the burns unit. This is expected to highlight areas which need support in order to motivate burns nurses and advance the quality of nursing practice in burn care.

I intend to conduct interviews with the eligible nurses for the study on a one-to-one basis. This will give them an opportunity to express their views and opinions with regard to caring for burns victims. The interviews will be audio-taped with permission from the participants in order to capture an accurate account of information as related by participants. Be assured the audio-taped information will be immediately destroyed after

transcription to ensure the generated information will not be associated with any participant. The transcribed information will be strictly confidential and any sensitive and identifiable data will not appear in the written report. All measures regarding ethical issues will be considered throughout the study to safeguard the dignity of the institution, personnel and patients. The study will be conducted after the Committee for Research on Human Subjects of the University of Witwatersrand has critically reviewed the proposed study and an approval has been issued. Participation in the study will be voluntary after giving written informed consent.

Should you wish to know more about the study you may contact me on telephone number 0846062803 or email: d.kamalizen@gmail.com

Yours sincerely

Dorothy Kamalizeni (Mrs)

APPENDIX G

M140463

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M140463

NAME: (Principal Investigator) Mrs Dorothy Kamalizeni

DEPARTMENT: Nursing Education
Chris Hani Baragwanath Academic Hospital

PROJECT TITLE: The Lived Experiences of Nurses Caring for Burn Victims in a Burns Unit of PublicSector Academic Hospital in Johannesburg

approved

DATE CONSIDERED: 25/04/2014

DECISION: Approved unconditionally

CONDITIONS:

14.06.18

CHRIS HANI BARAGWANATH ACADEMIC HOSPITAL
GAUTENG PROVINCE HEALTH
REPUBLIC OF SOUTH AFRICA
CEO: Dr S.B Mfenyana
Date

SUPERVISOR: Shelley Schmollgruber

APPROVED BY:

Professor PE Cleaton-Jones, Chairperson, HREC (Medical)

DATE OF APPROVAL: 11/06/2014

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Secretary in Room 10004, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee **I agree to submit a yearly progress report.**

AKamalizeni
Principal Investigator Signature

13/6/14
M140463Date

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX H

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

CHRIS HANI BARAGWANATH ACADEMIC HOSPITAL

Enquiries: Mrs D F Ngidi; Tel 011 933 9779/0134; Fax 011 938 8161/ 086 664 7506; Email Dudu.Ngidi@gauteng.gov.za

Date: 08.07.2014

To : Mrs Dorothy Kamalizeni

Re: Permission to conduct research in Burns Unit at CHBAH

Kindly be advised that the Nurse Manager has given approval for Mrs Dorothy Kama izeni to conduct research project in Burns Unit at Chris Hani Baragwanath Academic Hospital.

Regards

CHRIS HANI BARAGWANATH ACADEMIC HOSPITAL
GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Mrs D F Ngidi
Director: Nursing services
Date: 8/7/2014

APPENDIX I

LIST OF THE EXTRACTED SIGNIFICANT STATEMENTS

NO	SIGNIFICANT STATEMENTS	T	P
1	... this unit is so busy especially during this time when it is very cold. See, how many patients we have in the ICU rooms and there are also others in the cubicles..,	1	4
2	- ...see how we are working so continuously	2	8
3	... you see, patients here come from all over, we no longer see patients just from nearby, but from all the regions and really this increases the work load as we always have so many patients as you can see.	7	20
4	You see. Like in our shift, we are only 2 professional nurses! This unit just needs a lot of staff especially the registered nurses, you know	12	34
5	you are talking of the patients with the skin all gone,...and sometimes they are confined to the bed as they are on the ventilators, so changing their dressings is not easy at all, doing them on the bed and also trying to make sure that the machines and the intravenous lines , talk about the tubes fixed to the patients are not disturbed, hei, really we just need to be more than one nurse on a single patient..., you see.	13	37
6	Oho..- it was like a shock for I never expected to see what I saw when I just came in....	7	13
7	, you talk of the smell of the burned skin at your disposal, the discomfort of the patients, the number of patients you are to attend to; all with their high expectations of you as their care giver; and sometime such patients don`t make it you know, you become affected as human beings.	12	35
8	Oh..., Is it not these mothers?... you see, mothers cannot take care of their children (frowns).... some parents when they bring in their children...., you know, they tell all sorts of stories....., really there is a lot of negligence.....(pauses),Oh, I feel bad.. really it is not good seeing children suffer like this you know..... it is so bad	6	17

9	,... and also the parents,.. you know, they are also affected, and if the children pass on, you see, you feel for the parents (*pauses*). If we can only prevent these accidents ... you see, also the scars and deformities when they survive, I really feel for the baby how they will cope in future life with such deformities, so you see, they can get well but the future life.	8	22
10	sometimes these kids do develop some complications which are so difficult to understand;.....(*narrates the incident*) So you see, it is not only the burn wounds that can cause the distress to us but even these other complications, so we really are exposed to a lot of things here	10	27
11	Eh,.. it`s not just as being a nurse, you see, but also as a parent; I really feel bad. Sometimes you even wonder how it all happened, seeing say a 6 months old kid or 1 year old getting burned and you see them suffering just like that, Sister it` not good at all!	11	31
12	You see, I did not have a proper dressing set- I just improvised the stuff. This also delays the work...	1	5
13	Eh..,though I am senior, but I am also part of the stressed team,	4	13
14	Just look at how critically ill these patients are and the surrounding technology in this room like these monitoring machines (*points to an ECG monitoring machine*). I was only trained to use these machines and care for these critically patients on the job!	1	4
15	Ah... I think.... give us more powers....perhaps through education.., so I see a patient, I know exactly what to do with him like what to use to dress their wounds	6	19
16	Hmmm, I did not have any formal training at all! But we do go for workshops where we are orientated on some aspects of burns care, you see,.... And we also use our experiences, that is , the long exposure in this unit. You know, with that experience, you can come across a burn wound and straight away you would know exactly how to manage it...yah	7	20
17	You know, people tend to be recognized and appreciated basing on the certified qualification that they posses. These trainings on the job do not place so much power on us nurses that we can effectively influence patient centred care in the clinical settings,.... see this green stained dressings,(*points to green-stained swabs used on the wound*), this	1	4-5

	room needs to be well aerated before getting in another fresh burn. But people here will only be looking at the urgency of the situation. As a nurse, I may not have much influence on immediate transferring in of patients in this room. Sister, this sometimes frustrates me- I cannot be just be doing delegated work on and on.		
18	There are times when we experience many deaths due to infections...., but I don`t know.... (pauses), Well...., I do not know exactly but I think it is due to non-compliance to adhering to infection prevention practices by the staff....., and I feel ..... (Mentions a specific cadre in the burn care team) contribute greatly...,Mhhh...,I think....,(hesitates) you know, I just become strong and tell them to follow infection prevention practices in the unit especially when they are performing procedures on the patient.	5	15
19	....,this alone really makes me feel that I actually own the patients under my care, ne, and the patients really belong to me. The others like the doctors just come for a while and they go. This makes me really to feel so responsible for all the care of the patients and of course I know that I am the patients` advocate so I would call in others depending on my patients` needs.	9	24
20	....., Doctors usually decide for almost much of what should be done on the patients; sometimes the nurses can have good ideas but you know, they may not feel all that strong to say it out although it can be the right thing,.....Mhhh,... (*hesitates)*.	10	29
21	But you know, my decisions sometimes may not be appreciated in this unit because I do not have that power- I mean that empowerment via knowledge and skills acquired through proper certification.	1	4
22	Ah... it is basically when I see patients discharged. You know, after all that work... you feel good about yourself..	3	9
23	..., because I have ICU as a speciality, I do get this OSD package though it is not for every nurse in this unit you know. So this really strengthens me to like my work here...,	11	32
24	Mhh, I think it is the passion that I have for this nature of work, and of course you see the children recovering, I really feel good about this because I know that the recovery of these children also affects some other lives like the parents and relatives. So it really brings joy within seeing the joy of many others as well	11	32
25	These very patients you see can be managed in the other ICUs with same outcome as	1	5

	here- but our colleagues there are recognized through special packages while we are not because burn nursing is not a recognized field of specialization		
26	I remember previously there used to be counsellors for us nurses in the burns unit. These people were really helping us to cope during moments we fell down emotionally.	2	7
27	Ah, attending conferences. You know it is now almost 2 years no one here has gone for these conferences where they share research findings; I mean not conferences in South Africa only, but the international ones; like this year it is in Australia, you see, but I don`t think anyone is going there from here	8	23
28	.., don`t think it is all about money issues though that can be part of it. I mean something that can sooth us from this exhaustion after this heavy work, I have seen this happening in other units, I mean organizing things like brier parties, just to keep us refreshed for a while	1	4
29	I think we need to be supported in organising some activities that would refresh us after exposure to this kind of environment. You know at times, though not regularly, we do organise outings as nursing teams, that is, when we are on off, we go out and refresh ourselves; like very shortly there are plans to go to Zimbabwe to see the Victoria falls in particular although these trips are often self-sponsored, so it is not everybody who participate	10	29
30	Oh!... It is all about setting aside all other prevailing challenges and getting the job done. What I do is to help the patient get cured-.....,	1	5
31	We believe in team work where we work together to get the tasks done. This makes the big job small or rather manageable...	2	8
32	Mhhh... We just continue working....,, just being committed even if it means looking after three patients. The issue is that at the end we need to have the work done. So, we work as a team, complaining less, because if you complain you waste a lot of time....., you can see, today, we are only two professional nurses but see how we have managed to get most of the work done.	3	10
33	Oh....oh....oh.., it`s not easy, but you know, at the end of the day it is for their own benefit, because if we don`t do,(dressings) then the wounds would not heal..... so even if they scream, we just have to do them	3	9

34	It is not nice any way, as a human being especially being a mother, I also feel for them, but you see, I also need them to be healed, so I have no choice but just to do the dressings, just a bit of braveness within, after all I do give them the pain killers, it is a protocol here	13	38
35	With burn victim`s pain, you also become a patient as well...., you know,...., you think if it were you, so we give them pain killers. As for me...., eh.., I give them the pain killers to the level that will make them comfortable according to their needs so that I can also work comfortable on them	4	12
36	Woh! , ah, here, we do give them sedations that the doctors prescribe, but you see, I just have to be as fast as possible so that I finish the dressings before the drug wears off so that the patients don`t really feel the pain.	11	30
37	I think it was a matter of determination on my part and the encouragement of those who surrounded me like my colleagues	1	5
38	Ah, we just talk over it amongst ourselves. You know.. through talking you ventilate your feelings and comfort one another	2	7
39	(When asked to explain what she does to cope with the nature of work) `Mhh, nothing really in particular apart from staying home and rest when off duty	11	32
40	Oh my Sister, it is just something that you just condition yourself, you know, the determination within yourself to keep going, eh, what else can you do? As for me, it is the love of my patients and of course I just love working here in the unit, may be because I have been here for quite long.., yah things like that	13	38
41	Ah..., mhhh,.. You know as for me, I just pray to God to keep me going in this unit..you see..., nothing else.	7	21
42	Mhh, here in the unit ah... I don`t know. But when I get home, Woh, I just get my bath, sit on the sofa and my family members would be doing all I want just like that till I go to bed to rest. That really refreshes me for the other day`s tasks here at work	9	25
43	..., here we stay with our patients for so long; we chat and get used to them- we just become like family members...,	2	7

44	Ah... With this form of contact... you know, I really become fond of the patients, I even know them all by their names; you see, that kind of thing`....,	7	20
45	Mhh..., (laughs). Of course I would wish to see burn nursing improving in the context of care we give but also in the area of prevention so we have few patients to give that intensive care, you see...	7	21
46	Mhh, (smiles).. Ahh, I think I would like to see the burns unit being manned by professional nurses only, of course with post-basic training in critical care nursing, you see, because once with the patient, the professional nurse would be giving nursing care in totality; ...	9	25

APPENDIX J

FORMULATED MEANINGS OF THE SIGNIFICANT STATEMENTS

NO	SIGNIFICANT STATEMENT	FORMULATED MEANINGS

1	... this unit is so busy especially during this time when it is very cold. See, how many patients we have in the ICU rooms and there are also others in the cubicles...,	Many patients are admitted with burns when it is cold and this increases work load for the nurses
2	- ...see how we are working so continuously....	Nurses overwork in the burns unit
3	... you see, patients here come from all over, we no longer see patients just from nearby, but from all the regions and really this increases the work load as we always have so many patients as you can see.	Due to unavailability of specialized burn treatment centers within the region, the burns unit admits many patients from a wide catchment area hence exposes nurses to increased workload
4	I think management should hire more nurses,... there are many nurses there who are not employed...,	Burns unit require more nurses
5	you are talking of the patients with the skin all gone,...and sometimes they are confined to the bed as they are on the ventilators, so changing their dressings is not easy at all, doing them on the bed and also trying to make sure that the machines and the intravenous lines , talk about the tubes fixed to the patients are not disturbed, hei, really we just need to be more than one nurse on a single patient..., you see.	It is very cumbersome and demanding to nurse patients with burns because wounds are big, victims in severe cases are confined to bed and restrained with varied life support gauges
6	Oho..- it was like a shock for I never expected to see what I saw when I just came in....	Nurses experience the unexpected when initially allocated to the burns unit
7	, you talk of the smell of the burned skin at your disposal, the discomfort of the patients, the number of patients you are to attend to; all with their high expectations of you as their care giver; and sometime such patients don`t make it you know, you become affected as human beings.	Nurses feel challenged to care for patients with burn injuries due to the seriousness and nature of the injuries
8	Oh..., Is it not these mothers?... you see, mothers cannot take care of their children (frowns).... some parents when they bring in their	The mechanisms of burn injuries induce emotions in the burn nurses

	children...., you know, they tell all sorts of stories....., really there is a lot of negligence.....(pauses),Oh, I feel bad.. really it is not good seeing children suffer like this you know..... it is so bad	
9	,... and also the parents,.. you know, they are also affected, and if the children pass on, you see, you feel for the parents (*pauses*). If we can only prevent these accidents ... you see, also the scars and deformities when they survive, I really feel for the baby how they will cope in future life with such deformities, so you see, they can get well but the future life.	Nurses are emotionally touched with patients` and guardians with regard to the consequences of burn injuries
10	sometimes these kids do develop some complications which are so difficult to understand;.....(*narrates the incident*)So you see, it is not only the burn wounds that can cause the distress to us but even these other complications, so we really are exposed to a lot of things here	Burn nurses are emotionally overwhelmed with the consequences of burn injuries
11	Eh,.. it`s not just as being a nurse, you see, but also as a parent; I really feel bad. Sometimes you even wonder how it all happened, seeing say a 6 months old kid or 1 year old getting burned and you see them suffering just like that, Sister it`s not good at all!	Nurses exhibit motherly concerns with regard to burn patients` injuries
12	You see, I did not have a proper dressing set- I just improvised the stuff. This also delays the work...	Limitations in essential supplies upsets the nurses during provision of care to patients
13	Eh..,though I am senior, but I am also part of the stressed team,	Senior nurses overwhelmed with multiple responsibilities-(patient care and administrative tasks)
14	Just look at how critically ill these patients are and the surrounding technology in this room like these monitoring machines (*points to an ECG monitoring machine*). I was only trained to use these machines and care for these critically patients on the job!	On job trainings without proper certification makes burn nurses to doubt own abilities in burn nursing practice
15	Ah... I think.... give us more powers....perhaps through education.., so I see a patient, I know exactly what to do with him like what to	Caring for patients with burn injuries needs some form of

	use to dress their wounds	trainings
16	Hmmm, I did not have any formal training at all! But we do go for workshops where we are orientated on some aspects of burns care, you see,.... And we also use our experiences, that is , the long exposure in this unit. You know, with that experience, you can come across a burn wound and straight away you would know exactly how to manage it...yah	Burn nurses equipped in knowledge and skills for the job after long exposure to the burns unit work setting.
17	You know, people tend to be recognized and appreciated basing on the certified qualification that they posses. These trainings on the job do not place so much power on us nurses that we can effectively influence patient centred care in the clinical settings,.... see this green stained dressings,(*points to green-stained swabs used on the wound*), this room needs to be well aerated before getting in another fresh burn. But people here will only be looking at the urgency of the situation. As a nurse, I may not have much influence on immediate transferring in of patients in this room. Sister, this sometimes frustrates me- I cannot be just be doing delegated work on and on.	Burn nurses feel they have limitations in decision making regarding caring for patients with burn injuries in the burns unit
18	There are times when we experience many deaths due to infections...., but I don`t know.... (pauses), Well...., I do not know exactly but I think it is due to non-compliance to adhering to infection prevention practices by the staff....., and I feel ..... (Mentions a specific cadre in the burn care team) contribute greatly...,Mhhh...,I think....,(hesitates) you know, I just become strong and tell them to follow infection prevention practices in the unit especially when they are performing procedures on the patient.	Burn nurses exhibit some degree of inadequacy in decision making
19	....,this alone really makes me feel that I actually own the patients under my care, ne, and the patients really belong to me. The others like the doctors just come for a while and they go. This makes me really to feel so responsible for all the care of the patients and of course I know that I am the patients` advocate so I	Burn nurses feel honored and contented on being patients` advocates

	would call in others depending on my patients` needs.	
20	....., Doctors usually decide for almost much of what should be done on the patients; sometimes the nurses can have good ideas but you know, they may not feel all that strong to say it out although it can be the right thing,.....Mhhh,... (*hesitates)*.	Burn nurses experience some limitation with regards to decision making
21	But you know, my decisions sometimes may not be appreciated in this unit because I do not have that power- I mean that empowerment via knowledge and skills acquired through proper certification.	Limited empowerment in decision making
22	Ah... it is basically when I see patients discharged. You know, after all that work... you feel good about yourself..	Good patient outcome becomes a source of satisfaction
23	..., because I have ICU as a speciality, I do get this OSD package though it is not for every nurse in this unit you know. So this really strengthens me to like my work here...,	Specialty trainings related to burn care is a motivation in burn nursing
24	Mhh, I think it is the passion that I have for this nature of work, and of course you see the children recovering, I really feel good about this because I know that the recovery of these children also affects some other lives like the parents and relatives. So it really brings joy within seeing the joy of many others as well	Passion for the burn nursing and seeing others joyful with good burn care outcome becomes a source of motivation
25	These very patients you see can be managed in the other ICUs with same outcome as here- but our colleagues there are recognized through special packages while we are not because burn nursing is not a recognized field of specialization	Nurses caring for patients with burn injuries receive no special incentive packages
26	I remember previously there used to be counselors for us nurses in the burns unit. These people were really helping us to cope during moments we fell down emotionally.	Nurses caring for patients with burn injuries desire for special counseling services
27	Ah, attending conferences. You know it is now almost 2 years no one here has gone for these conferences where they share research findings; I mean not conferences in South Africa only, but the international ones; like this year it is in Australia, you see, but I	Orientations to new trends in burn care both from within and outside Africa is fundamental in burn nursing

	don`t think anyone is going there from here	
28	.., don`t think it is all about money issues though that can be part of it. I mean something that can sooth us from this exhaustion after this heavy work, I have seen this happening in other units, I mean organizing things like brier parties, just to keep us refreshed for a while	Exposure to some activities outside work help burn nurses to regain after heavy work load in the unit
29	I think we need to be supported in organising some activities that would refresh us after exposure to this kind of environment. You know at times, though not regularly, we do organise outings as nursing teams, that is, when we are on off, we go out and refresh ourselves; like very shortly there are plans to go to Zimbabwe to see the Victoria falls in particular although these trips are often self sponsored, so it is not everybody who participate	Some nurses in the burns unit participate in self-sponsored social outings when they are off duty
30	Oh!... It is all about setting aside all other prevailing challenges and getting the job done. What I do is to help the patient get cured-.....,	Perseverance keeps nurses going on with burn nursing in the burns unit
31	We believe in team work where we work together to get the tasks done. This makes the big job small or rather manageable...	Team work is very fundamental in burn nursing
32	Mhhh... We just continue working....,, just being committed even if it means looking after three patients. The issue is that at the end we need to have the work done. So, we work as a team, complaining less, because if you complain you waste a lot of time....., you can see, today, we are only two professional nurses but see how we have managed to get most of the work done.	Burn nurses continue working amidst increased work load
33	Oh....oh....oh.., it`s not easy, but you know, at the end of the day it is for their own benefit, because if we don`t do,(dressings) then the wounds would not heal..... so even if they scream, we just have to do them	Nurses focus more on long term benefits of the painful burn procedures hence become detached to the pain during the procedures
34	It is not nice any way, as a human being especially being a mother, I also feel for them, but you see, I also need them to be healed, so	Nurses conceal their feelings when performing painful procedures on

	I have no choice but just to do the dressings, just a bit of braveness within, after all I do give them the pain killers, it is a protocol here	patients with burn injuries
35	With burn victim`s pain, you also become a patient as well...., you know,...., you think if it were you, so we give them pain killers. As for me...., eh.., I give them the pain killers to the level that will make them comfortable according to their needs so that I can also work comfortable on them	Patients` comfort during wound dressings create emotional comfort as well in the nurses when rendering painful procedures
36	Woh! , ah, here, we do give them sedations that the doctors prescribe, but you see, I just have to be as fast as possible so that I finish the dressings before the drug wears off so that the patients don`t really feel the pain.	Nurses feel uncomfortable with patients` feeling pain during dressing changes hence resort to doing them fast
37	I think it was a matter of determination on my part and the encouragement of those who surrounded me like my colleagues	Self-determination is fundamental to cope with the nature of burn nursing
38	Ah, we just talk over it amongst ourselves. You know.. through talking you ventilate your feelings and comfort one another	Nurses get support from among themselves to cope with the nature of burn nursing
39	(When asked to explain what she does to cope with the nature of work) `Mhh, nothing really in particular apart from staying home and rest when off duty	There is no form of organized mechanisms of coping with the nature of burn nursing
40	Oh my Sister, it is just something that you just condition yourself, you know, the determination within yourself to keep going, eh, what else can you do? As for me, it is the love of my patients and of course I just love working here in the unit, may be because I have been here for quite long.., yah things like that	Love for the work and self-motivation are fundamental for coping with the nature of burn nursing
41	Ah..., mhhh,.. You know as for me, I just pray to God to keep me going in this unit..you see..., nothing else.	Reliance on God helps nurses to cope with nature of burn nursing
42	Mhh, here in the unit ah... I don`t know. But when I get home,	Support of family members outside

	Woh, I just get my bath, sit on the sofa and my family members would be doing all I want just like that till I go to bed to rest. That really refreshes me for the other day`s tasks here at work	work environment helps nurses to cope with burn nursing
43	..., here we stay with our patients for so long; we chat and get used to them- we just become like family members...,	Prolonged exposure in the unit and contact with patients develops mutual relations with patients
44	Ah... With this form of contact... you know, I really become fond of the patients, I even know them all by their names; you see, that kind of thing`....,	Nurses become fond of their patient because of prolonged contacts
45	Mhh..., (laughs). Of course I would wish to see burn nursing improving in the context of care we give but also in the area of prevention so we have few patients to give that intensive care, you see...	Burn nurses aspire for prevention of burn injuries to reduce work load in order to be able to provide intensive and comprehensive nursing care to patients with burn injuries
46	Mhh, (smiles)..Ahh, I think I would like to see the burns unit being manned by professional nurses only, of course with post-basic training in critical care nursing, you see, because once with the patient, the professional nurse would be giving nursing care in totality; ...You see, the few professional nurses available per shift do not put much effort on their allocated patients as they are jumping here and there to supervise the staff and auxiliary nurses, so they become overstretched and thus cannot function effectively	Nurses desire for provision of specialized nursing care to patients with burn injuries

APPENDIX K

CLUSTERS OF THEMES AND EMERGENT THEMES

FORMULATED MEANINGS	CLUSTERS THEMES	EMERGENT THEMES
Many patients are admitted with burns when it is cold and this increases work load for the nurses(1), Due to unavailability of specialized burn treatment centers within the region, the burns unit admits many patients from a wide catchment area hence exposes nurses to increased workload (3), It is very cumbersome and demanding to nurse patients with burns because wounds are big, victims in severe cases are confined to bed and on varied life support apparatus that need intensive care and monitoring(5) Nurses experience the unexpected when initially allocated to the burns unit(6), Nurses feel challenged to care for patients with burn injuries due to the seriousness and nature of the injuries(7)	Labor intense (Exposure to physical wear and tear) Exposure to emotional wear and tear	Exhaustive caring
On job trainings without proper certification makes burn nurses to doubt own abilities in burn nursing practice (14), Burn nurses equipped in knowledge and skills for the job after long exposure to the burns unit work setting.(16), Burn nurses exhibit some degree of inadequacy in decision making (18)	Initial inadequacy in knowledge and skills for the burn nursing job Inadequacy in decision making	Powerlessness on the job (limited empowerment on the job)

Nurses overwhelmed with increased workload in the unit (2).The unsightly state of wounds exposes nurses to some levels of stress in the unit (7).Limitations in essential supplies upsets the nurses during provision of care to patients(12), Nurses caring for patients with burn injuries receive no special incentive packages(24), Nurses caring for patients with burn injuries desire for special counseling services (25), Some nurses in the burns unit participate in self-sponsored social outings to get refreshed when they are off duty (29) Nurses are emotionally touched with patients` and guardians with regard to the consequences of burn injuries(9), Nurses exhibit motherly concerns with regard to burn patients` injuries(11) Burn nurses continue working without complaining when exposed to increased work load in the unit (32), Love for the work and self-motivation are fundamental for coping with the nature of burn nursing(40)	Stressful emotions Incentives in burn nursing Empathetic Commitment and dedication Passionate	Burn out Organizational support Caring behaviors of burn nurses
Good patient outcome becomes a source of satisfaction in burn nursing (22), Specialty trainings related to burn care is a motivation in burn nursing (23) Burn nurses aspire for prevention of burn injuries to reduce work load in order to be able to provide intensive and comprehensive nursing care to patients with burn injuries(45), Nurses desire for provision of specialized nursing care to patients with burn injuries(46)	Sources of motivation Opinion on future of burn nursing	Job satisfaction
Prolonged exposure in the unit and contact with patients	Interactions	Mutual bonding

develops mutual relations with patients(43), Nurses become fond of their patients because of prolonged contacts (44),		
Perseverance keeps nurses going on with caring for patients in the burns unit (30). Nurses conceal their feelings when performing painful procedures on patients with burn injuries (34). Nurses focus more on long term benefits of the painful burn dressings hence become detached from the patients` pain during the procedure (33). Self-determination is fundamental to cope with the nature of burn nursing (37). Reliance on God helps nurses to cope with nature of burn nursing (41). Team work is very fundamental in burn nursing(31), Nurses get support from among themselves to cope (38), Support of family members outside work environment helps nurses to cope (42)	Resilience Self- motivation Team work	Coping strategies

APPENDIX L

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