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THE NURSE'S HUMANISTIC FUNCTIONING IN RELATION TO THE PAIN OF THE CHILD PATIENT WITH BURNS

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ABSTRACT: This article aims to reflect on the humanistic functioning of the nurse in the interventions with nociceptive, somatic pain in children. To this end a qualitative descriptive study was undertaken, directed and discussed in accordance with Husserlian phenomenology. Ethical-legal aspects were taken into consideration, interviews being held with 10 nurses who are specialists in the area of burns. The relevant data were selected through the colorimetric technique, so as to later undertake content analysis. The results revealed the nurse to be a professional who acts affectively in situations of distress and sadness, protecting the child patient empathetically. In addition, it is possible to perceive that non-pharmacological therapies, such as play therapy, laughter therapy, music therapy, relaxation exercises, breathing exercises, and psychological support are coadjuvant in combating pain. At the end of the study, it is reflected that the nurse's intervention is highly humanistic, and it is shown that pain must be treated by professionals with great sensitivity, so as to promote highly humane care.
DESCRIPTORS: Nursing; Pain; Burns; Humanism.

ATUAÇÃO HUMANIZADA DA ENFERMEIRA DIANTE A DOR DO PACIENTE INFANTIL QUEIMADO

RESUMO: O artigo tem como objetivo refletir sobre a atuação humanizada da enfermeira na intervenção da dor nociceptiva somática das crianças. Foi realizado um estudo qualitativo descritivo direcionado e discutido de acordo com a fenomenologia de Husserl. Considerados seus aspectos ético-legais, foram entrevistadas dez enfermeiras expertas na área de queimados; os dados relevantes foram selecionados pela técnica colorimétrica para depois efetuar-se uma análisedeconteúdo. Os resultados revelaram que a enfermeira é uma profissional que atua afetivamente em situações de angustia, tristeza, protegendo de maneira solidaria à criança, também que as terapias não farmacológicas como a ludoterapia, risoterapia, musicoterapia, exercícios de relaxamento, respiração e apoio psicológico coadjuvam no combate da dor. Ao concluir, reflete-se que a intervenção da enfermeira é altamente humanizada e revela-se que a dor requer ser tratada por profissionais com grande sensibilidade para oferecer cuidado altamente humano.
DESCRITORES: Enfermagem; Dor; Queimaduras; Humanismo.

ACTUACIÓN HUMANISTICA DE LA ENFERMERA ANTE EL DOLOR DEL PACIENTE INFANTIL QUEMADO

RESUMEN: El artículo tiene como objetivo reflejar sobre la actuación humanística de la enfermera en la intervención del dolor nociceptivo somático de los niños. Fue realizado un estudio cualitativo descriptivo direccionado y discutido de acuerdo con la fenomenología de Husserl, Se consideraron los aspectos ético-legales, fueron entrevistadas diez enfermeras expertas en área de quemados; los datos relevantes fueron seleccionados por la técnica colorimétrica, para después efectuar un análisis de contenido. Los resultados revelaron que la enfermera es una profesional que actúa afectivamente en situaciones de angustia, tristeza, protegiendo de manera solidaria al paciente infantil, también que las terapias no farmacológicas como la ludoterapia, risoterapia, musicoterapia, ejercicios de relajación, respiración y apoyo psicológico coadyuvan en el combate del dolor. Al concluir se reflejó que la intervención de la enfermera es altamente humanística, y se revela que el dolor requiere ser tratado por profesionales con amplia sensibilidad para brindar cuidado altamente humano.
DESCRIPTORES: Enfermería; Dolor; Quemaduras; Humanismo.

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INTRODUCTION

The psychological and emotional aspects directed at the burns patient and at herself create the need for the nursing professional to have a certain introspection. As a result, it is important to analyze the functioning of the nurse in relation to the nociceptive, somatic pain of the child patient with burns, so as to show how this work is undertaken in meeting the child's needs, reflecting on this type of care, as well as on the humanitarian characteristics employed in this intervention. This is because, from the moment of a minor's hospitalization, the minor and her family members manifest fear and insecurity provoked by the stress resulting from the situation and caused by the destructuration of the family ambit.[1]

The World Health Organization (WHO) indicates that burns caused by fire caused the deaths of approximately 96,000 children per year; the mortality rate is 11 times higher in the low income countries than in high income countries[2]. Accidents constituted a serious problem due to the high risk of mortality which they present, in addition to causing injuries which result in psychological, social and work-related problems for the rest of the life of the person affected[3].

In the presence of burns, the presence of pain is manifested indistinctly, this being of a complex, intense and prolonged type. Its importance is such that the American Society for Pain Relief describes it as the fifth vital sign; the consequences of the burns must be treated immediately and effectively, as their effects can be fatal[4].

With the aim of reflecting on the humanistic functioning of the nurse in interventions with children's nociceptive, somatic pain, this study was based on Husserlian phenomenology; this argues that perception is merely an experience of the I as a subject, that is, of the subject which perceives. Thus, experiences are subjective to memory and expectation, as well as all the intellectual acts built upon these, thanks to which one arrives at the mediate thesis of the existence of real beings and the establishment of the truths of every matter regarding the being.

The word phenomenon, for Husserl, has two meanings which come from the essential correlation between appearing and what appears. This being the case, the object of knowledge is, with the aim of clarifying, illustrating and explaining, a previous gnoseological reduction of the appearances beyond the empirical fact or of the psychological perception. Husserl's argument is:

> I must assume that this world coincides with mine, even though the aspects regarding which the other subject represents his world may be different, as it depends on one's own primordial point of view. Therefore, I must also suppose that the objects which constitute my own world exist independently of my subjective perspective and of my private experiences.[5:52]

METHODOLOGY

Pain management has a significant and ethical humanitarian component for the patient's integrity, as it aims to seek responses through the qualitative and descriptive study whose method is guided by phenomenology and is discussed in accordance with Husserl's postulations.

This study's social actors were 10 nurses from the burns unit of a pediatric hospital in Mexico City. The data were collected during a period of two months; the research project was submitted to the Ethics Committee of the same hospital institution, and, when approved under Decision JUDI 01/07, the procedure was to select professionals who had attended child patients with burns for at least two years. Considering this to be the inclusion criteria, no participant was excluded, as all presented the characteristics and satisfied them, to make up the study and participate in it. Following the authorization of the protocol, two preliminary interviews were held so as to check understanding of the instrument; the interview script was made up of 10 questions for obtaining information; these were recorded following previous consent. Following the acquisition of the data, reading and rereading were undertaken so as to select the most transcendent through the colorimetric technique, which made it possible to bring together the responses and thus group the content by categories until it was determined that the degree of saturation had been reached.

The interpretation and analysis of results were undertaken using the systematic method of content analysis in accordance with the assertions of Mayz[6]; this mentions that the codification includes the constant comparison of phenomena and the formulation of questions which lead the

text through specific words, so that in this way the interviewee can respond to the investigation's researcher. The results were discussed in the light of Husserlian phenomenological theory. In order to address the ethical aspects which the law determines for this type of studies, the researchers considered that established by the Regulation of the Mexican General Law of Health, in relation to investigations in human beings, in the first chapter, article 13, which indicates that, in any research whose study object is the human being, the criteria of respect for the human beings' dignity shall prevail, along with protection of their rights and well-being; as well as article 14, paragraph V, which indicates that informed consent must be given in writing. So as to comply with this norm, a detailed explanation was supplied prior to the documents being signed by the study participants and, in order to ensure the interviewees' anonymity, numbers were designated when the interviewees were mentioned in the study; this study was considered not to pose risks to the participants due to its study characteristics.

RESULTS

It was observed that the affective interventions directed by the nurses to patients with burns, such as gentle touches or tender words, cheered them up. This psychological support is made present through empathetic conversation with the patient, undertaken in a language appropriate to the patient's age, regarding the care provided to her.

The communication with the patient was a measure which allowed integration with the latter, whether through conversations, or through using varying methods of nonverbal language, such as looking, silence, company, and the sense of touch. These measures were shown to be excellent sources of communication and pain management, above all with this type of child.

The pain stimuli are transformed in meaning, which, in its essence, is understood by the nurses in the following way:

For me, pain is a sensation which the person presents when they are stimulated or injured and which has manifestations such as anxiety and distress. (E6)

It is a feeling at the physiological, sensitive level, as a consequence of an organic injury which can range from mild to acute. (E7)

A discomfort which the patient manifests, and irritability of different degrees and intensities, depending on each patient. (E9)

Another component besides the affective is the emotional component, resulting from the painful sensation accompanied by anxiety, depression, fear and distress - which without doubt brings harm to the patient, as shown in the accounts below:

[…] *It is necessary to give a lot of emotional support, which is what is needed most, because he is in an unknown place with strange people and feels invaded.* (E9)

I think that every time you are going to give a child a bath, the fact of being with the patient is a challenge, because each patient is different and acts differently and because, in the light of the pain, one cannot simply ignore them [...] (E6).

The affective intervention is a standard of behavior which can be observed, although the expression of feelings and emotions is experienced subjectively, being manifested as sadness, happiness or despair.

The alternative therapies can be applied by the nursing team in a routine way, as is shown in the following comments:

I teach them to breathe; and there is another technique which I had the idea of applying which consists of suggesting to those who are in pain to say the following: I am not in pain, I am not in pain, and I ask them to say it out loud and […], *When they notice, they don't remember anymore that they felt pain* […] *I also use relaxation techniques, which for them is a recreational or occupational therapy* […]. (E4)

As a consequence, the nurses are the people who, due to their constant contact with the patient, use alternative techniques in the pain

management, such as the administration of placebos, as the interviewees report.

[...] *I often use placebos; I alleviate their pain; I tell them I'm going to administer a "great" medication and that I think this medicine is so good because have used it before, and that it takes pain away surprisingly well; I start by saying this, I administer the placebos slowly and say that, when I finish administering it, they won't feel any more pain; and, effectively, they stay pain free.* (E4)

[...] *I tell them: take this "water", it will take away your pain even if it is nothing,* [...] *"It stopped hurting, didn't it?"* [...], *"Yes, it is stopping" they answer me, that is to say, I help them psychologically speaking. It is also necessary to learn to differentiate.* (E5)

The disquiet present in the nursing care in relation to the needs of the child can be perceived in the following account:

[...] *I spent the whole night thinking about how I could help him [the child] and the next day I arrived at work, made a hole in a bag of saline solution, got a 20 ml syringe and introduced it into the bag so that he could urinate there and the urine wouldn't fall on the burned areas; in this way it would avoid the child feeling the burning sensation, so that he could urinate there whenever he needed; that is to say, I interfere in the child's situation and try to do something so that they don't suffer so much.* (E5)

The psychological intervention is another aspect which is part of a set of useful strategies, whose purpose is to predict or resolve emotional, social, or affective problems which the children may present. The nurse, through her comprehensive intervention, applies her knowledges and competences so as to offer emotional support to her patients:

[...] *You prepare them psychologically, as you converse with them and try to calm them* [...] *You play, you tell jokes and stories and this causes them to forget the pain and, little by little, you gain their trust.* (E2)

[...] *I said to her: "No, my dear, that way we're not going to succeed, the pain is not going to beat you, the pain is here, but you can control it in your head, so you are going to control it and every time I come to do a procedure, you're going to say to yourself: it's not hurting, it's not hurting - you are going to beat the pain and we are going to beat it, we are going to beat the pain"* [...] *And in this way we control the pain, and move forwards.* (E7)

In relation to the evaluation of the pain and the use of analgesics, the reports below provide descriptions:

I identify the patient's pain, and what I do is administer her painkillers as fast as possible so that she stops having this sensation, this pain, through the sedation which we administer. (E9)

The pain is treated when it appears, but if the painkiller has already been given, we explain that it was already taken and that soon it will take effect; but if the pain is unbearable, we tell the doctor and request stronger medication. (E8)

As a result, sensitization is essential in these situations, in particular in relation to pain, as the same nurses state:

[...] *When I see that they are really desperate, I try to embrace them, I stroke them, I talk with them, I try to show in some way the feeling that I have for that child, as this calms them down, as – in some way – they see us as a second mother: there are children who even call us mommy or auntie and this is very beautiful, it is beautiful to pass on this warmth to these little ones.* (E5)

[...] *I speak to them with tenderness, almost always call them my little one, my little doll, warm words; there are even children who feed better with us than with their mothers* [...] *I say to them: come on my little one, come on my little doll, how beautiful your eyes are, we cuddle them, or make balloons out of the rubber gloves.* (E7).

This affective bond established allows the nurse-patient relationship, in which the degree of responsibility is projected in a unique way.

[...] *I talk with the parents: excuse me sir, excuse me madam., but this child is not yours now, she is mine; so from now on, everything she needs depends on me, do not worry because here I will care for him as if he were mine, because all the children here are, as it were, my children.* (E7)

The results also revealed that the pain must be attended by professionals who are experienced and have significant knowledge in the treatment of this symptom, such that the bursing team may contribute with its knowledges and experiences in the care, which reflects that these professionals are effectively sensitized to embracing and understanding the child in her vulnerable condition.

It may be concluded, therefore, that the pharmacological intervention as a single factor for combating pain does not present relevant results. Due to this, it is not described predominantly as part of the nursing actions. The non-pharmacological therapies, however, were widely used. Among these, the following are mentioned: play therapy, laughter therapy, music therapy, and relaxation and breathing exercises, which, integrated with the psychological support, are co-adjuvant in pain management in children.

DISCUSSION

One can say, therefore, that pain brings an emotional response and is not simply perceived as an unpleasant sensation. This fact is consistent with the cognitive evaluative component, which analyzes and interprets the pain, considering what is felt and what can happen. Given that this is a multidimensional experience, and is therefore difficult to measure objectively, it is necessary to verbalize it[7].

In this way, the nurses report a series of factors related to pain. This may be expressed as an irritability felt with different degrees of intensity. This intensity depends on the experiences experienced, given that the theoretical model of perception of pain can be based in a dynamic model of the individual's behavior. It is influenced by personal beliefs, formed prior to the appearance of the symptom, as the result of an interactive behavior, through which the individual adds information. The external and internal stimuli give meaning to its experiencing and to its reactions, as well as emotions due to the pathology. Consequently, the nurse may not understand it distinctly, unless she considers previous experiences.

The nurse by nature is a humanist being, which is essential in treating pain. Being aware of this condition, she needs to use instruments, techniques and other tools for reducing the pain and for finding parameters in order to comfort the patient, in such a way that the nurses concur in perceiving the pain as an unpleasant sensory and emotional experience, in this way causing their intervention to improve the patient's quality of life and recover and maintain her health.

This means that the evaluation is necessary, as it viabilizes a better quality of care, and this action must prevail in these services, covering the entire team of these units, with the objective of measuring not only the technical-scientific knowledge, but also the sensitivity, interest and effectiveness.

Pain relief is a basic human right, regardless of the patient's age[8]. Thus, the pain, as a symptom of distress, is an alarm signal which the nursing personnel must prioritize so as to bring relief to the patient. Considering this question, the importance becomes clear of developing alternative skills which assist in eliminating pain in any type of patient, in particular in those with burns, with the aim of raising comfort and stability, reducing stress, and reducing the unpleasant consequences related to the therapeutic procedures. To this end, one should promote environmental and behavioral interventions, which help to reduce the pain indirectly. In reducing the total quantity of harmful stimuli, one reduces the fear, the anxiety, and the negative effect[9], as the fear leads to the occurrence of painful and traumatic processes.

As already mentioned, the alternative therapies consist of a series of techniques for reducing the perception of the pain. The progressive relaxation of the muscles, and guided imagination, for example, arm the patient with more tools for cognitive coping, reducing with the anxiety and the negative emotions(10); these must therefore be integrated into the nursing care plans. Physiotherapy is especially useful, given that it allows the patient to recover motor skills and functionality.

Distraction strategies, passive activity, establishing behavioral objectives and training in progressive muscular relaxation are important. Even so, cognitive restructuring, based in the reorganization of the negative ideas, has a big impact on the reduction in the intensity of the pain, even more so than the self-control interventions.

Regarding the therapies used most by the nurses, they list distraction, suggestion, breathing techniques, guided imagination, and relaxation. The nurse must promote holistic care, in accordance with her professional experience, in which the time employed is very important. Husserl indicates that all experience has its place in the course of experiences, where each one retains past experiences and anticipates new experiences based on that which was effectively experienced[11]; at the same time, the temporal space is the path of a person's work.

The nurses cannot only be those who undertake technical care for the patient, but must also avoid, as far as possible, an unpleasant experience when the patient is admitted to hospital. At the same time, they provide a less traumatic treatment, minimizing the suffering caused by the illness, which will contribute to the child's recovery. Because of this, it is vital for the nursing care to emphasize the child's real needs, not concentrating only on the pathology presented[9].

Emotion and state of spirit interfere in thinking and action; the affection is instilled and, therefore, affects the thinking, the criteria, and the conduct[12]. In this regard, the nurses have a role as protagonists in the evaluation, control and treatment of the child's pain, as they are the professionals who spend the greatest time with them in the hospital, due to the various services which they provide. In addition to this, because of their training, it is they who interpret each gesture or cry most efficiently.

Regarding the negative feelings, there issues which impede certain processes, as they present greater personal strain and, in these circumstances, it is essential for the nurses to develop re-doubled patience[9]. As a result, tolerance regarding the behavior of children with burns is also fundamental. Because of this, the professional must be able to create new experiences which contribute to the patient's well-being and which allow the latter to undertake actions for their own benefit.

It is considered that the way that the patient manifests her pain can be changed and, in its turn, influence the degree of suffering which she experiences; therefore, one important non-pharmacological strategy consists of ascertaining how the patients think regarding their pain, and teaching them to change this mechanism. One can arrive at a positive conversation through the imagination; one example of this is the fact of applying this strategy in order to cope with the periods of pain[13]. This panorama shows that the nurse has to have sensitivity in order to understand and perceive the multiple factors which embrace the care, given that the experience involves changes, and the time is a predominant factor in the generation of strategies for reducing the patient's pain[11].

According to Husserl[14], what is important is to explain the correlation which exists between the various ways of seeing an object as it is perceived, imagined, recorded etc. regarding the unity of this object as something which refers unmistakably to each one of its experiences. Thus, what is previous allows one to explain what the object is, in presenting a meaning which exceeds the concrete content of each experience in particular. Each concrete and impartial aspect of an object is unified intentionally in the ideal signification, in the essence of the subject, as that which reflects the experience in particular.

Affective communication used as assertive conduct of the professional is a non-pharmacological measure which allows one to integrate the word and distinct forms of expression; due to this, it is essential for the nurse to take on humane and empathetic attitudes, with actions such as smiling, looking people in the eyes, and touching their arms or shoulder, demonstrating support. Silence and speaking in a quiet voice are signs which allow her to establish interpersonal relationships, as well as quality affective communication.

According to Husserl, it is possible to establish parallelism, in which the manifestation of a strong bond between human beings, related to the care, is perpetuated through the continuity of the care over time. It is also in a temporal context that this is shaped by the repeated past experiences and by the future anticipated experiences[13], it being possible to assert, therefore, that the nurse is a professional who works affectively in situations of

distress which the child experiences due to pain. Furthermore, she protects the child in difficult situations due to her past experiences, which allow her to plan her actions ahead of time.

Reflection in relation to the care practice is of great value, as it allows the professionals of pediatric units involved in the care to reflect that the attitude of the nurse regarding life and the context emanates from her beliefs and code of conduct[15]. Consequently, one can use and develop humanization strategies directed toward the child and her family.

FINAL CONSIDERATIONS

Through staying close to the patient for a long period, the nurse identifies her predominant needs. This leads her to apply techniques which contribute to dealing with the pain, as well as driving her to create methods which promote comfort and psychological support, helping the child to produce a mental balance which promotes the elimination of harmful stimuli.

In establishing a closer relationship with the children, one comes to perceive and be sensitized to the suffering, in such a way that one administers non-pharmacological techniques which are shown to be effective in the circumstances of constant pain, reducing the administration of painkillers and avoiding resistance to these, as this type of patient, in general, remains in hospital for a prolonged period.

It is of fundamental importance that the nurses who dedicate themselves to pediatric patients with burns should be professionals with humanitarian values, who should be responsible, and have respect for the children, given that there are situations in which strength and preparation are priority for coping with the suffering of the patient and her family members, with whom, due to the nature of the problem in the treatment, a very close human bond is produced.

Another transcendent feature is the cognitive aspect of each child. It is necessary to seek to translate the subjective data mentioned as objectively as possible as this can be used to create parameters which allow the establishment of care processes in confronting the pain.

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