110 - CARE PSYCHOLOGIST IN TEAM ALSO FEEL THAT THE SKIN OF WORK TOGETHER A PAIN PATIENTS WITH BURNS

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INTRODUCTION

The burn is considered one of the most destructive injuries that human can suffer. Its importance stems not only from the frequency with which it occurs, but also the functional, aesthetic and psychological effects it causes (WERNECK et al., 1995).

Cases of burns are not uncommon in routine health services. The effects generated by injuries require careful treatment and ongoing interventions in the rehabilitation process of patients.

For Oliveira and Sommerman (2008), hospitalization is always a generator of stress, breaking, sometimes abruptly with our certainties and routine of life and to the family of the most vexing issues, revealing feelings aroused by the conflict between life and death.

According to Romano (1999), the subject did not come alone to the hospital; it comes with the disease, their families and all the implications with respect to roles, adaptive needs, review links, among other issues. She further states that the psychologist has two tasks: to understand what a "group of people" who become ill and who present to hospital and the interpretation of this phenomenon for staff. Thus, to intervene with the patient and family interventions end up extending and becoming essential also to professional staff.

In the study by Rossi et al. (2000), the authors show that a point raised about the procedures performed with burn patients is pain. This is often considered by the professionals who perform the procedures, as inherent to the patient with burns, and that the manifestation of pain by patients and provokes mobilization stress in these professionals. The authors also highlight the need for professionals to understand that pain is a personal experience also influenced by culture. Thus, it becomes important to understand the culture of the person in pain and the very culture of caring.

In this sense, the goal of this work is to understand the experience of care for burn patients from the perspective of staff and possible interventions psychologist these professionals.

MATERIALS AND METHODS

This is a qualitative research based on analysis of participant observation and fieldwork diary produced during extracurricular internship at the Burns Unit of a public hospital, located in the state capital of Rio Grande do Sul.

RESULTS AND DISCUSSION

The particularities of the treatment of patients with burns invariably end up reflecting the care team, these generating awareness and empathy for the suffering caused by the interventions and pain that accompany them.

From the observations and subsequently recorded in the field diary, we can analyze the experience of care of a patient affected by burns, is seen by staff as different, as can be seen in the following excerpt:

> "(...). She (nursing technician) reported that patients with burns is different from others, is a patient who requires far more staff; that the professional must always be attentive to the patient. It is a more impaired patient is a patient more susceptible to infections according to the wound is open. Said the burn, the patient is always losing nutrients, electrolytes, water. Then the diet has to be rich in protein. In this sense, this paper realizes the importance of interdisciplinary work in the care of this patient. (...). "(Field diary, 24/07/2012).

From the excerpts above, we realize that the content brought refers to the gap that the team gives to these patients, and the demands that the same demand. The recognition by professionals of particular involving interventions with these patients reveals the need for a work that integrates interdisciplinary team. In this sense, we can infer that by treating the patient with burns, we can not disregard the physics of this subject, since, during hospitalization, the patient with burns is undergoing procedures considered highly painful and can influence the emotional state of these patients and consequently the team that atuaa directly with these patients.

Said Unit, where they performed the observations, is considered closed, where patient access is restricted. Visiting hours occur daily, but with a maximum time of 1 hour. In this sense, we can observe that the support staff has more contact with the patient, than even with his own family, since the period of hospitalization for the treatment of burns is usually long and extends to return to the clinic for follow-up by the plastic surgery team, and in other cases, for marking corrective surgery for the scars. Furthermore, the "closed and restricted" the Burns Unit character seems reflected in team work, since much of the professionals working there for many years, as is illustrated in the following excerpt:

> "(...) I asked the nurse technician, how long she worked there in the Unit there. She replied that for 8 years. He also said that most of those who work there, are long, and some are professionals 30 years ago in that same unit (...) she said that nobody wants to work in a burn unit, no one "wants to go there ". Above all, said he enjoys working there. (...) He also spoke of the integration team; that everyone here has a good relationship between staff and physicians, as a function of years of work, the team is good "family" (...). "(Field diary, 25/07/2012).

> "(...). In telling his story, a nursing assistant who works there said E. (Unit) 20 years ago and when she entered the hospital she worked in another industry, and it was soon learned that the 4th floor of the hospital were Oneness Burns. With some administrative changes, she was transferred to another sector, but did not know where, just knew he did not want to go to the Burn Unit. However, just going there (...) said

> that at the beginning it was very difficult as had recently lost a brother, a burn victim. Said he kept thinking during hospitalization he received the same treatment she was giving or seeing colleagues give to patients, but then got used to the service and who enjoy working there (...). "(Field diary , 25/07/2012).

To Anzieu (1989), a service of burned can only work psychologically, if they initiate mechanisms of collective defense against fantasy "skinned" skin that inevitably evokes the situation in each. This can be evidenced in the field diary fragments noted above, when it perceives the initial refusal to work in a burn unit. On this issue, we can think of work-related fantasies in this location, and operation of the unit itself, since much of the professionals working there for many years. Starting from the idea Anzieu (1989), it can be said that collective defense mechanisms may have been evoked for the team's work can happen.

Another issue to be mentioned, and that involves treating patients with burns, is the issue of pain. How, for the team, dealing with the pain of patients who suffered burns?

In a study by Rossi et al. (2000), the authors report that nurses consider how physical and emotional pain, and auxiliary emphasize the need for adults to control the manifestations of pain, and the difficulty of dealing with the pain, a common point for both the patient and for the team.

Coppe and Miranda (1998) apudSasdelli and Miranda (2001) state that "another's pain is not my pain, but it hurts me" (pg. 100). Refers to the feeling that in so ached for another health condition, it is our pain, which brings us to our existence and of course to our death:

> "(...). To report that he had observed that patients report much about the pain, I asked for technical nursing J., as she is to deal with the patient's pain. She said it is complicated, it is evil. When you see someone scream in pain, she shivers. About the baths, she reported that it is difficult to do that and be watching and listening to the patient complaining of pain, but it is necessary (...). "(Field diary, 25/07/2012).

> "(...). I asked for L. technique as it is to deal with the pain of patients. She said: 'Look, do not think that just because Agent works all day here, that agent can not be moved emotionally with some cases [...] I can not with children because it is difficult for them to understand why I have to wiggle the boo-boo her and have to cause pain (...). "(field diary, 25/07/2012).

From the fragments above, we think that every professional dealing with the patient's pain from his experience and subjectivity, and emotions generated by empathy are reflected in its technical conduct with patients. They had difficulties in dealing with a particular type of situation, especially those that evoke and referring to a previous personal experience or with patients of a specific age group.

In this sense, we realize the importance that interventions Psychologist with the team allow a space for listening, as a tool to support and promote the understanding of the emotional aspects involved in patient care, after all, the team also feels on the skin the pain of working with patients with burns.

CONCLUSIONS

Listening to the suffering generated by burning the skin becomes a challenge, considering that the burning of the skin can not be generalized for the procedures to which patients are subjected to, but always considered a unique experience for those who feel, for those who care for who monitors and the listener.

Besides the importance of interventions Psychologist with the patient and family, realizes the importance of monitoring difficulties faced by staff in patient care with burns. Perform procedures that involve the treatment of burns and deal with the pain of others, also hurts these professionals. Feel hurt by another health condition, it is the pain itself, which refers to our existence as a subject and also to our death. In this sense, it is important to enable a space for listening also to the professionals, so that they can speak of their suffering, their pain, since they refer to their existence and subjectivity.

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ABSTRACT

Cases of burns are not uncommon in routine health services. The effects generated by injuries require careful treatment and ongoing interventions in the rehabilitation process of patients. In this sense, the pain caused by the procedure ends also mobilizing the team that provides care to these patients. The objective of this work is to understand the experience of care with patients with burns from the perspective of staff and possible interventions psychologist these professionals. The method consists of qualitative research based on analysis of participant observation and fieldwork diary produced during extracurricular internship at the Burns Unit of a public hospital, located in the state capital of Rio Grande do Sul. The results show that besides the importance of psychologist interventions alongside patients and families realize the importance of monitoring difficulties faced by staff in patient care with burns. Perform procedures that involve the treatment of burns and deal with the pain of others, also hurts.

Feel hurt by another health condition, it is the pain itself, which refers to our existence as a subject and also to our death. In this sense, it is important to enable a space for listening also to the professionals, so that they can speak of their suffering, their pain, since they refer to their existence and subjectivity.

KEYWORDS: Burns, Psychology in health care team to the patient.

RÉSUMÉ

Des cas de brûlures nesont pasrares dan slesservices de santé de routine. Les effets engendrés par les blessures nécessite ntuntraitement prudent et interventions en coursdans le processus de réadaptation des patients. En cesens, la douleurcauséepar la procédure se termineégalement la mobilisation de l'équipe qui fournit des soins à ces patients. L'objectif de ce travail est de comprendrel'expérience de soins des patients avec des brûlures du point de vue du personnel et des interventions possibles psychologueces professionnels. La méthode consiste en une recherche qualitative basé esurl'analyse de l'observation participante etsurleterrain journal produitelors de stageparascolaireau Service desBrûlés d'unhôpitalpublic, situédanslacapitale de l'Etat de Rio Grande do Sul. Les résultats montrent que, outrel'importance de lainterventions psycho loguedan sl'ensembleles patients et lesfamilles se rendent compte de l'importance desdifficultés de surveillanceencourus par lepersonneldansles soins auxpatient savecdesbrûlures. Exécuter des procédure quiimpli quentle traitement des brûlures et face à ladouleurdesautres, fait mal aussi. Sentir blessé par unautreproblème de santé, il est ladouleurelle-même, qui se réfère à notreexisten ceentant que sujet et aussi à notremort. Encesens, il est important de permettreun espace d'écouteaus siaux professionnels, afinqu'ilspuissent parler de leursouffrance, leurdouleur, carils se réfèrent à leurexistence et de lasubjectivité.

MOTS-CLÉS: Burns, psychologiedansl'équipe de soins de santépourlepatient.

RESUMEN

Los casos de quemaduras no son pococomunesen losservicios de salud de rutina. Los efectos generados por las lesiones requieren untratamiento cuidadoso y las intervenciones en curso enelproceso de rehabilitación de los pacientes. En este sentido, eldolor causado por el procedimiento termina tambiénla movilizacióndel equipo que proporciona cuidado de estos pacientes. El objetivo de este trabajoes entender laexperiencia de laatención a los pacientes conquemaduras desde elpunto de vista delpersonal y lasposibles intervenciones psicólogo estosprofesionales. El método consiste en lainvestigació ncualitativabasa daenel análisis de laobservación participante y eldiario de campo producida durante prácticas extracurriculares enlaUnidad de Quemados de un hospital público, ubicadoenla capital del estado de Río Grande do Sul. Los resultados muestran que, además de laimportancia de la intervenciones psicólogo junto pacientes y lasfamilias se dancuenta de laimportancia de lasdificultades que enfrenta elpersonal de vigilanciaenlaatención de pacientes conquemaduras. Lleve a cabo losprocedimientos que implicaneltratamiento de quemaduras y lidiarconeldolor de losdemás, también duele. Sientoherido por otro problema de salud, eseldolorensí, que se refiere a nuestraexistencia como sujeto y también a nuestramuerte. En este sentido, es importante para permitir unespacio para escuchartambién a losprofesionales, para que puedanhablar de susufrimiento, sudolor, ya que se refieren a suexistencia y de lasubjetividad.

PALABRAS CLAVE: Quemaduras, Psicologíaen equipo de atención médica para el paciente.

O CUIDADO DO PSICÓLOGO À EQUIPE QUE TAMBÉM SENTE NA PELE A DOR DO TRABALHO JUNTO A PACIENTES COM QUEIMADURAS

RESUMO

Casos de queimaduras não são incomuns nas rotinas dos serviços de saúde. Os efeitos gerados pelas lesões requerem um cuidadoso tratamento e contínuas intervenções no processo de reabilitação dos pacientes. Neste sentido, a dor provocada pelos procedimentos acaba mobilizando também a equipe que presta assistência a estes pacientes. O objetivo deste trabalho é compreender a experiência do cuidado junto a pacientes com queimadura na perspectiva da equipe e possíveis intervenções do psicólogo a estes profissionais. O método consiste em pesquisa qualitativa com base na análise da observação participante e do diário de campo produzido durante estágio extracurricular na Unidade de Queimados de um hospital público, localizado na capital do estado do Rio Grande do Sul. Os resultados apontam que além da importância das intervenções do psicólogo junto a pacientes e familiares, percebe-se a importância do acompanhamento das dificuldades enfrentadas pela equipe no cuidado ao paciente com queimadura. Realizar os procedimentos que envolvem o tratamento das queimaduras e lidar com a dor do outro, também dói. Sentir-se doído pela condição da saúde do outro, trata-se da própria dor, que remete à nossa existência enquanto sujeito e também à nossa morte. Neste sentido, é importante que se possibilite um espaço de escuta também para os profissionais, para que possam falar do seu sofrimento, de sua dor, uma vez que se referem à sua existência e sua subjetividade.

PALAVRAS-CHAVE: Queimaduras, Psicologia em saúde, equipe de assistência ao paciente.