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KNOWLEDGE AND PRACTICES ABOUT PREVENTION AND TREATMENT OF BURNS IN THE HOME ENVIRONMENT

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ABSTRACT

Objectives: To demonstrate the knowledge and practices of individuals on the prevention and treatment of burns in the home environment and to describe the educational nursing care in the prevention and treatment of burns in the home environment. **Method:** Convergent care research was carried out virtually, from June to August 2021, with people residing in the city of Macaé/RJ, Brazil. **Results:** The survey included 16 participants, 81.25% (n = 13) female, aged between 19 and 59 years old. In the analysis of the interviews, it was possible to identify mistaken knowledge and practices about the prevention and treatment of burns, to be discussed in this study. **Conclusion:** Although there is knowledge about adequate knowledge and practices on the prevention and treatment of burns in the home environment, there was identification of wrong practices that can harm the correct treatment and prevention of injuries. The findings of this study point to the need to build materials and carry out educational practices with this population to reinforce preventive measures for burns.

DESCRIPTORS: Burns. Nursing. Disease prevention. Entherostomal therapy.

SABERES E PRÁTICAS SOBRE PREVENÇÃO E TRATAMENTO DE QUEIMADURAS NO AMBIENTE DOMICILIAR

RESUMO

Objetivos: Demonstrar os saberes e as práticas de indivíduos sobre prevenção e tratamento de queimaduras no ambiente domiciliar e descrever o cuidado educativo de enfermagem na prevenção e tratamento de queimaduras no ambiente domiciliar. **Método:** Pesquisa convergente-assistencial realizada de maneira virtual, no período de junho a agosto de 2021, com pessoas residentes na cidade de Macaé (RJ). **Resultados:** A pesquisa incluiu 16 participantes, sendo 81,25% (n = 13) do sexo feminino, com idades entre 19 e 59 anos. Na análise das entrevistas, foi possível identificar saberes e práticas equivocados sobre a prevenção e o tratamento de queimaduras, a serem discutidos neste estudo. **Conclusão:** Embora haja conhecimento acerca dos saberes e práticas adequados sobre prevenção e tratamento de queimaduras no ambiente domiciliar, houve identificação de práticas equivocadas que podem prejudicar o correto tratamento e prevenção de agravos. Os achados deste estudo apontam para a necessidade de construir materiais e de realizar práticas educativas com essa população para reforço de medidas preventivas de queimaduras.

DESCRITORES: Queimaduras. Enfermagem. Prevenção de doenças. Estomaterapia.

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CONOCIMIENTOS Y PRÁCTICAS SOBRE PREVENCIÓN Y TRATAMIENTO DE QUEMADURAS EN EL AMBIENTE DOMICILIARIO

RESUMEN

Objetivos: Demostrar los conocimientos y prácticas de los individuos sobre la prevención y tratamiento de quemaduras en el ambiente domiciliario y describir el cuidado educativo de enfermería en la prevención y tratamiento de quemaduras en el ambiente domiciliario. **Método:** Investigación de Atención Convergente (PCA) realizada virtualmente, de junio a agosto de 2021, con personas residentes en la ciudad de Macaé/RJ. **Resultados:** La encuesta contó con 16 participantes, 81,25% (n=13) mujeres, con edades entre 19 y 59 años. En el análisis de las entrevistas, fue posible identificar conocimientos y prácticas erróneas sobre la prevención y el tratamiento de las quemaduras, para ser discutidas en este estudio. **Conclusión:** Si bien existe conocimiento sobre los saberes y prácticas sobre la prevención y tratamiento de quemaduras en el ámbito domiciliario, se identificaron prácticas incorrectas que pueden perjudicar el correcto tratamiento y prevención de lesiones. Los hallazgos de este estudio apuntan para la necesidad de construir materiales y realizar prácticas educativas con esta población para reforzar las medidas preventivas de quemaduras.

DESCRIPTORES: Quemaduras. Enfermería. Prevención de enfermedades. Estomaterapia.

INTRODUCTION

Burns consist of injuries caused by contact with thermal sources, whether hot or cold, exposure to chemicals, and electrical discharges, among others. They are divided into levels of complexity according to the depth and layers of the skin affected. The contact time and the extent of the burn are also relevant factors to be observed[1,2].

By affecting the skin, an organ that performs numerous functions, burns can trigger physiological imbalances, such as loss of fluid volume, risk of infection with progression to sepsis, metabolic imbalance, impaired renal function related to hypotension and even shock, in addition to of damage to the respiratory, cardiovascular, immune systems, etc[2,3].

In Brazil, the highest incidence of burns occurs in the domestic environment and with the adult and elderly population, with the leading causes being scalds caused by hot liquids or related to domestic violence[4]. In addition, with the Covid-19 pandemic, the increase in the use of 70% alcohol led to a more significant occurrence of these injuries, identifying possible failures in guidance regarding its use[5].

For the prevention and treatment of burns, the educational process based on dialogue, through the exchange between common knowledge and scientific knowledge, is fundamental through reflection, problematization, awareness and possible change, taking into account the reality of each individual[6,7]. This integration is necessary since the person must feel like a participant in the process, expanding knowledge to help them develop skills to care for themselves, making them autonomous and independent[8].

Thus, the study aimed to demonstrate the knowledge and practices of individuals on the prevention and treatment of burns in the home environment and to describe educational nursing care in the prevention and treatment of burns in the home environment.

METHODOLOGY

The present is qualitative research, with a convergent-assistance approach, which deals with the researcher's engagement in studying health care practice and acting in it based on the conceptions of the participants involved in the research context, to minimize problems or emerge innovative solutions in care practice[9]. In this way, adult knowledge and practices regarding preventing and treating burns at home were accessed through the shared construction of knowledge.

For delimitation of the study population, the following inclusion criteria were considered: people between 18 and 59 years old living in Macaé, Rio de Janeiro, Brazil. The researchers used the snowball technique to capture potential participants due to the impossibility of face-to-face contact due to the limitations imposed by the Covid-19 pandemic.

The researcher published an invitation on the social networks Facebook and Instagram containing basic information about the study and her contact information. Those interested in participating in the research got in touch, and the researcher provided additional information, clarifying doubts, if necessary, and then made the Free and Informed Consent Form available for signature and consequent participation. Intending to respect the rigor of the technique used, after completing the interview, the participant indicated the next one and so on, composing the research sample.

Due to the distancing measures adopted during the pandemic, data were collected from June to August 2021 via the Google Meet virtual platform or the WhatsApp messaging application. Data collection took place through a single interview with an average duration of 30 minutes, in which the participant was asked about their socioeconomic data and guide questions for discussing the subject of the study. The audio was captured by the interviewer for the transcription of the speeches.

The data categorization process occurred after the transcription of the interviews, through content analysis, guided by Bardin[10], by the approach and the separation process characterized by the convergent-assistance approach. To ensure the anonymity of the participants, the lines were identified with an alphanumeric term from P1 to P16.

The research complied with the provisions of Resolutions nº 466/2012 and nº 510/2016 of the National Health Council, which regulates the Norms for Research involving Human Beings. The project was submitted to the Research Ethics Committee of the Federal University of Rio de Janeiro – Campus Macaé – and approved by it, under opinion nº 4,715,744.

RESULTS

In the survey, 16 people were interviewed, residents of Macaé, aged between 19 and 59 years, 81.25% (n = 13), corresponding to the female gender. As evidenced in studies by Dalla-Corte et al.[11] and Oliveira et al.[12], males have a higher incidence of burns. We can relate this data to the greater risk of suffering some burns due to their high exposure to risky situations due to their work activities. Still, it was possible to observe less interest from this class regarding participation in the study. On the other hand, women are traditionally more concerned with matters related to health and seek more health services[13].

Regarding the primary socioeconomic data, 50% (n = 8) of the participants are single, while 37.5% (n = 6) are married, and 12.5% (n = 2) are separated. Also, only 25% (n = 4) of people said they had one to three children, while the other 75% (n = 12) said they did not. According to education, 50% (n = 8) of the participants have completed higher education and 50% (n = 8) incomplete higher education.

Concerning occupational status, 56.25% (n = 9) of participants are in the labor market, 31.25% (n = 5) are students, and 12.5% (n = 2) are self-employed. Among the professions and occupations, several were mentioned, such as teacher (n = 5), physiotherapist (n = 1), lawyer (n = 1), speech therapist (n = 1), community health agent (n = 1), businesswoman (n = 1) and administrator (n = 1).

The family income comprises the interviewee and at least one other family member. Thus, 25% (n = 4) claimed to have a monthly family income of more than nine minimum wages and 25% (n = 4) of three to six minimum wages, while 18.75% (n = 3) have six to nine minimum wages, 18.75% (n = 3) have variable income, 6.25% (n = 2) have one to three salaries and 6.25% (n = 2) have less than one minimum salary. These data were essential for exploring the reality of the participants to bring the dialogue closer together, identifying the demands presented and, thus, enabling greater effectiveness of care.

DISCUSSION

By analyzing the responses of the 16 participants, arising from dialogues based on the theme, it was possible to observe that they did not associate the burn with an injury itself but immediately referred to the cause of the burn, not exposing its definition, as evidenced in the main lines: "*when* i*t attacks, it causes a wound on the skin.* [...] *The one that causes blisters,*

which is darker in color and then the skin comes off. [...] *With a secretion inside*" (P1); "*I know little about burns*" (P3); "*I don't know much about burns, no. I don't know what is really right or wrong*" (P9).

The nurse-researcher actively participated in the research through dialogue as a tool, practicing assistance based on health education and sharing knowledge about the theme. When addressing how the burn is caused, respondents reported only thermal sources, as follows: "*caused by fire, electric shock*" (P1); "*hot water and iron*" (P3); "*could be using heat or ice*" (P15).

According to Hinkle e Cheever[2], Burns are traumatic injuries caused by exposure to chemical agents or radiation, heat transfer or electricity, leading to tissue damage. According to the data presented, it is necessary to point out that some participants are unaware of other causes besides thermal ones, even frequent contact with objects that can become the source of these injuries, such as sockets and chemical products, for example.

Furthermore, it was found that the reports presented in the research refer to previous experiences and summarize burns as just minor injuries or first-degree burns without explaining how a first-degree burn is shown when it occurs in household activities.

Also, by Hinkle e Cheever[2], burns can be divided into four degrees, which vary according to the tissues affected. First-degree burns are superficial, affect only the epidermis, and are characterized by pain and redness. Second-degree burns, on the other hand, are of partial-thickness and involve the entire epidermis and some portions of the dermis, causing blisters called phlyctens to appear. Third-degree burns, also known as full-thickness burns, involve all layers, causing destruction of the skin, which may partially affect adjacent tissues. In the case of the fourth degree, the burn is deep, reaching other tissues, such as muscles or bones.

This information was shared between the nurse-researcher and the participant since the discussion on the theme is fundamental for the effectiveness of the care process. Reflection on the types of burns was relevant for the person to become aware of other forms of burn involvement and to be able to contemplate strategies to prevent these accidents at home: "*I've had experience, but only mild burns*" (P1); "*I already burned myself when I put my arm on the iron* [...] *once* [...] *the steam burned my arm*" (P2); "*my sister burned her foot with the oil.* [...] *She came here at home every day to do her dressing*" (P4); "*I only had a first-degree burn*" (P8); "*I only witnessed it and had a slight burn*" (P9); "*I've already had superficial burns, I think first-degree burns*" (P13).

It should be noted that, although the dialogue was based on the home environment, two people referred to injuries caused outside this context, as it is possible to identify below: "*I applied sunscreen all over my body except for my ears. The only place that burned. It turned red, created a blister and peeled.* [...] *The blisters burst, I had to go to the doctor, he prescribed an ointment for the burn*" (P11); "*I was manipulating equipment,* [...] *and water from it leaked into my hand.* [...] *it created a big blister, I had to see a doctor*"(P14).

Regarding preventing burns, practices were related to care when handling household objects and substances, specifically in the kitchen. It is known that there is a greater vulnerability for this type of accident to happen in this environment[4]. However, other means for the occurrence of these injuries cannot be ruled out. Care with hot surfaces and substances, such as water, was also mentioned.

According to Dalla-Corte et al.[11], the leading causes of burns in adults occur in contact with hot surfaces and direct contact with fire flames. Male, young and single individuals, as well as smokers, are shown to be risk factors for the occurrence of burns: "*I am careful with hot things*" (P3); "*be careful putting a lid* [...]. *When changing the container of boiling water*" (P4); "*be careful when handling the fire at the time* [of] *cooking*" (P6); "*the position where the stove is, how the handle of the pot is placed inside* [...]. *Fireworks, I forbade* [...]. *Alcohol is always placed at the top, in the cupboard*" (P8); "*put the handles of the pot inwards so as not to risk the pot tipping over*" (P9); "*always correct if I turned off the stove, and we are cautious with the electrical network*" (P13).

According to prevention material created by the Sociedade Brasileira de Queimaduras[14], some actions can prevent the occurrence of burns, such as never sleeping with lighted candles, keeping matches and lighters away from children, leaving pot handles always turned inwards, storing flammable liquids or chemicals, such as caustic soda, in clean, airy places and high, be careful with the power grid, among others.

The nurse-researcher shared the other sources that cause burns in the home environment, not just in the kitchen, to guide the possible existing risks.

The answers were diverse according to the question about the source of learning their knowledge on the subject. Common sense, like cultural heritage, runs through generations, and this knowledge mustn't be ignored[15]. In the present study, this prior knowledge is still predominant since the speech of parents and grandparents assumes importance and has validity in the family context: "*I learned it from my mother*" (P3); "*It was life itself, it was seeing someone getting burned and thinking 'I don't want that for myself*" (P4); "*I learned by reading, studying.* [...] *At school it was not talked about much, I learned more by reading*" (P8); "*I learned from my mother, my grandmother*" (P9); "*That's kind of common sense, right?*" (P16).

When analyzing the practices carried out after a burn, we have several approaches, from those recommended scientifically to those passed down from generation to generation in society, and there must be more than just an overvaluation of one knowledge to the detriment of the other.

The uniqueness and all information of the participants are respected throughout the process since the human being must be understood as an integral and unique being and, therefore, valued. Thus, to provide an exchange between technical-scientific (professional) and popular (common sense) knowledge, the care strategy was health education permeated by critical and reflective dialogue: "*I learned to put egg whites in the burn.* [...] *You can't wet it with cold water, and you should apply egg whites, and then hydrate the burn with moisturizer*" (P3); "*I used butter. But I know that food is to be eaten and not to be rubbed on the skin. When my sister got hurt,* [...] *I told her to buy the ointment and I* [...] *didn't let her burst the blister*" (P4); "*I end up using an antibacterial ointment, like bacina, nebacetin,* (...) *I take some ice and soak a tissue and put it on the region or just running water"* (P5); "*The first thing I do today is cool down.* [...] *I usually put my hand under cold water. I don't even know if it's right, because I stopped studying.* [...] *I always have an ointment.* [...] *Either nebacetin or that sunflower oil*" (P8); "*I apply that nitrate, a little ointment that I already have at home, after the water*" (P14).

According to com Freire[7], the person shares their knowledge with the other horizontally, through problematization, reflection, and awareness, and, thus, they choose to change (or not), deciding what is best for them in their care process. This shared exchange between scientific knowledge and common sense is essential for the person to reflect on their learning and whether it is relevant in care.

For example, we can mention the speech of P4, who exposed the use of butter on burns. The nurse researcher then shared about using running water before using any other substance, such as butter, toothpaste, or other to be used based on common sense.

It is essential to point out that the use of butter, coffee powder, and bleach is not recommended by anybody or society regarding burns. These substances even negatively interfere with the healing process and may cause damage to the injury[16]. The nurse must prescribe ointments or topical agents and be competent in assessing and treating skin lesions[17].

When asked about knowledge about treating burns, it was possible to identify references to materials in the kitchen, which generations or closest people culturally permeate. The participants claimed to have learned about such actions through their family, through mothers or grandmothers: "*My mother used bleach, like bleach.* [...] *The things I've heard from neighbors, from family members saying: olive oil, butter, bleach*" (P8); "*Water is instinctive, nobody taught me. I think my mother, suddenly my mother would do that, she would put her hand directly on the cold tap*" (P8); "*people always talk about applying vinegar* [...] *or some kind of specific ointment for burns*" (P12); "*throw in egg whites and toothpaste. But I know that neither of them works, so I never did either*" (P13).

During the dialogues, the nurse-researcher reinforced that these actions do not have any scientific evidence with resolution in these cases. Valente et al. [18] state that the initial step to the occurrence of a burn is to cool the place, interrupt the process of the thermal agent, and remove adornments and clothes that may be on the wound. If necessary, the injured person should be referred to a hospital after interrupting the burning process, and this information is discussed with the participant.

Although participants cited running water as an initial intervention, the study also showed that many know people who still use habits that should have been abolished, such as applying toothpaste, for example.

To Lima Junior et al.[19], as the application of running water is something essential for many, this action can be considered ineffective and harmful, given the absence of any other more complex conduct in the case.

Concerning the construction of educational material, a possibility for future research, the nurse researcher asked about what the participants would like in the content of this material. It was possible to observe that there was attention to the inclusion of images, in addition to information, so that other age groups could better understand the material, in addition to accessible language for the lay population: "*what to do with a more severe burn*" (P1) ; "*inform a little about the degrees of burn and what to do in each case, what to do in general and what you shouldn't do at all*" (P4); "*first thing to do. What attitudes should be performed after a burn*" (P6); "*that has an illustration, even if it is a single-page folder* [...]. *More brief information with an image, because if you post this longer text for the material, people don't read it*" (P8); "*a language accessible to the population,* [...] *a practical language with drawings and figures and reinforcing a very accessible language without giving up the technical language*" (P10); "*I think that mainly this issue of avoiding self-treatment at home.* [...] *And I think also care with candles, care with fire, with electricity*" (P13);

Thus, it was evident that the participants questioned their reality and their knowledge, and, through the shared construction, it was possible to educate in health, with a view to the prevention and treatment of burns. Also, interest in developing educational material was highlighted, with a view to the possibilities of revisiting the information and disseminating this knowledge to the population.

FINAL CONSIDERATIONS

Based on the results of this study, it was possible to identify that, although there is adequate knowledge and practices on the prevention and treatment of burns in the home environment, such as cooling the area, there are still wrong practices that can harm the correct treatment and prevention of injuries.

It is possible to analyze the need for more knowledge about preventive actions in the home environment. It was revealed, through the results, that educational measures on the subject are essential for greater adherence of society to these actions to reduce the number of cases, as well as future complications and hospitalizations.

Although the sample of this study was reduced due to the Covid-19 pandemic, the results obtained are fundamental for a better understanding of knowledge and practices about burns; however, more studies are needed that will address other experiences to contribute to the literature and the improvement of knowledge in the area.

The study made it possible to identify and analyze the primary knowledge and practices concerning burns, enabling reflection on the individual's conduct towards this care and expanding their knowledge on the subject. The educational care implemented was essential and used dialogue as a health education strategy regarding preventing and treating burns at home.

The findings of this study point to the need to build materials and carry out educational practices about this population to reinforce preventive measures for burns aimed at the actual demands of the population, making them participants and protagonists of their own care process.

AUTHORS' CONTRIBUTION

Substantive scientific and intellectual contributions to the study: Peres LB, Alvarez AB, Silveira IS, Barbato Netto N, Barboza LEM, Santos DM, Teixeira MLO, Barbosa G and Paiva RS; Conception and design: Peres LB and Alvarez AB; Collection, analysis and interpretation of data: Peres LB, Alvarez AB, Silveira IS, Barbato Netto N and Barboza LEM; Article writing: Peres LB, Alvarez AB, Silveira IS, Barbato Netto N, Barboza LEM, Santos DM, Teixeira MLO, Barbosa G and Paiva RS; Critical review: Santos DM, Teixeira MLO, Barbosa G, Paiva RS and Alvarez AB; Final approval: Peres LB, Alvarez AB, Silveira IS, Barbato Netto N, Barboza LEM, Santos DM, Teixeira MLO, Barbosa G and Paiva RS.

DATA STATEMENT AVAILABILITY

All data were generated or analyzed in the present study.

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