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Care for people with wounds undergoing hyperbaric oxygen therapy: discourses of nursing professionals**

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ABSTRACT

Objective: To understand the discourses of nursing professionals on care for people with wounds undergoing hyperbaric oxygen therapy. **Method:** An exploratory qualitative study conducted at a hyperbaric therapy center in inland Bahia. Four nursing technicians and four nurses participated between May and August 2025. Data were collected through semi-structured interviews and subsequently analyzed using the collective subject discourse method. **Results:** The professionals constructed three discourses: the first addresses the measures taken before patients begin hyperbaric oxygen therapy; the second highlights the care provided before, during, and after hyperbaric oxygen therapy, the early recognition of adverse effects, and the adoption of safe practices; and the third emphasizes factors that limit adherence to therapy. **Conclusion:** The professionals' discourses show that the nursing team's work at the unit focuses on care management, individual patient care, patient health education, and continuing education for professionals.

KEYWORDS: Hyperbaric oxygenation. Nursing. Wounds and injuries. Therapy. Qualitative research.

Assistência a pessoas com feridas na oxigenoterapia hiperbárica: discursos de profissionais de enfermagem**

RESUMO

Objetivo: Compreender os discursos de profissionais de enfermagem sobre assistência dirigida a pessoas com feridas na oxigenoterapia hiperbárica. **Método:** Estudo qualitativo de caráter exploratório realizado em um centro de terapia hiperbárica no interior da Bahia. Participaram quatro técnicos de enfermagem e quatro enfermeiros, entre maio e agosto de 2025. Os dados foram obtidos por meio de entrevistas semiestruturadas e posteriormente submetidos à análise do discurso do sujeito coletivo. **Resultados:** Os profissionais elaboraram três discursos: o primeiro versa sobre as medidas que antecedem o ingresso dos pacientes na oxigenoterapia hiperbárica, o segundo destaca os cuidados prestados a ele antes, durante e após a oxigenoterapia hiperbárica e no reconhecimento precoce de efeitos adversos e adoção de condutas seguras, e o terceiro enfatiza os

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aspectos que limitam a adesão à terapia. **Conclusão:** Os discursos dos profissionais evidenciam que a atuação da equipe de enfermagem na unidade está centrada na gestão do cuidado, na prestação da assistência individual e nas ações de educação em saúde dos pacientes e na educação permanente dos profissionais.

DESCRITORES: Oxigenoterapia hiperbárica. Enfermagem. Estomaterapia. Ferimentos e lesões. Pesquisa qualitativa.

Atención a personas con heridas en oxigenoterapia hiperbárica: discursos de profesionales de enfermería**

RESUMEN

Objetivo: Comprender los discursos de los profesionales de enfermería sobre la atención dirigida a personas con heridas en oxigenoterapia hiperbárica. **Método:** Estudio cualitativo de carácter exploratorio realizado en un centro de terapia hiperbárica del interior de Bahía. Participaron cuatro técnicos de enfermería y cuatro enfermeros, entre mayo y agosto de 2025. Los datos se obtuvieron mediante entrevistas semiestructuradas y posteriormente se sometieron al análisis del discurso del sujeto colectivo. **Resultados:** Los profesionales elaboraron tres discursos: el primero aborda las medidas previas al ingreso de los pacientes en la oxigenoterapia hiperbárica; el segundo destaca los cuidados prestados antes, durante y después de la oxigenoterapia hiperbárica, el reconocimiento temprano de efectos adversos y la adopción de prácticas seguras; y el tercero enfatiza los aspectos que limitan la adherencia a la terapia. **Conclusión:** Los discursos de los profesionales evidencian que la labor del equipo de enfermería en la unidad se centra en la gestión del cuidado, la atención individual, la educación para la salud de los pacientes y la educación permanente de los profesionales.

DESCRIPTORES: Oxigenoterapia hiperbárica. Enfermería. Estomaterapia. Heridas y lesiones. Investigación cualitativa.

INTRODUCTION

Longevity, chronic illness, and external causes contribute to the growing number of people with wounds worldwide, making wounds a public health problem. They are generally associated with high morbidity and mortality and cause multiple complications for patients, family members, caregivers, and the healthcare system as a whole. Patients with severe or complex wounds often have other comorbidities, making treatment substantially more difficult and complex and posing a major challenge[1]. Global estimates indicate that between 40 and 60 million people currently live with chronic wounds of various origins, including leg ulcers, diabetic ulcers, pressure injuries, and postoperative wounds[2].

Although technological innovations have advanced and nursing has developed expertise in wound prevention, management, and treatment, some wounds may be associated with pre-existing clinical conditions or the progression of chronic diseases, whereas others may develop during healthcare delivery because of multiple factors, such as prolonged immobility, impaired perfusion, compromised nutritional status, and clinical severity. In this context, the nursing team plays an essential role in prevention, systematic assessment, monitoring, and the implementation of measures to reduce the risk of complications and promote healing.

Among adjunctive wound-healing therapies, hyperbaric oxygen therapy (HBOT) involves the administration of 100% oxygen in a pressurized environment, increasing tissue oxygen partial pressure and thereby promoting angiogenesis, collagen synthesis, modulation of the inflammatory response, and infection control. It is indicated as an adjunctive therapy for several clinical conditions, including complex wounds. In addition to its widely documented clinical benefits, recent studies show that treatment safety depends on rigorous care protocols and integrated work by the multidisciplinary team[3].

HBOT should be prescribed after a thorough clinical assessment of the patient; it may be administered alone or in combination with other therapeutic approaches indicated for the condition and the patient's overall health. In addition to

the clinical efficacy demonstrated for several conditions, recent studies emphasize that the quality of care during HBOT depends on integrated work by the healthcare team and the adoption of care protocols focused on patient safety[4].

Nursing care during HBOT involves nurses and nursing technicians in preparing for, delivering, and monitoring complications throughout the pressurized treatment sessions that patients must undergo for at least 40 minutes. These professionals must therefore be familiar with the patient's health history, explain safety measures, monitor and observe the patient during therapy, watch for side effects, and be prepared to provide basic life support in the event of seizures, accidents, or pulmonary or neurological toxicity[3]. Nursing practice in oxygen-based therapies requires scientific and technical expertise, as professionals' knowledge directly influences the quality of care, patient safety, and treatment effectiveness. Continuing education strategies are therefore essential to improve clinical practice[5].

Although the literature provides evidence of the clinical benefits of hyperbaric oxygen therapy, few studies have explored the experiences and perceptions of the professionals responsible for its delivery. Recent research has emphasized the importance of nursing in patient safety, treatment adherence, and quality of care, as well as the need to understand the experiences of patients and professionals in the context of hyperbaric therapy[6]. Investigating healthcare professionals' perceptions may therefore help improve care practices, continuing education, and the organization of specialized HBOT services.

Given the epidemiological magnitude of wounds in the population, the limited number of scientific studies published in Portuguese on hyperbaric oxygen therapy, healthcare professionals' limited knowledge of the treatment, and the direct influence of professionals' representations on their care practices, understanding these perceptions may inform strategies to improve care, strengthen continuing education, and develop safer care protocols. This study therefore posed the following question: what discourses do nursing professionals construct about care for people with wounds undergoing hyperbaric oxygen therapy?

OBJECTIVES

To understand the discourses of nursing professionals on care for people with wounds undergoing hyperbaric oxygen therapy.

METHODS

This exploratory qualitative study followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) to ensure methodological rigor, transparency, and quality in research reporting[7]. The study is part of an undergraduate thesis submitted for a bachelor's degree in nursing.

The study was conducted at a hyperbaric therapy center in inland Bahia state from May to August 2025. The institution has a multidisciplinary team comprising hyperbaric physicians, hyperbaric nurses, nursing technicians, and administrative staff. It serves an average of 300 patients with wounds per month through the Brazilian Unified Health System (Sistema Único de Saúde [SUS]), private health insurance, and self-pay care. Nursing professionals employed at the center participated in the study.

Participants were selected through purposive sampling based on their direct involvement in HBOT care and their availability to participate. Professionals who had worked at the institution for at least one month and agreed to participate were included; those on medical leave were not included (two professionals). Anonymity and confidentiality were ensured through alphanumeric codes (e.g., Enf 01 and Tec 01 to identify nurses and nursing technicians, respectively).

Semi-structured interviews were conducted in a private consultation room at the unit by the researcher, a nursing student unaffiliated with the unit. They lasted an average of 20 minutes and followed an interview guide (supplementary material) comprising closed-ended questions to collect sociodemographic information and open-ended questions designed to encourage participants to discuss care for people with wounds at the unit. Topics included professional experience, perceptions of therapy, care practices, training and professional preparedness, perspectives, and suggestions.

The interviews were recorded after participants provided consent and signed the informed consent form, and were subsequently transcribed verbatim for analysis.

Data collection was guided by the principle of theoretical saturation, a fundamental criterion in qualitative research that identifies the point at which including new participants adds no relevant or distinct information to the analytical categories already developed[7]. Interviews therefore continued until the discourses became recurrent and redundant, indicating that perceptions and experiences of HBOT had been explored sufficiently to meet the study objectives.

Data were analyzed using the collective subject discourse (CSD) technique developed by Lefèvre and Lefèvre, a method for organizing qualitative data that systematically combines accounts without reducing them to quantities[8]. This approach presents findings through accounts written in the first-person singular, derived from one or more synthesized discourses intended to express a group's thinking on a topic. The technique identifies the most meaningful passages in each participant's responses. These excerpts, termed key expressions, are directly linked to the central ideas of the discourse[9].

The analytical process followed these steps:

1. Identification of key expressions (KEs): meaningful verbatim excerpts from participants' accounts;
2. Identification of central ideas (CIs): statements summarizing the meaning of the KEs;
3. Construction of synthesized discourses (CSDs): grouping KEs with the same meaning into first-person discourses that represent the collective perspective.

Ethical principles were observed at every stage of the study, which was approved by a research ethics committee under CAAE No. 84983024.4.0000.0053.

RESULTS

Characteristics of the study participants

Eight healthcare professionals working at the hyperbaric oxygen therapy center participated: seven women and one man. Ages ranged from 26 to 49 years, with an approximate mean of 36 years. Regarding self-reported race/skin color, White professionals predominated (3), followed by Brown (3) and Black professionals (2). The sample comprised four nurses, two of whom had postgraduate qualifications in hyperbaric nursing, and four nursing technicians, representing different levels of responsibility in the care process. Professional experience ranged from 3 months to 17 years, whereas experience specifically in hyperbaric oxygen therapy ranged from 2 months to 13 years and 6 months. This indicates a heterogeneous team comprising both newcomers and professionals with established experience in the field. All professionals work across the various stages of care, from admission to discharge.

Synthesized discourse 1: we prepare everything and keep an eye on things

In this discourse, the professionals highlighted the breadth of activities performed in hyperbaric oxygen therapy before patients are received and screened for care. The elements that emerged ranged from service organization, including operating protocols, to equipment operating conditions, supply availability, materials management, and chamber operational safety:

> **Central idea: Daily checks of resources for HBOT delivery** — I check whether the chambers are available and in the right places so we can run the session. I check everything! I make sure everything is in order before starting the first dive. I go around switching on the machinery and the oxygen; if anything comes up, I contact the nurse on duty and the maintenance technician. If anything happens in the chamber, I'm the person on the front line who has to respond. I replenish the water and disposable cups [...]. *(Tec 01, Tec 02, Tec 03)*

Central idea: Managing structures and processes and analyzing outcomes — I handle scheduling. I do the screening, checking whether the patient is in the system. I check whether a session has been authorized and request further authorizations from the health department. These days, my work is largely administrative—medical record audits, reports, indicators—but I have worked directly in every area of care: consultations, admission, chamber operation, chamber cleaning, dressing changes, patient assessment, all the paperwork, developing standard operating procedures (SOPs), everything, every area. *(Enf 01, Enf 02, Enf 03)*

Synthesized discourse 2: we provide care throughout: before, during, and afterward to prevent complications

In this discourse, the professionals emphasized that monitoring patients undergoing HBOT requires the nursing team to play a central role in surveillance, care delivery, and the management of complications before, during, and after therapy, from screening patients before the dive to removing them from the chamber. They also emphasized the importance of well-defined safety routines and communication among team members, particularly during pressurization, when clinical changes may occur suddenly.

Central idea: Priorities before HBOT — Beforehand, we need to check certain parameters and the patient's information: whether they have eaten and slept properly, removed accessories and nail polish, and parameters such as vital signs, including blood pressure. In patients with diabetes, we [have to] check the HGT (capillary blood glucose test), and whether the patient has used the bathroom before entering the chamber… We ask them to avoid any alcohol-based or petroleum-based products because they are flammable—we work with 100% oxygen, which is a very flammable gas, so anything that could produce a spark is prohibited inside the chamber… *(Tec 01, Tec 02, Tec 03)*

Central idea: Priorities during HBOT — During the session, we always tell professionals to check that patients are actually breathing oxygen, because some patients would rather sleep than breathe, and some would rather talk than breathe… Their main complaint in there is ear pain, and we ask them to perform the maneuver, but the pain usually occurs only during pressurization, which takes about 12–15 minutes; afterward they don't feel anything… We also need to watch patients with diabetes and hypertension, whose vital signs may change in there. Patients may have a spike in blood pressure, claustrophobia, an anxiety attack, or bleeding, and if there's a spike in blood pressure, we call the physician on duty, because if necessary we activate the antechamber and remove the patient to provide appropriate care; we refer the patient to an emergency care unit (UPA). *(Tec 01, Enf 01, Tec 02, Enf 02, Enf 03, Enf 04)*

Central idea: Priorities after HBOT — Afterward, we need to pay attention to how the patient comes out of the session, whether they feel unwell or have complained of pain… We always watch for the most common complaints after hyperbaric therapy: ear pain, severe headache, nosebleeds, blood in the sputum, dizziness, and abdominal distension. These are the most common clinical signs that may occur after treatment. Knowing this, we can call the physician, but we usually tell patients beforehand: don't worry, this is normal. *(Enf 01, Enf 02, Enf 03, Enf 04)*

Synthesized discourse 3: we address professional and patient limitations to promote adherence

This discourse highlights several difficulties encountered in the daily delivery of hyperbaric oxygen therapy, including technical, structural, human, financial, and institutional factors that compromise patient adherence. The main difficulties mentioned include physicians' lack of knowledge of the indications for therapy, the service's financial and structural limitations,

and emotional factors such as fear and anxiety during sessions. The discourses show that, despite initial difficulties, perceived improvement and the bond with the team are decisive factors in patients' commitment to continuing therapy.

> **Central idea: Limitations imposed by costs and professionals' lack of knowledge** — One of the main difficulties is physicians' lack of knowledge of the indications for therapy; the second is the financial issue […] the price is still not affordable for everyone paying out of pocket, you know. Here in Bahia, we already have a contract with the state government that allows us to treat SUS patients… But many physicians still don't know what it is, many don't know the indications, many don't know about [it], and if you don't know about it, you don't prescribe it… *(Enf 01, Enf 02, Enf 03, Enf 04)*

> **Central idea: Patient-related limitations** — Another barrier is patients with anxiety and claustrophobia, the nervousness of being shut in an enclosed space for an hour and a half, patients who aren't lucid, you know, older patients or those with a neurodegenerative disease, advanced Parkinson's, Alzheimer's… It's very difficult… The main difficulty for patients who aren't lucid is that they don't understand how the process works. Many patients give up because of the travel to the unit, so having to do this every day sometimes keeps patients away from treatment. *(Enf 01, Enf 02, Enf 03)*

> Some people's adherence decreases because of the regular attendance we require, you know. Hyperbaric therapy requires consistency, but in 99% of cases our patients understand what we say, and they're very understanding; they understand what to do, what not to do, the indications, contraindications, and prohibitions… *(Enf 01, Enf 02, Enf 03)*

> **Central idea: Limitations are overcome through sharing experiences with those who have already benefited from therapy** — When they come here, they've already heard accounts from other patients saying it worked, you know, so patients are very willing to adhere and they also really like it, because they develop emotional bonds. Therapy also has this whole psychological dimension, which helps patients keep coming for treatment. *(Tec 01, Tec 02, Tec 03, Tec 04)*.

Figure 1 summarizes nurses' perceived role before, during, and after HBOT sessions and the outcomes perceived by the professionals.

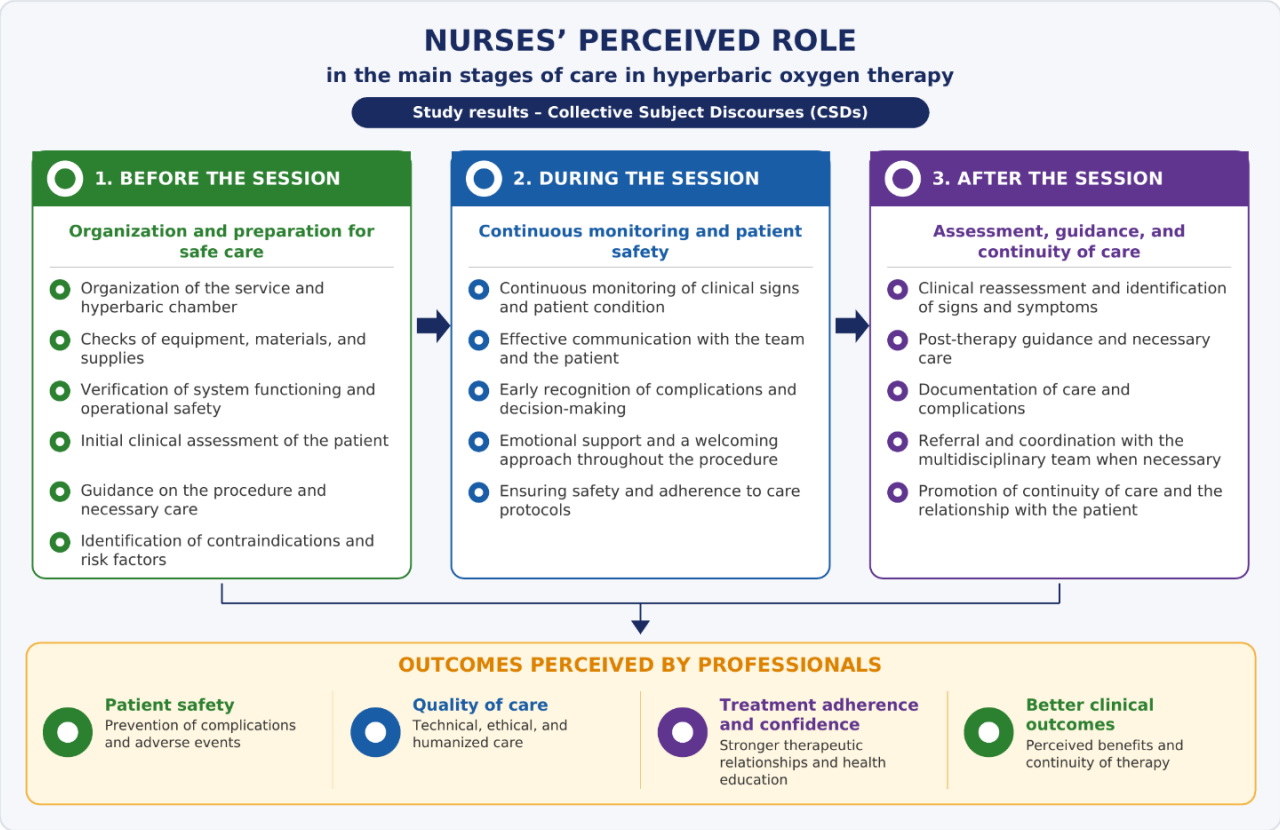
DISCUSSION

The participant characteristics show a predominantly female team of nursing professionals aged 26–49 years with varying lengths of professional experience, indicating a heterogeneous and multifaceted composition. This profile reflects Brazil's healthcare workforce, in which women constitute the majority, particularly in nursing, a profession historically associated with caregiving[10]. Diversity in experience and training fosters knowledge exchange and strengthens interdisciplinary work, both essential to therapeutic success in highly complex settings such as HBOT.

As reported[3], safe HBOT practice depends directly on the nursing team's technical qualifications, reinforcing the need for structured training and academic and professional recognition. Although the specialty has already been regulated by the Conselho Federal de Enfermagem (COFEN)[11], establishing hyperbaric nursing as a field of training and research in Brazil remains a challenge.

The discourses show that the hyperbaric nurse's role is broad and varied, encompassing planning, leadership, supervision, and care safety. The routines described by participants demonstrate the interdisciplinary nature of this practice, which requires coordination across departments and throughout the care process.

Care in HBOT is thus understood as a scientific, technical, and human practice in which nurses mediate between technology, the patient, and the healing process. The collective discourses highlight nursing's central role in treatment safety,



Source: Generated using AI (ChatGPT) based on the results, 2026.

Figure 1. Nurses' perceived role in the main stages of care in hyperbaric oxygen therapy, according to the collective subject discourses.

multidisciplinary coordination, and the development of therapeutic relationships, reflecting the essence of comprehensive care advocated in the contemporary literature on hyperbaric practice[12].

This role is supported by Hurlburt and Orwig[6], who emphasize that nurses in hyperbaric medicine play a central role in clinical monitoring, early identification of changes, communication with the multidisciplinary team, and implementation of strategies that promote treatment continuity and adherence. Similarly, in a study of children with ischemic encephalopathy, Di et al.[13] demonstrated that combining systematic nursing follow-up with health education helps reduce patients' anxiety, improve their understanding of therapy, and increase safety during hyperbaric oxygen therapy sessions.

Participants describe broad clinical benefits, particularly in wound healing, amputation prevention, and systemic improvement. Recent studies confirm these findings[12], identifying HBOT as an effective adjunct to tissue regeneration and infection control, with a positive impact on quality of life and reduced hospital costs.

Barriers to HBOT adherence involve both external factors (infrastructure, costs, and physicians' lack of knowledge) and internal factors (fear, anxiety, and the prolonged treatment routine). These difficulties diminish when patients perceive tangible clinical results and develop trusting relationships with the care team, which help them adapt to the hyperbaric environment, reduce anxiety, and strengthen treatment adherence[14].

These discourses reinforce that HBOT is an adjunctive wound-healing therapy surrounded by practical and symbolic challenges. In the HBOT context, treatment initially perceived as complex and feared acquires meaning as patients observe tangible results and hear positive accounts from others receiving treatment. Shared experiences between patients and professionals therefore promote acceptance of therapy and strengthen the therapeutic relationship[12].

Furthermore, strong scientific evidence has been reported[15] for the efficacy of HBOT in treating complex wounds, particularly diabetic foot conditions, ischemia, and tissue necrosis. However, these benefits have yet to be fully translated into clinical practice because of insufficient professional training and poor integration across levels of healthcare. This situation

reflects participants' accounts: treatment is effective, but its delivery and adherence remain dependent on infrastructure, the qualifications of professionals who prescribe therapy, the training of the care team, and the quality of information provided to patients.

The discourses surrounding HBOT thus reinforce an image of effective yet challenging treatment, adherence to which is directly associated with the team's welcoming approach and the tangible experience of improvement. Strengthening these relationships and expanding knowledge of therapy are essential strategies to overcome the limitations identified and establish HBOT as safe, humanized care[13].

Overall, the nursing professionals' collective discourse—that "events occur, but they are predictable and manageable"—supports both routine care and the continuing need for technical and organizational improvement. This practical and symbolic perspective reinforces nursing's central role in the early detection of and response to complications during HBOT, confirming the importance of standardized protocols and coordination with emergency services when necessary.

Regarding direct care and specific preoperative, intraoperative, and postoperative care, the discourses indicate that HBOT care depends not only on individual competence but also on coordinated collective action by nurses and nursing technicians. The accounts show that follow-up during sessions—including pre-session screening, monitoring inside the chamber, and post-session care—requires clear protocols, effective communication, and a division of responsibilities.

Nurses' perception of themselves as "organizers" of the session and equipment, even when physicians are present, reflects the idea that nursing mediates between technology and the patient. Recent studies support this understanding. For example, Couto et al.[16] show that, in therapies such as HBOT, the nursing team's role extends beyond technical tasks to include monitoring for complications and coordinating the interprofessional team. A scoping review[17] also described nursing's role in hyperbaric therapy administration and emphasized that collaboration among professional groups is essential to the procedure's safety and efficacy.

Further progress requires strategies that promote interprofessional training, collaborative protocols, and recognition of each professional's role in the HBOT setting.

Study limitations

The study's limitations include the small number of participants and its restricted geographical scope, which may limit the transferability of findings to other institutional settings. Nevertheless, these limitations do not undermine the relevance of the findings, which provide a sound basis for understanding the phenomenon in the setting studied. The results also reinforce the importance of future research, particularly multicenter and comparative studies, to broaden and deepen the analysis of hyperbaric oxygen therapy practice and its impact on everyday care.

Recommendations

Despite its limitations, the study makes a significant contribution to healthcare, particularly nursing and multidisciplinary practice in advanced therapies. By giving voice to professionals who work with HBOT daily, the study highlights human, technical, and organizational factors that directly influence patient safety and treatment effectiveness. The findings may inform continuing education, the development of safety protocols, and stronger interprofessional teamwork, all essential to quality and humanized care in highly complex settings. They also facilitate comparison of the perceptions of nursing professionals working with HBOT with the literature, allowing implementation gaps in advanced practice interventions to be identified.

The study also has significant social relevance because it contributes to improving care for people receiving HBOT. Understanding the perceptions and experiences of professionals working directly in this setting makes it possible to identify weaknesses, strengths, and opportunities to improve care processes, with a direct impact on the safety, quality, and humanization of care provided to the population.

CONCLUSION

This study provided an understanding of how professionals working with hyperbaric oxygen therapy construct and share meanings about this therapeutic practice, revealing perceptions, challenges, and feelings related to care, patient safety, and multidisciplinary integration. The findings indicate that professionals view HBOT as effective and safe, provided that it is supported by standardized protocols and coordinated multidisciplinary practice. The nursing team emerges as an essential link between technology, the patient, and the medical team, undertaking much of the work involved in prevention, early detection of complications, and support during sessions.

This leading role reflects not only these professionals' technical competence but also their ethical commitment and the therapeutic relationships they establish with patients.

Hyperbaric oxygen therapy is therefore a promising and challenging field for nursing and other health professions, requiring technical knowledge, sensitivity to patients' needs, and teamwork. Strengthening safe practices, recognizing professionals' contributions, and encouraging research into the subjective dimensions of HBOT care are important steps toward the development of this therapeutic modality in Brazil.

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REFERENCES

1. Castillo VMS, Reyna RAS. Caracterização das feridas complexas em pacientes internados no Hospital das Clínicas de Boa Vista/RR, Brasil, no período de janeiro até junho de 2022. Rev Eletr Multidisc Investig Cient. 2024;3(17):1-19. https://doi.org/10.56166/remiciv3n179924
2. Sen CK. Human wound and its burden: updated 2022 compendium of estimates. Adv Wound Care (New Rochelle). 2023;12(12):657-70. https://doi.org/10.1089/wound.2023.0150
3. Miszewska A, Kot J, Lenkiewicz E. Safety of intensive care hyperbaric oxygen therapy sessions at a tertiary academic hospital. Sci Rep. 2025;15:12131. https://doi.org/10.1038/s41598-025-97226-6
4. Hassan A. Nurses awareness regarding hyperbaric oxygen therapy among patients with diabetic foot ulcer. Helwan International Journal for Nursing Research and Practice. 2024. https://doi.org/10.21608/hijnrp.2024.312306.1204
5. Zhao Y, Li L, Liu Y, Gao Y, Zhang W. Knowledge, attitudes, and practices of oxygen therapy among emergency nurses. Sci Rep. 2025;15(1):27860. https://doi.org/10.1038/s41598-025-12944-1
6. Hurlburt S, Orwig D. Registered nurses in hyperbaric medicine: increasing patient compliance with hyperbaric oxygen therapy. Undersea Hyperb Med. 2026;53(1):59-64. PMID: 41979526.
7. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care. 2007;19(6):349-57. https://doi.org/10.1093/intqhc/mzm042
8. Lefèvre F, Lefèvre AMC, Teixeira JJV. O discurso do sujeito coletivo: uma nova abordagem metodológica em pesquisa qualitativa. Caxias do Sul: EDUCS; 2000.

9. Oliveira ASS, Vilela ABA, Prado FO. O discurso do sujeito coletivo: o que dizem os agentes comunitários de saúde sobre o câncer bucal na atenção básica? Rev APS. 2021;24(4):698-712. https://doi.org/10.34019/1809-8363.2021.v24.16893

10. Conselho Federal de Enfermagem. Perfil da enfermagem no Brasil: relatório técnico [Internet]. Brasília: COFEN/Fiocruz; 2022 [Accessed on October 21, 2025]. Available from: https://www.cofen.gov.br/perfilenfermagem

11. Conselho Federal de Enfermagem. Resolução COFEN no 567/2018: regulamenta a atuação da equipe de enfermagem no cuidado aos pacientes com feridas [Internet]. Brasília: COFEN; 2018 [Accessed on August 22, 2024]. Available from: https://www.cofen.gov.br/resolucao-cofenno-567-2018/

12. Vasconcelos GB, Cintra BB, Alves MLM, Carvalho IAF, Barreto NA, Sobral Neto JF. A oxigenoterapia hiperbárica como tratamento complementar na abordagem terapêutica do paciente queimado: revisão integrativa. Res Soc Dev. 2023;12(4):e14512441096. http://dx.doi.org/10.33448/rsd-v12i4.41096

13. Di W, Wang L, Ji Q, Wang L, An L, Che J, et al. Application analysis of accompanying nursing mode combined with health education in hyperbaric oxygen therapy for infants with hypoxic ischemic encephalopathy. Tob Regul Sci. 2021;7(5):2624-31. https://doi.org/10.18001/trs.7.5.1.32

14. Vila-Vidal D, Romero-Collado A, Ballester-Ferrando D, Inoriza JM, Rascón-Hernán C. Patient needs and lived experiences inside the multiplace hyperbaric chamber: insights from a phenomenological study. Nurs Rep. 2026;16(2):54. https://doi.org/10.3390/nursrep16020054

15. Eduardo LS, Farias MEG, Oliveira CC, Souza JA, Ferreira SBS, Ferreira CL, et al. Main clinical evidence of hyperbaric oxygen therapy in the treatment of diabetic foot ulcers: a systematic review. Res Soc Dev. 2022;11(10):e312111032780. https://doi.org/10.33448/rsd-v11i10.32780

16. Couto SIS, Silva DRR, Lopes ET, Torres BKF, Frazão MGO, Silva RM, et al. Funcionamento da oxigenoterapia hiperbárica e sua utilização no tratamento do pé diabético: quais cuidados de enfermagem? Res Soc Dev. 2021;10(13):e241101320708. https://doi.org/10.33448/rsd-v10i13.20708

17. Carvalho A, Castro C, Alves S, Ramos T, Martins A, Moreira H, et al. The role of nursing in hyperbaric therapy administration: scoping review. Health Stud. 2023;3(5):233-44. https://doi.org/10.51249/hs.v3i05.1677