

Use of Playful Strategies: Sensitization of the Theme of Pressure Injury for Nursing Professionals

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Abstract—*Objective: to report the experience of students who used playful activities in an educational action with professionals from the multidisciplinary team on the subject of pressure injury in a reference hospital in Belém do Pará. Method: this is a descriptive and qualitative study of the type of experience report, which aims to describe the experience of academics from an academic league of urgency and emergency in the metropolitan region of Belém. Results: the study reports the observation of playful activities for nursing professionals, which consists of a board game where the professionals of the given hospital had great adherence in the action and, in view of this, it was perceived that they had some doubts that were clarified during the game. Conclusion: playful instruments are facilitated forms of learning, and it was well received by the hospital nursing team that reported satisfaction with the action and how important it was to ensure quality care, besides being of paramount importance periodic updates on pressure injury for nursing professionals, because they are responsible for direct care to the patient, and during the action it was noticed by the academics that the playful strategies have a greater attractiveness and ensures a better learning.*

I. INTRODUCTION

Considered one of the main adverse events observed in health services, pressure injury (PPL) is characterized as a damage that can arise in the skin and other underlying tissues intact or ruptured. Its incidence is closely related to

areas of bony prominence or medical objects that exert a harmful pressure on the tissue. [1], [2], [3]

In this context, some factors corroborate the onset of PPL such as age older than 60 years, some chronic

diseases, prolonged mechanical ventilation, and insufficient decubitus change. [3], [4]

PPL develops in several regions of the human body. A longitudinal study conducted with 105 patients from a public hospital in the city of Rio de Janeiro showed that the area with the highest prevalence of injury is the sacral region, followed by the sciatic and calcaneus region. These data confirm the results of another study conducted in two public hospital institutions in the municipality of Campo Grande, where there was a frequency of 29.8% of injury in the sacral region. [1], [3]

According to each layer of the skin reached, a classification of PPL's is performed in stages ranging from 1 to 4. Thus, a stage 1 lesion presents a hyperemic intact skin, which does not whiten; in stage 2 there is a loss of the epidermis and a partial loss of the dermis; in stage 3 there is loss of the skin in its total thickness; and stage 4 can be characterized by skin loss in its total thickness and hair loss. [3]

PPL it can also be considered as non-classifiable when there is full-thickness skin loss and non-visible tissue loss, as well as when it presents persistent dark red, brown or purple discoloration, which does not whiten, being classified as a deep tissue lesion. [3], [4]

In this perspective, PPL is part of the sixth goal among the International Goals for Patient Safety, so in hospitals they perform various activities that contribute to the prevention of PPL based on scientific evidence that contribute to the quality of care, such as: change of decubitus; use of scales such as the Braden Scale; microclimatic control of the patient; daily inspection of customer's skin; among others. It is noteworthy that these are fundamental care for the prevention of PPL. [1], [4], [5]

In this scenario, nurses play an important role in the care of PPL, because nursing is a science whose main objective is care, acting both in prevention and health promotion. In this context, Resolution of the Federal Nursing Council N°. 0567/2018 deals with the professional's performance in the face of this problem, giving power to analyze, determine and perform interventions in all categories of injuries in patients under their care.

In Intensive Care Units (ICU), PPLs are frequent in bedridden patients, requiring technoscientific preparation for the prevention and care of these lesions. In a study of the evaluation of the Risk Assessment Scale for the development of Pressure Injury in Intensive Care – EVARUCI – Souza, Zanei and Whitaker [6] report that it is essential to create bundles, such as the one published in the American Journal of Critical Care, which points out

important strategies in the implementation of protocols, aiming to reduce the incidence of pressure injury in critical patients and reinforce the need for clinical judgment performed by the nurse.

The use of measures for Continuing Education (EC) and campaigns to raise awareness about PPLs for professionals are effective in recent studies, as is the case of the Vargas and Santos Study's [7], where they report that after evaluating the effectiveness of a campaign for the prevention of PPL in a Teaching Hospital, the results showed an increase in the percentage of accession, statistically significant for repositioning, lateralization angulation and headboard elevation and elevation of calcaneus. Highlighting better rates of support for the sector with the team most involved in the discussions during the training activities.

Based on international classifications of care such as the Classification of Nursing Interventions (NIC), the nursing team can perform actions such as: skin supervision; patient positioning; bed rest care; self-care assistance: bathing/hygiene; exercise therapy: ambulation; pressure control over areas of the body; injury care. [8]

The damage to the patient is significant with the development of PPL. It is essential to identify patients with risks to develop it early, and the use of the Braden scale enables the implementation of preventive measures by the entire multidisciplinary team, however, to implement these measures the precise team is able to develop quality care for these patients. [9]

Campoi1 report in their study that this problem directly interferes with the length of stay of patients in hospitals and is considered a public health problem. Working with the prevention and treatment of PPL generates benefits for both the patient and the institution. Texeira et al. [10] reports in their study that ICU patients have patients most affected by this complication, meaning a rate of 58.8% of their study, which corroborates with the direction of the hospital for a playful action, aiming at training and CS to update and exchange experiences among multidisciplinary professionals about the subject.

In this scenario, it's understood that the use of playful activities is a mechanism that helps in teaching, learning with the transmission of knowledge about a given subject, besides providing better learning for the fixation of information, enables greater interaction between the multidisciplinary team in the sharing of their knowledge and experiences. [11]

In this conception, the present study aims to report the experience of nursing students who performed playful activities in an educational action with professionals of the

multidisciplinary health team on the theme LPP in a reference hospital in Belém, state of the Pará.

II. METHODOLOGY

This is a descriptive and qualitative study of the experience report type, which seeks to describe the experience of academics from the interdisciplinary academic league of urgency and emergency in the metropolitan region of Belém.

The action was carried out in a large reference hospital in the city of Belém, in November 2019. Among the sectors visited are: surgical clinic, pediatric clinic, obstetric clinic, cardiac clinic and emergency, adult intensive care unit, emergency and psychiatric clinic.

The recreational activities lasted for three days, during the month of November, during the three shifts: morning, afternoon and night. According to this schedule, the members of the league, in a meeting, divided the members of the league to minister the recreational activities at the hospital. 15 people were chosen, 5 for each shift. All members of this action were students of nursing, physiotherapy, pharmacy and medicine courses, ranging from the 4th to the 10th semester of their respective courses.

The target audience of the action was all professionals from the multidisciplinary team of these sectors. During the period of the actions, 62 professionals from the hospital's multidisciplinary team participated, including 12 nurses, 39 nursing technicians, 6 physicians and 5 nutritionists.

The league's academics decided, through a prior meeting between the members, that the lecture would be playful and dynamic, as the use of playfulness facilitates learning, in addition to helping in the transmission of information acquired by professionals during the action. [12]

Thus, two dynamics were used. The first was a board game, using the following tools: 1 dice; 1 board with squares numbered 1 to 20; 10 questions on the particular LPP topic. The second dynamic consisted of a memory game, where there were photographs referring to the categories of injuries, and they formed a pair with the characteristics of each described injury. The two dynamics were presented in a meeting with the hospital's head of nursing, obtaining approval to be carried out a week later. The proposed objective was to provide professionals with a better understanding of the subject of LPP and its updates, in addition to providing a moment of interaction with the team in a simple and harmonious way.

The two dynamics came from the guidelines of the National Pressure Injury Advisory Panel. The questions were about: the definition of LPP; What are the phases; risk factors; intrinsic and extrinsic factors; what care should be taken; what types of covers can be used at each stage; how to prevent.

III. RESULTS AND DISCUSSIONS

The game consisted as follows: the participant played the data and later a question was asked about the proposed theme. With each hit, the participant advanced the number of squares on the board according to the result of the data. The game was finished when the participant reached the end of the board. Three random professionals from each sector were invited to participate in the game.

A great mastery of nursing professionals on the proposed theme was observed, and it was possible to observe this through the answers given during the game, generating debates and discussions on the subject. This debate encouraged professionals to talk a little about their main difficulties with PPLs. In the case of other professionals, the theme lacked mastery, which demonstrated a possible failure between the communication of the care of the multidisciplinary team regarding this problem.

Ludicity is of paramount importance not only because it works in a way that is not uncomfortable, but also, it is one of the strategies for working together: body, mind and spirit. Important parts for the union with the other, with the family and the company in general. The use of play provides for both parties dialogical actions that enable reflection, making them as transforming agents, in addition to significant learning on the theme discussed. [13], [14]

Morares et al. [15] says in their study that the prevention of PPL in Brazil was highlighted after the publication of Ordinance No. 529 of April 1, 2013 by the Ministry of Health, which establishes the National Patient Safety Program, where the 6th goal of risk reduction and drop of pressure injury is aimed at reducing to an acceptable minimum of the damage associated with the care of the by making a daily assessment of the risks that develop PPL; perform decubitus change every 3 hours, skin care such as hydration, guide and involve the family in the care process on measures to prevent PPL.

The first difficulty reported by them is the lack of adequate material for the performance of nursing care in PPL, and this would consequently imply an increase in the incidence of new PPL and/or worsening of a PPL. In addition, it was discussed that even with the difficulties reported, some basic care such as changes in decubitus,

stimulation of patient autonomy and nutrition care are essential for the prevention and treatment of PPL. Teixeira et al. [10] reports that several studies bring the difficulty of professionals regarding work materials, such as age and other materials to promote improvement of injuries, being a difficulty of developing and underdeveloped countries. However, with knowledge, it is possible to mitigate various situations of daily hospital life.

PPL is a public health problem, besides being an adverse event in which nursing acts directly in care, besides being responsible for prescribing care and monitoring the client's recovery, as well as ensuring the quality of care. [16]

The nurse should assume the role of manager of activities in the work environment, for this, it is necessary that the professional develops his skills, both scientific and practical, which includes the use and indication of materials and equipment that are continuously renewed and modified, the risk assessment for the development of PPL and daily evaluation of the patients' skin, as an important item in the prevention of this disease, having the change of decubitus foundation of paramount importance in this scenario. [17], [18]

Another difficulty reported by the professionals referred to patients who already had some level of PPL when arriving in the sectors to receive care. This is directly related to the lack of materials, because even with all efforts, it was difficult to contain a PPL that already existed in the patient. Patients arriving from intensive care units were usually the ones with the most cases of PPL. Teixeira et al. [10] reports that ICU patients are more conducive to developing LPPs, as they are patients who, in general, remain bedridden for longer, being an aggravating factor for this type of intercorrence.

In Cooper's analysis [19] patients hospitalized in the ICU, there is a high prevalence to develop LPPs, due to the presence of several devices such as intravenous catheters, sequential compression devices, in addition to the infusion of several vasoactive drugs that cause decreased sensory perception leading the patient not to have an excessive pressure reaction.

For Inoue and Matsuda [20], in addition to the potential harm caused in the patient, the LPP triggers a series of expenses of financial resources to the health organization, which can be avoided with the use of resources that prevent the emergence of PPL.

The application of Essential Fatty Acids (EGA) with the use of a comfort massage was a subject discussed through the students and the nursing team, because comfort massage can cause more injuries in a sensitive skin, and most professionals did this massage,

accompanied by AGE. In this perspective, Busanello et al. [21] brings with it a current observation about PPL, where comfort massage is a contraindicated practice, because in the presence of acute inflammation, in patients with weakened skin tissues and impaired vascularization, massage is not recommended because it can cause a new lesion or worsen a hyperemic area.

In the study by Santos, et al. [22], it is shown that in the preventive measures performed by the nursing team, the use of massage is still used, thus showing the importance of training and guidance of the team in order to provide quality care to the client.

With all the debates about concepts, doubts and difficulties reported, it was observed great adherence of the professionals who were members of the sectors where the students performed the action, demonstrating that the objective of sensitizing these professionals within the PPL and their care was achieved.

Dantas et al. [23] emphasizes during their research on the importance of nursing, with the function of educating and guiding within its practice. It should develop educational processes, in the most diverse health environments, in order to favor the development of technical skills in order to qualify nurses to perform a safe practice for both the patient with injury and for him.

IV. CONCLUSION

Playful instruments are facilitated forms of learning, and there was a good interaction and reception by the hospital nursing team. It is essential that the nursing team be trained and updated on the theme of pressure injury.

Nursing demonstrated mastery of the subject, however, there was a considerable deficit in relation to the knowledge of the other professionals of the multidisciplinary team about pressure injuries. In view of this, it is necessary to carry out periodic updates on PPL for the multidisciplinary team.

During the action it was noticed by the students that the playful strategies have an easier support, compared to other methods of EC, thus ensuring a quality learning. In addition, the hospital nursing team reported satisfaction with the action and how important it was to ensure better care.

It is important that there are studies with observational methodologies to evaluate the effectiveness of the playful activities applied by the members of the academic league in this hospital.

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