

# Nurses' first aid attitude toward second-degree burns patients at Martha Friska General Hospital, Pulo Brayan

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## ABSTRACT

World Health Organization (WHO) stated in 2014 that burns had become a global and crucial problem in developing countries. Burns are damage, whether directly or indirectly, to skin tissue that does not rule out the possibility of reaching internal organs caused by direct contact with heat sources, namely fire, steam, chemicals, radiation, electric current, and frigid temperatures. This descriptive research was conducted at Martha Friska Pulo Brayan Hospital, with a population of all nurses serving in the Emergency Room of Martha Friska Pulo Brayan General Hospital as many as 18 respondents. This study used a total sampling technique, where sampled the entire population, namely 18 respondents in the ER room at Martha Friska Pulo Brayan General Hospital. The results obtained from nurses' attitude in first aid for patients with second-degree burns at Martha Friska Pulo Brayan General Hospital based on the noble knowledge of as many as ten respondents (55.5%), the minority with sufficient knowledge of as many as eight respondents (44.4%), behavior based on the attitude of the majority of positive respondents as many as 16 respondents (88.8%), the minority of negative respondents as many as two respondents (11.1%), behavior based on actions taken by 11 respondents (61.1%), minority actions carried out by six respondents (38.8%). Based on the results, the researchers saw that almost all nurses in the ER had run well about burns. The results based on the research are expected for nurses to improve the quality of higher-quality services further and further improve knowledge, attitudes, and actions in health services.

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## INTRODUCTION

Globally, almost 96,000 children under the age of 20 were injured by burns in 2004. The death rate in low- and middle-income countries is eleven times higher than in developed countries, at 4.3 per 100,000 compared to 0.4 per 100,000. In developed countries. Most of the deaths occur in the poorest areas of the world—Africa and Southeast Asia, and in low- and middle-income countries in the Eastern Mediterranean region. (Aini, 2014; Kairupan et al., 2015; Nantulya & Reich, 2003)

According to data from the American Burn Association (2015), in the United States, there are 486,000 cases of burns receiving medical treatment, 40,000 of which must be hospitalized. In addition, as many as 3,240 deaths occur annually due to burns. The most common causes of burns are trauma from fire accidents, vehicle accidents, smoke inhalation, and contact with electricity, chemicals, and hot objects. (SAFITRI, 2017; Shrivastava & Goel, 2010; Toon et al., 2011)

Approximately 2.5 million people suffer burns in the United States yearly, and about 12,000 patients die annually. Young children and the elderly are groups at risk for burns. Boys and girls are also more likely to suffer from burns. Likewise, patients over 70 are at high risk for burns. Between 1997 and 2002, 17,237 children under five received treatment in emergency departments at 100 US hospitals. Based on data from the National Burn Information Exchange, as many as 75% of all cases of burn injuries occur in the home environment. In England, data obtained in children's hospitals, for one year, there are around 50,000 burn patients, of which 6400 of them enter special care for burns. (Mulyanto & Yuliati, 2022; Pertiwi et al., 2020; Wibowo, 2017)

Meanwhile, in Indonesia, approximately 2.5 million people experience burns every year. Of this group, 200,000 patients required outpatient treatment, and 100,000 patients were hospitalized. If we look at Pertamina Hospital as one hospital with special care facilities for the Burns Unit, it accepts between 33 and 53 sufferers (an average of 40 sufferers/per year). Of these, 21% are included in the category of Severe Burns. Prevalence data for burn cases in East Java is around 0.7%. (Esa Cesarani Pande Putu, Rusly HariantanaHamid Agus Roy, 2018)

The description of knowledge about burn treatment based on the work of 25 respondents is that the majority are self-employed workers who have sufficient knowledge, as many as eight respondents (22.9%), and a minority of housewives who have good knowledge, one respondent (2.9%). (Mobarak et al., 2015)

Proper treatment of burns is the key to preventing complications, leading to the need for surgical intervention and increasing the likelihood of a poor outcome. The first aid for burns is to use running water for 20 minutes. This action will minimize the pain of the burn. (Muthohharoh, 2015)

The results of research conducted in 2016 concerning the Knowledge and Attitudes of nurses regarding giving fluids to burn patients at the Hospital of Dr. Pirngadi Medan showed less than optimal results (MASDUKIE, n.d.). The results of a study conducted in 2020 regarding burn first aid knowledge in Germany showed that health workers carried out burns first aid better since they have greater knowledge than other people who did not attend a first aid course (Schiefer et al., 2020).

Research from the literature study of Nur Sintiya Mohamad, 2020 shows that most nurses and other health workers need more knowledge about treating burns. Things that can increase the knowledge of nurses, namely by frequently attending training, courses that do focus on treating burns (MOHAMAD, 2020).

Based on an initial survey obtained at the Martha Friska Pulo Brayon General Hospital in January 2022, five nurses performed first aid action for burns not following the nursing procedures. This can result in a prolonged healing time because wounds not cared for properly can cause infection and increase healing time. From the above data, there is still a lack of knowledge and attitudes and actions of nurses in providing care to burn patients. Therefore, researchers are interested in researching Nurse Behavior in First Aid for Second Degree Burn Patients at Martha Friska Pulo Brayon General Hospital.

There are two types of behavior based on the theory of S-O-R, (Soekidjo, 2010): a. Covert behavior occurs when others cannot observe the response to the stimulus (from outside). A person's response is still limited in attention, feelings, perceptions, knowledge, and attitudes towards the stimulus in question; b. Open behavior (overt behavior) occurs when the response to the stimulus is already in the form of an action or practice that can be observed by other people from outside or "observable behavior".

Three factors influence behavior (Soekidjo, 2010), namely: a) Knowledge is the result of human sensing, or the result of someone knowing an object through the senses they have (eyes, nose, ears, and so on) (Maramis et al., 2022; Rasyid & Jayadipraja, 2021). to produce this knowledge is strongly influenced by the intensity of attention and perception of the object. Most of one's knowledge is obtained through the sense of hearing (ears) and sight (eyes); b) Attitude is a person's closed response to a particular stimulus or object, which already involves the concerned opinions and emotions (happy or unhappy, agree or disagree, be kind, and so on)(Dewi, 2019; Putri et al., 2022); c) Action or practice (practice), after a person knows the stimulus, then makes an assessment or opinion on what is known, the following process is expected to carry out or practice what is known.

## RESEARCH METHOD

The method used in this study is descriptive quantitative, used to examine the behavior of emergency room nurses in treating second-degree burns. The total population was all ER nurses at the General Hospital of Martha Friska Pulo Brayon, totaling 18 people, and the entire population was sampled in this study.

The ER nurse's behavior is assessed To answer the existing phenomenon from the nurse's knowledge, attitude, and skills/actions in performing first aid for second-degree burn patients. Then the data collection technique uses a questionnaire, namely the data collection method, by providing a set of questions or written statements for the respondent to answer. The questionnaire method was used to obtain data and collect data about something related to the knowledge, attitudes, and skills/actions of emergency room nurses in caring for Second Degree burn patients who came for treatment at Martha Friska Pulo Brayon Hospital, then tabulated to find out the distribution of the nurses' behavior frequencies based on the knowledge, attitudes, and actions of nurses in carrying out care for second-degree burn patients..

## RESULTS AND DISCUSSIONS

The research results obtained can be seen in the distribution table as follows.

**Table 1.** Distribution of Nurse Behavior in First Aid to Second-Degree Burn Patients at Martha Friska Pulo Brayon General Hospital based on Knowledge

No	Knowledge	Total	Percentage (%)
1	Good	10	55,5%
2	Enough	8	44,4%
3	Poor	0	-
Grand Total		18	100 %

The results of the study showed that the behavior of nurses in providing first aid to patients with second-degree burns who had good knowledge was 55.5%, and had sufficient knowledge was 44.4%. Nurses with good knowledge are supported by actively seeking information and participating in training, seminars, and case studies offline and online. In addition, the nurse plays an important role in treating burns. Nurses also know information about burn care at this time from various data sources that have been found in the mass media, print, and health services.

At this time, there is very tight competition between hospitals in providing services to their patients. Therefore, it is necessary for nurses with the knowledge and skills to compete in providing nursing care, especially for burn patients. Nurses' knowledge can be increased by frequently participating in training courses focused on treating burns. Training is an important factor in improving the quality of work following their responsibilities at work (Mpsa et al., 2020; Subke et al., 2020). There are three objectives of the training: developing expertise, developing

knowledge, and developing attitudes to create the ability to cooperate between colleagues and leaders. Knowledge is the result of human sensing, or it is the result of knowing someone about an object through their senses (eyes, nose, ears, and so on) (Soekidjo, 2010).

Nurses have moderate knowledge because these nurses have limited time and opportunities and need to learn thoroughly about burn care. Information obtained by nurses in training is instrumental in helping change nurse behavior. Training is a systematic effort to master skills, rules, concepts, or ways of behaving that have an impact on improving performance (Brunt & Russell, 2022).

**Table 2.** Distribution of Nurse Behavior in First Aid to Second-Degree Burn Patients at Martha Friska Pulo Brayan General Hospital based on Attitude

No	Attitude	Total	Percentage
1	Positive	16	88,8%
2	Negative	2	11,1%
Grand Total		18	100 %

The results showed that the attitude of nurses in treating second-degree burns had a positive attitude of 88.8%. Attitude is a person's closed response to a specific stimulus or object, which already involves the opinion and emotional factors concerned (happy or unhappy, agreeing or disagreeing, being kind, and so on) (Soekidjo, 2010). The positive attitude of nurses is shown in providing health support to patients regarding burn care.

This is in line with research by Siagian & Perangin-angin in 2020 that the interaction between fellow nurses can influence the formation of a positive attitude from nurses because attitudes are formed by interaction; there is a mutual exchange of information regarding matters related to the implementation of nursing care, nurses want to pay attention to client needs, work on and complete what is given and invite other people to work on or

discussing a problem. The attitude of the nurses could have been better because there was no burn care training program. Attitudes toward care are influenced by educational qualifications, experience, and training in care received by nurses. Attitudes have various levels. The first is receiving, the second is responding, the third is valuing, and the last is being responsible, namely being responsible for everything he chooses with all risks.

**Table 3.** Distribution of Nurse Behavior in First Aid to Second-Degree Burn Patients at Martha Friska Pulo Brayan General Hospital based on Actions

No	Action	Total	Percentage
1	Carry out	11	61,1%
2	Not carry out	7	38,8%
Grand Total		18	100 %

The study showed that 11 respondents (61.1%) often performed first aid measures for second-degree burn patients, such as providing a comfortable position and meeting the fluid needs of burn patients by giving infusions to burn patients. Nurses who did not perform first aid because they were reluctant to do so and were afraid of being wrong were seven respondents (38.8%).

In this case, nurses must improve their knowledge and skills in performing first aid for burn patients, which is very useful if the issue occurs during the shift. This situation can result in burn patients not being treated properly. Therefore, training is needed to increase knowledge. In addition, training activities are proven to increase knowledge and skills (Marbun et al., 2022; Suprayitno et al., 2020). Likewise, nurses must be refreshed in training to improve skills in carrying out injury cures.

## CONCLUSION

The attitude of nurses in providing first aid measures to patients with second-degree burns at Martha Friska Pulo Brayon General Hospital still needs to be improved. Nurses could obtain good knowledge, attitudes, and skills from experience and training. The longer a nurse works, the more experience she has working in various rooms through a job rotation program. Job rotation expands the expertise and abilities of nurses, with this experience increasing knowledge, attitudes, and skills. It is hoped that the Hospital of Martha Friska Pulo Brayon will provide opportunities for nurses to attend training/seminars on burn care to increase nursing care for patients with burns. Nurses must be more active in seeking/reading about theories and cases of burn care to add insight and knowledge. Due to limited funds and research time, it was impossible to see how nursing actions influenced the length of days needed to heal second-degree burns. And for future researchers to be able to conduct this research by looking at how the nurse's behavior influences the satisfaction of burn patients at Martha Friska Pulo Brayon General Hospital Medan. .

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