

Letter to Editor

Enhancing Outcomes for Trauma Patients in Low and Middle Income Countries: The Role of the Nurse

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Trauma contributes significantly to the global burden of disease disproportionately affecting low and middle-income countries [1]. In developing countries, traumatic events are the third leading cause of death with more than five million deaths each year, leading to a very high rate of disability [2]. According to Christodouloupoulou the World Health Organization defines trauma as any forceful damage of internal or external tissues, which may be caused by a fall, attack or crash [3]. Injuries resulting from trauma may cause severe bleeding or large bone fractures, as well as cause damage to the brain or vital organs such as the lung, spleen, or liver [4]. It is important to mention that some patients may have multiple injuries, that is, injuries to more than one area of the body, or have injury in one body area that coexist with injuries to small bones or fractures such as the hip [5].

Hence, if patients with trauma are not well taken care of at every point in time by a competent team they may end up with complications that may lead to disability or death. Generally, major trauma results in injuries which are life threatening. Literature reveals that there are about 2,000 major trauma events per year and these include injuries that range from disastrous injuries such as traumatic brain injury to severe injuries such as pelvic fractures, or crushed limbs which require intensive life-long care [6]. According to Nguyen *et al* trauma quality improvement approaches could potentially save an estimated two million lives each year and effective trauma quality improvement initiatives depend on adequate training and a culture of quality among hospital staff [1]. Nurses are an important part of the surgical team that provides care to trauma patients.

In fact, nurses are the first persons to receive the patients on arrival at the hospital, they work with the surgeons as required and stay with the patients for 24/24 hours every day until discharge. It is important to state that the role of nurses has evolved over time and they have moved from just providing primary care to becoming an integral part of more challenging acute care services [7]. Nurse practitioners are responsible for coordinating patient care in many trauma services [8]. The primary goal of nursing is to provide quality care to patients and

alleviate pain and suffering. Nurses have the duty to uphold high standards of nursing practice which is what the society values about nursing [9]. A holistic approach to care for trauma patients cannot be over emphasized.

According to Eta *et al* a good nursing approach for patients with injuries is one which focuses on both the physical and psychological factors which affect wound healing [10]. Nurses have an important role to play in the Intensive Care Unit (ICU) as they are constantly alert to prioritize the patient's needs, plan, implement and evaluate interventions in a holistic manner. The provision of comprehensive and effective nursing care can reduce the increased cost and length of hospital stay in ICUs for patients with multiple trauma. For instance, the application of early mobilization prevents the occurrence of complications in the circulatory and respiratory systems [11].

In general, training enhances the clinician self-confidence, attitudes toward safety, team performance, and patient outcomes; thus, nurses will always need more training through seminars and re-educational programmers in order to improve on their knowledge and keep updated with the current trends [12]. Therefore, nurses in the middle and low income countries need to be adequately updated in order to be more efficient in the care of trauma patients. It is worth reiterating that trauma nurses are first to provide life-saving care in high-pressure situations. They provide triage, diagnosis, and care for patients with critical injuries and illnesses. Trauma nurses render immediate emergency care including CPR and first aid, prepare patients for surgical procedures, and assist in emergency surgical procedures. They also serve as liaisons between physicians, patients and families and, if need be, law enforcement. Most trauma nurses work in emergency departments or emergency rooms, intensive care, or trauma units within hospitals. In addition, some work in specific critical care units, such as cardiac, medico-surgical, and burn units. Some nurses are part of a paramedic or emergency response team, including air and surface transport [13].

It has been observed that nurses' contribute efficiently to the outcome of patients including those with trauma. The precise management and treatment of multiple injuries in the

ICU by health professionals, particularly nurses, is an active, interdisciplinary and continued process. Since it is clear that humans are going to continue to sustain traumatic injury that will often require the expertise of providers who understand the dynamics of trauma and can adequately provide care to this patient population. It is highly recommended that nurses should be adequately prepared to provide timely competent and adequate care to trauma patients in order to prevent complications and deaths [14].

Therefore, through educational programmers trauma nurses can further increase and reinforce their role in future particularly in the management of multiple injuries and in-hospital emergency health situations in general. This could lead to a reduction in complications and mortality, and improve outcomes for trauma patients [15].

REFERENCES

1. Nicole T Nguyen, Kevin Ding, Rasheedat Oke, Mary-Magdalene S Tanjong, Lidwine Mbuh, Marissa Boeck, et al. Evaluating Shifts in Perception after a Pilot Trauma Quality Improvement Training Course in Cameroon. *J Surg Res.* 2022; 276: 151-159.
2. Martino C, Russo E, Santonastaso DP, Gamberini E, Bertoni S, Padovani E, et al. Long-term outcomes in major trauma patients and correlations with the acute phase. *World J Emerg Surg.* 2020; 15: 6.
3. Despina Christodouloupoulou. The contribution of nursing care in polytraumatia (badly injured patient). *Patras*, 2015: 1-161.
4. Adam Husney, William H. Blahd. Learning About Multiple Trauma. *MyHealth. Alberta.ca, Healthwise staff.* 2023.
5. Passia Georgia. Nursing intervention multi-trauma patient in the intensive care unit. *Patras*, 2018: 1-67.
6. Ellen M Harvey, Daniel Freeman, Andi Wright, Jennifer Bath, V Kristen Peters, Gary Meadows, et al. Impact of Advanced Nurse Teamwork Training on Trauma Team Performance. *Clin Simul Nurs.* 2019; 30: 7-15.
7. Resler J, Hackworth J, Mayo E, Rouse TM. Detection of missed injuries in a pediatric trauma center with the addition of acute care pediatric nurse practitioners. *J Trauma Nurs.* 2014; 21: 272-275.
8. Collins N, Miller R, Kapu A, Martin R, Morton M, Forrester M, et al. Outcomes of adding acute care nurse practitioners to a level I trauma service with the goal of decreased length of stay and improved physician and nursing satisfaction. *J Trauma Acute Care Surg.* 2014; 76: 353-357.
9. Enow VA Eta, Fokom Vannessa Meh. "Public Perception of Nursing Profession in Buea, Cameroon". *EC Nursing and Healthcare.* 2023; 20-31.
10. Enow VA Eta, et al. "Quality of Life of Patients with Wounds in Fako Division, Cameroon". *EC Nursing and Healthcare.* 2023; 65-76.
11. Kristen Hamlin. Trauma Nurse Career Overview. *Trauma nursing Professional development framework.* 2022.
12. Eta VEA, Namondo LA, Ngek ESN, Ngala E. Nurses' Knowledge and Practices on Surgical Site Infections in Sub-Saharan Africa: The Case of Buea Regional Hospital, South West Region in Cameroon. *AJHSSR.* 2021; 6: 105-111.
13. Pilkerton, Jason, "Impact of Utilizing the Nurse Practitioner Role in Trauma, and the Effect it has on Healthcare Utilization and Patient Satisfaction". *Graduate Student Projects and Scholarship.* 2018; 16.
14. Holliday A, Samanta D, Budinger J, Hardway J, Bethea A. An Outcome Analysis of Nurse Practitioners in Acute Care Trauma Services. *J Trauma Nurs.* 2017; 24: 365-370.
15. Garoufali P, Karagianni C, Panoutsakopoulou A, Mihopoulos A. Multi-trauma care in the Intensive Care Unit and the role of the nurse: A literature review. *IJLSRA.* 2023; 04: 178-188.