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Contents lists available at ScienceDirect

Journal of Acute Disease

journal homepage: www.jadweb.orgOriginal article <http://dx.doi.org/10.1016/j.joad.2016.03.006>

Study on acute burn injury survivors and the associated issues

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ARTICLE INFO

Article history:

Received 14 Dec 2015

Received in revised form 18 Jan 2016

Accepted 25 Feb 2016

Available online 2 Apr 2016

Keywords:

Burn injury

Successful hospitalization

Coping

Societal stigma

Survivals' perception

Limitations

ABSTRACT

Objective: To explore the phenomenon of surviving burn injury and its associated issues and concerns.

Methods: A cross sectional survey approach was utilized to obtain data from one hundred burn survivors who were purposely selected. Descriptive statistics and content analysis were used to analyze data.

Results: Findings from the study indicate that burns from flames stood out as a major cause of burns. Physical discomfort/pain, anxiety, needing assistance in meeting self-care needs, financial and social limitations were identified as the major impact of the injury. Furthermore, participants perceived the existence of societal stigma. In addition, hope in God or a spiritual being as well as family support were the two key resources participants relied on to cope effectively.

Conclusions: Surviving burn injury is associated with varied physical, social and psychological factors and survivors may need professional assistance to fully adjust after discharge.

1. Introduction

Occurrence of burn injury can be very devastating to its victims as well as relatives, community and the nation as a whole. Victims of burns usually suffer great losses such as disturbed body image due to disfigurement, loss of personal properties and loved ones, and ability to work as well. Burns management has generally experienced significant strides in various aspects notably fluid resuscitation, early grafting among others^[1]. Today, burn victims with greater total body surface area involved in the injury can survive, and the survival rate may even be higher in young adults^[2]. However, this success has

led to protracted stay in the hospital as well as repeated reconstructive surgeries and physiotherapy^[1]. It has been indicated that only few studies have been conducted beyond the time of hospitalization^[3] and in the Ghanaian community, the period following discharge remains unclear.

This mandates the need to explore the impact of the injury which led to hospitalization and other treatment modalities as it has been demonstrated that a patient's subjective perceptions and expectations can influence the state of well-being after discharge^[1]. Thus, there is an urgent need to assess the impact of the burn injury and treatment modalities from burn survivors' perspective so as to determine ways of providing professional assistance.

2. Materials and methods

2.1. Study setting

The Komfo Anokye Teaching Hospital (KATH) in Kumasi is the second largest hospital in Ghana and the only tertiary health institution in the middle belt of the country. It is the main referral hospital for the Ashanti, Brong Ahafo, the northern, upper west and upper east regions of the country. The hospital was built in

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The study protocol was performed according to the Helsinki declaration and approved by School of Medical Sciences/KATH Committee on Human Research, Publications and Ethics, Kwame Nkrumah University of Science and Technology, Kumasi. Informed consent was obtained from participants.

Peer review under responsibility of Hainan Medical College. The journal implements double-blind peer review practiced by specially invited international editorial board members.

1954 and affiliated to the School of Medical Sciences, the Kwame Nkrumah University of Science and Technology. The hospital currently has 1000 beds, with an annual hospital attendance of about 679050 patients made up of both out- and in-patients^[4].

2.2. Ethical clearance

The study protocol was performed according to the Helsinki declaration and approved by School of Medical Sciences/KATH Committee on Human Research, Publications and Ethics, Kwame Nkrumah University of Science and Technology, Kumasi. The study rationale was explained to participants in order to make an informed decision. Participants who agreed to partake in the study either signed or thumb printed the consent form before proceeding with the study. Participants were also informed that they could withdraw from the study at any point in time without incurring any loss. Parental/guardian consent as well as individual consent was sought for participants aged below 18 years before proceeding with the study.

2.3. Data collection

Purposive sampling approach was utilized to obtain 100 burn survivors receiving outpatient care at KATH within Kumasi metropolis from 1st October, 2013 to 30th September, 2015 (2 years). These patients were previously on admission but have been discharged home based on satisfactory clinical progress, and come for periodic reviews as scheduled. A structured questionnaire comprising open- and closed-ended questions was used to obtain needed data. No missing answers were noted. Prior to the actual study, a pilot project was carried out with 10 patients yet to be discharged from Ward D2C (burns ward) and burns intensive care unit. Appropriate corrections were made to the questionnaire thereafter.

2.4. Data analysis

Analysis of answers for open-ended questions was performed using content analysis and quantitative data entered into Microsoft Excel version 2010 to generate descriptive statistics. Closed ended questions were also analyzed using Microsoft Excel version 2010.

3. Results

The demography of participants and injury/hospitalization details are showed in [Tables 1 and 2](#).

3.1. Social functioning

From the data obtained 79 (79%) indicated that they felt socially limited and the key finding was the presence of scars and keloids that are visible even in clothes as well as perceived societal discrimination. In addition, 90 (90%) indicated that the burn injury has affected their professional lives as they experienced decreased energy levels and physical discomfort which interferes with day to day activities; 98 (98%) participants indicated that the burn injury has affected their family lives and the key finding was that the family's financial base has been depleted due to their care; 60 (60%) stated that the burn injury has had an impact on their sexual performance such as decreased libido and energy levels.

Table 1

Demography of participants.

Characteristics		Frequency	%
Age (years)	15–30	64	64
	31–45	24	24
	46–55	12	12
	Total	100	100
Marital status	Married	76	76
	Single	24	24
	Total	100	100
Religion	Christian	94	94
	Muslim	6	6
	Total	100	100
Educational level	None	20	20
	Primary	24	24
	Secondary	30	30
	Tertiary	26	26
	Total	100	100
Occupation	Unemployed	10	10
	Government employee	30	30
	Artisan	40	40
	Farmer	20	20
	Total	100	100

Table 2

Injury/hospitalization details.

Detail		Frequency	%
Cause of burn	Gas explosion	84	84.00
	Hot water	9	12.00
	Hot oil	4	4.00
	Acid burns	2	2.00
	Electrical burns	1	1.00
	Total	100	100.00
Burn classification	Second degree	38	38.00
	Third degree	18	18.00
	Mixed thickness	44	44.00
	Total	100	100.00
Total burned surface area	10%–25%	68	68.00
	26%–45%	27	27.00
	46%–55%	5	5.00
	Total	100	100.00
Length of stay	5 days–1 month	92	92.00
	2 months–4 months	8	8.00
	Total	100	100.00
Surgical interventions	Debridement	38	63.33
	Skin grafting	20	33.33
	Escharotomy	2	3.33
	Total	60	100.00

3.2. Level of dependence

In the aspect of mobility, 52 (52%) indicated having slight problems moving around and needed some forms of assistance. In addition, 37 (37%) indicated having slight problems in meeting self-care needs whilst 30 (30%) respondents specified having moderate problems in meeting this requirement; 56 (56%) indicated having slight problems with participation in usual activities (leisure, study) and 20 (20%) respondents specified having moderate problems with these activities.

3.3. Physical health

All respondents indicated having some level of pain/discomfort and that it affected their sleep and rest patterns; 64

(64%) participants cited itch and occasional nightmares as factors that affected their sleep patterns as well.

3.4. Psychological health

Anxiety was reported by 79 (79%) participants as their major cause of concern. Key finding as to the causes of the anxiety states include fear of the unknown, diminishing financial resources and visiting the health facility for dressing change. In assessing coping measures in relation to this issue, participants cited hope, belief in God/spiritual being and support from family and friends as coping measures.

3.5. Hospitalization experience

The key finding in relation to this issue was pain and anxiety experienced during dressing change specified by 88 (88%) participants.

4. Discussion

4.1. Physical impact of burn injury

Burn-related pain has been stated to be experienced not only in the acute stage of injury but also in the longer term^[1,5,6], and this is clear from the data obtained as all participants indicated that they experienced some levels of pain or discomfort. Furthermore, pain has been reported to interfere with daily activities^[7,8] and it will not be surprising that these respondents may be facing similar challenges that are likely to affect productivity. In the long term, pain or physical discomfort will adversely affect the survivor's participation in activities as well as quality of life. This may mean that health care providers need to assess the efficacy of various therapies administered to patients as pathways to more effective treatments are developed. Pruritus, or itch, has been one of the most disturbing issues for patients post-burn^[9] and can remain a problem for a long time after severe burns^[1]. Similarly, 64 (64%) respondents indicated pruritus and nightmares as major factors affecting their sleep patterns. These calls for aggressive management of the itch so as to improve burn victims' sleep patterns. This is necessary, especially, as it has been noted that burn survival is associated with decreased energy levels. Rest and sleep will therefore be beneficial to them so as to help in the recovery process. Furthermore, nightmares and an altered sleep pattern are common early symptoms noted after being exposed to a burn^[10]. Thus, collaboration with a clinical psychologist whilst the patient is still on admission may be needed to overcome nightmare issues.

Furthermore, 60 (60%) respondents indicated that the injury has affected their working lives and 78 (78%) also indicated it affecting their family lives citing financial constraints as the main concern. In relation, unemployment has previously been associated with impaired burn-specific health^[11,12], and consequently better burn-specific health is reported in those employed after burn^[13,14]. However, as burn survivors experience low energy levels, needing assistance in meeting self-care needs as well as in walking around, it may imply that in order to help enhance their quality of life experience, support systems need to be available at the work place especially for those in government employment. Provision of support is crucial and the best channel

is through strengthening the social support. This however may imply further studies involving family caregivers so as to understand their experiences in caring for a burn survivor as when carers supported, survivors will enjoy better quality of life.

Furthermore, it was also evident that burn victims have problems with participation in usual activities (such as leisure). A study concluded that a consequence of burn injury is loss of muscle mass, resulting in reduced strength^[15–17]. Similarly, 17 respondents indicated having slight problems with meeting their self-care needs and 12 indicated that they have slight problems with walking. These have been reported in previous studies^[18,19] which concluded that burn survivors were identified to have restricted range of motion as well as mobility. Similarly, Esselman *et al.*^[1] and Falder *et al.*^[15] also concluded that one of the most frequent impairments post-burn is scar contracture, which limits movement and deforms normal anatomical structures.

4.2. Psychological impact of burn injury

Psychiatric symptoms/psychological concerns, as part of the multifaceted response to burn injuries, are frequent and anxiety and depression have been stated to be the most common and described as playing significant role in recovery^[20]. From the data obtained, 79 (79%) participants expressed anxiety. Fear of the unknown, diminishing financial resources and dressing change were cited as the main causes of anxiety. Similarly, respondents indicated that in their hospitalization, dressing change was a period of heightened anxiety due to the pain they envisioned. Management of pain and anxiety related to care procedures has been cited to be a challenge during the acute phase of care^[21,22]. Similarly, a major proportion of burn patients in acute care suffer severe or excruciating pain; 100% suffer daily pain^[23] and patients' experiences of pain make a strong impression on their memories^[24]. However, it has been stated that pain management appears to be a challenge in the burns unit^[25]. This calls for development of pain care strategies to enhance pain management. As continuity of care is needed, more effective pain care strategies should be instituted in order to help alleviate anxiety in burn patients. In addition, there is the need to investigate other non-pharmacologic approaches to pain and anxiety management. As for fear of the unknown, participants expressed hope in God or a spiritual being. This may seem to emphasize the strong impact of religion on recovery for burn patients. Thus, further studies in that regard are encouraged so as to establish its clear impact as well as determine how feasible it will be to inculcate spiritual care in burns management. Similarly, counseling may be beneficial to burn survivors.

4.3. Social impact of burn injury

As indicated by Esselman *et al.*^[1], Warden and Warner^[26] and Falder *et al.*^[15] one of the most frequent impairments post-burn is scar contracture, which limits movement and deforms normal anatomical structures. Similarly most participants indicated that presence of scars and keloids made them feel socially limited, some to the extent withdrawing from school (4%) and this may also have an impact on their professional lives. As indicated in the literature review, burn is a leading cause of stigma as well as rejection^[20,27,28] and it is evident from this study that 38 (38%) respondents indicated feeling withdrawn from society. This further strengthens the argument that there is the need to

strengthen the social support systems as well as creates public awareness about the consequences of burn injury so that people will not be surprised when they see a survivor with those. If these are done, survivors may feel more welcomed in their environment.

Participants have cited a number of issues that seem to affect their quality of life after undergoing aggressive burns care. These issues are multifaceted and need to be addressed so as to enhance their quality of life experiences. Opportunities exist in the area of examining the experiences of family carers in relation to burn injury survivors as well as the role of faith and hope in the discharge phase.

Conflict of interest statement

The authors report no conflict of interest.

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