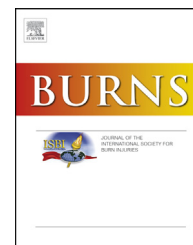


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Validation of the German version of the Perceived Stigmatization Questionnaire/Social Comfort Questionnaire in adult burn survivors

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ABSTRACT

Objective: To investigate the factor structure, reliability, and validity of the German version of the Perceived Stigmatization Questionnaire/Social Comfort Questionnaire (PSQ/SCQ) in burn victims.

Methods: The PSQ/SCQ was answered by 139 adult burn survivors (age $M = 49.69$, $SD = 15.16$ years). Factor structure was examined using a confirmatory factor analysis (CFA). Validity was investigated through correlations between the PSQ/SCQ scales and questionnaires assessing perceived social support, burn-specific health-related quality of life, symptoms of anxiety/depression, and percent of total body surface area (TBSA) burned. Additionally, the link between perceived stigmatization/social comfort and current partnership status was investigated.

Results: The four-factor model showed the best fit to the data with three PSQ factors (Absence of Friendly Behavior, Confused/Staring Behavior, and Hostile Behavior) and one single SCQ factor. All PSQ/SCQ scales showed good internal consistency. Higher PSQ/lower SCQ means were related to less perceived social support, less burn-specific quality of life, and more symptoms of anxiety/depression. With the exception of a positive correlation with the PSQ subscale Confused Behavior and Staring, no other significant correlations were found between the PSQ/SCQ subscales and TBSA burned. While PSQ/SCQ scores were not linked to age or gender, less perceived social stigmatization/more social comfort was reported by participants who were currently living with a partner.

Conclusions: The results indicate a four-factor structure and a good validity of the PSQ/SCQ which is in line with prior research. Further studies should investigate the application of the PSQ/SCQ in individuals with appearance distinctions that are not related to burns.

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1. Introduction

Skin burns represent a relatively common form of injuries with about one incident per 350 people per year in Germany [1]. Despite significant advances in medical care, surgical management and reconstructive procedures for burn survivors, many victims feel different and are treated differently due to their scars. Besides physical consequences of scars such as itching and pain, burn survivors feel shame about the appearance of their scars and social anxiety [2]. People with visible differences also experience socially stigmatizing behavior such as staring, startled reaction, whispering, teasing, rude comments, intrusive questions, avoiding eye contact, manifestations of pity, etc. [3]. The perception of burn-related stigmatization and reduced social comfort is likely to contribute to worse psychological outcomes after burns including anxiety, depression and reduced health-related quality of life (HRQoL) [1,3-5]. Therefore, it is important to gain information on perceived stigmatization and social comfort after burn, as this may expand the knowledge about social experiences among burn survivors, offer the chance for specific interventions and facilitate reducing long term mental burden.

Lawrence et al. [6] developed two questionnaires assessing social experiences of people with appearance distinctions, the Perceived Stigmatization Questionnaire (PSQ) and the Social Comfort Questionnaire (SCQ), and validated these questionnaires in an US sample of 361 adult burn survivors. The PSQ assesses how a person perceives others' behaviors directed toward him or her. The scale consists of 21 items answered on a 5-point Likert scale (frequencies: 1 = never to 5 = always) loading on the following three factors: Confused Behavior and Staring (8 items, e.g., People avoid looking at me./People seem embarrassed by my look.), Absence of Friendly Behavior (8 reversed coded items; e.g. People are relaxed around me./People treat me with respect.), and Hostile Behavior (5 items, e.g. People call me names./People laugh at me.). The total score is calculated by totaling all 21 items and dividing the sum by 21, scale scores are calculated by adding the items and dividing by the number of items [6]. Higher scores on the PSQ scales indicate higher levels of perceived stigmatization. The one-dimensional SCQ measures how comfortable a person feels around others. The instrument includes 8 items (e.g., I feel like I fit in with most groups./I feel comfortable in a crowd.), which are answered on the same 5-point Likert scale as the PSQ. Items 2, 3, and 7 are reverse coded [6]. The SCQ score is calculated by adding all items and dividing by 8. Higher scores on this scale indicate higher level of feeling social comfort.

Initially, perceived stigmatization and social comfort were considered as two distinct constructs [7]. Later on, Lawrence et al. [8] suggested that both constructs may belong to one overarching construct. This assumption was based on a study in pediatric and adult burn survivors who had answered the PSQ and the SCQ, where both instruments were strongly related. Using confirmatory factor analysis (CFA), the authors tested different models and concluded that the best fitting model was the four-factor model with the three aforementioned PSQ scales plus the single SCQ factor. All scales were correlated and loaded on one second order factor.

The PSQ/SCQ was previously translated into German by a group from the University Children's Hospital Zurich, Switzerland, and used to determine stigmatization in children and adolescents with facial differences [9,10]. To date, we are not aware about a study that validated the German version in adult burn victims. Therefore, the primary objectives of the present study were to (1) investigate the factor structure and internal consistency of the PSQ/SCQ and (2) to establish the association between PSQ/SCQ scores and perceived social support, burn-related quality of life, symptoms of anxiety and depression, as well as with a proxy variable for scar severity (i.e. percent of total body surface area burned, TBSA burned) and with sociodemographic variables. We expected to replicate the four-factor structure of the PSQ/SCQ suggested by Lawrence et al. [8]. Furthermore, we assumed that a higher level of perceived stigmatization as measured with the PSQ scales and a lower level of social comfort as measured with the SCQ will be correlated with less perceived social support, less burn-specific quality of life, and more symptoms of anxiety and depression. In addition, we expected to find a positive correlation between perceived stigmatization and TBSA burned. Finally, we hypothesized that being in a couple relationship at the time of the survey will be related to lower perceived stigmatization and more social comfort, given that intimacy and support from a partner in developing coping strategies may be linked to individual well-being [11].

2. Material and methods

2.1. Procedure

The procedure of the present study was already described in more detail elsewhere [12]. Patients treated between 2006 and 2012 at the burn unit of the Department of Plastic, Hand and Reconstructive Surgery of the Hannover Medical School were identified via electronic chart files and invited to participate in the study. Exclusion criteria were dementia or intellectual disability. Patient information, informed consent forms and questionnaires were sent to the identified patients. If unopened questionnaire packages were returned by mail, we made enquiries at the registration offices about the patients' whereabouts and whether they were still alive in order to detect patients who moved or passed away since their last admission to the burn unit. Participation in the study was completely voluntarily. The protocol was approved by the Institutional Ethics Committee.

2.2. Assessment

All participants provided sociodemographic information and filled-out a questionnaire package that included the following self-rating instruments.

We used a German translation [9,10] of the PSQ/SCQ [6] that was kindly provided by Dr. Ornella Masnari and Dr. Clemens Schiestl from the University Children's Hospital Zurich, Switzerland. According to Masnari et al. [9,10], the translation of the questionnaire followed the guidelines for the process of translation of self-reports, including the use of back-translation [9,10].

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