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Original Article

The impact of acceptance of disability and psychological resilience on post-traumatic stress disorders in burn patients



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ABSTRACT

Objective: To investigate the impact of acceptance of disability and psychological resilience on post-traumatic stress disorders (PTSD) in patients with burns.

Methods: A total of 127 patients with burns were asked to complete PTSD Checklist-Civilian Version, Acceptance of Disability Scale and Connor–Davidson Resilience Scale questionnaires. Results were evaluated using correlational and regression analyses.

Results: The incidence of PTSD in burn patients was 37.80% (48/127), with an overall average checklist score of 45.78 ± 15.29 points. PTSD was negatively correlated with the level of disability acceptance and psychological resilience ($p < 0.05$). Multiple regression analysis showed that the depth of burn, marital status, degree of subordination, self-value and self-improvement were factors influencing the incidence PTSD.

Conclusion: Nurses should screen and identify patients with PTSD as early as possible and provide proper psychological interventions to help them accept the reality of disability and improve the level of psychological resilience.

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1. Introduction

Post-traumatic stress disorder (PTSD) is an anxiety disorder that occurs after experiencing extraordinary traumatic and/or stressful events, and is characterized by symptoms of re-experiencing the trauma, avoidance and numbing and hyperarousal [1]. PTSD can be precipitated by traumatic

events such as cancer [2] and operations [3], as well as injury from burns, which affects more than 20 million people in China each year [4]. Burns can alter an individual's appearance and cause physical pain and disability, while also causing psychological pain, thus hindering the process of rehabilitation. To some extent, an individual's acceptance of their disability and psychological resilience are good

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indicators of their ability to cope with their situation [5,6]. In order to investigate whether the levels of these indicators could affect the development of PTSD, the acceptance of disability, psychological resilience and PTSD incidence were examined in patients with burns. Further knowledge regarding the relationship between these factors and PTSD will provide a reference for implementing targeted nursing.

2. Design and methods

2.1. Subjects

This study recruited patients with burn injuries hospitalized in the Xiamen No. 174 Hospital of People's Liberation Army between June 2013 and February 2014. Criteria for inclusion in the study were: patients ≥ 18 yr of age; patients with second-degree burns on $>10\%$ of their body surface or third-degree burns on $>5\%$ of the body; hospitalization ≥ 28 d [7]; ability to cooperate with the investigation; and voluntary participation. Patients were excluded from the study if they had a mental illness or severe mental disorder, or had inhalation injuries.

2.2. Ethics statement

This research was approved by the ethical committee of the hospital. Patients' responses to the questionnaire remained anonymous and were only used for the purposes of this study.

2.3. Surveys

For patients unable to fill out the surveys, questions and possible answers were read to them, and their oral answers were recorded. A total of 132 questionnaires were distributed, and 127 valid questionnaires were returned, for a response rate of 96.21%.

2.3.1. General information

A general condition questionnaire was used to collect patients' demographic and disease information, including gender, age, education level, occupation, marital status, cause of injury, area burned, and depth of burn.

2.3.2. PTSD checklist-civilian version (PCL-C)

The PCL-C is a questionnaire comprised of 17 items in three dimensions: re-experiencing (five items), avoidance and numbing (seven items) and hyperarousal (five items). Responses are scored on a five-point Likert scale (range: 1–5 points), with higher scores indicative of PTSD (a total score ≥ 50 points is considered a positive result). Positive dimensional symptoms are defined as: re-experiencing, ≥ 1 positive item (an item is considered positive with a score ≥ 3 points); avoidance and numbing, ≥ 3 positive items; hyperarousal, ≥ 2 positive items. The sensitivity and specificity of this survey are 0.82–0.90 and 0.88, respectively [8,9], with a Cronbach's α of 0.88–0.94 (0.94 in the present study) and retest reliability of 0.83–0.88 [10].

2.3.3. Acceptance of disability scale (AODS)

The AODS is a 32-item questionnaire including dimensions of self-value, subordination, inclusion and transformation; the Chinese version was translated by Chen et al. [11]. A five-point Likert scale is used to score the responses, where a higher score indicates a high level of disability acceptance. The Cronbach's α for the AODS in this study was 0.86.

2.3.4. Connor–Davidson resilience scale (CD-RISC)

The Chinese version of the CD-RISC questionnaire measures the positive mental characteristics of an individual in the face of adversity. Translated and revised by Yu and Zhang [12], the scale is considered suitable for patients who have anxiety symptoms and PTSD. The scale is comprised of 25 items in three dimensions: tenacity, self-improvement and optimism. Responses are based on how the respondent has felt over the past month, and scored on a scale of 0–4, for a maximum total score of 0–100. Patients with a higher score show a higher

Table 1 – Post-traumatic stress disorder checklist-civilian version item scores (n = 127).

Dimension	Item	Score	Positive cases (n)	Positive rate (%)
Re-experiencing	1. Re-remember the event things	2.25 \pm 0.59	38	29.92
	2. Repeated nightmare	2.10 \pm 0.75	31	24.41
	3. Recapture the painful feelings	2.84 \pm 0.68	69	54.33
	4. Intense psychological pain	2.98 \pm 0.81	89	70.08
	5. A strong physical reaction	2.15 \pm 0.63	29	22.83
Avoidance and numbing	1. Retreat from miserable existence	2.08 \pm 0.79	24	18.90
	2. Avoid the scene of the burn	2.04 \pm 0.59	18	14.17
	3. Forget the contents of the burn	2.15 \pm 0.83	27	21.26
	4. Interest drops	1.98 \pm 0.62	20	15.75
	5. Get alienated from others	2.16 \pm 0.90	31	24.41
	6. Emotional anesthesia	1.90 \pm 0.57	16	12.60
	7. Feeling hopeless of the future	2.05 \pm 0.43	25	19.69
Hyperarousal	1. Difficulty falling asleep	1.91 \pm 0.48	19	14.96
	2. Irritability	2.09 \pm 0.61	30	23.62
	3. Hard to concentrate	2.00 \pm 0.78	21	16.54
	4. Hyperarousal or without sense of security	2.56 \pm 0.73	51	40.16
	5. Nervous	2.23 \pm 0.64	34	26.77

Note: data are presented as mean \pm standard deviation.

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