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Rehabilitation and social adjustment of people with burns in society

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ABSTRACT

The present study was conducted on rehabilitation and social adjustment of people with burns in society with the main objective to determine the relationship between social adjustment of people with burns and their psychosocial rehabilitation. The study was limited to the Burn Unit, Khyber Teaching Hospital, Peshawar, Pakistan. At bi-variate level, the following were observed: the relationship of psychosocial rehabilitation was highly significant ($P = 0.000$) considering that people with burns feel shame in the society, a highly significant relation ($P = 0.000$) was found between psychosocial rehabilitation and burn as the hurdle to contact other members of the society, a highly significant ($P = 0.000$) relation was found between psychosocial rehabilitation and perception that society provides social support to people with burns, a highly significant ($P = 0.000$) relationship between psychosocial rehabilitation and people with burns feel alienated from the society, a significant association ($P = 0.024$) was found between psychosocial rehabilitation and loss of social network, and a significant ($P = 0.002$) association between psychosocial rehabilitation and society insult toward people with burns. Regular provision of treatment, quota in job allocation for people with burns, initiation of stipend through Benazir Income Support Program, and keeping and updating record of burns at the district level in census centers were suggested as recommendations in light of the study.

1. Introduction

Burns are injuries to tissues caused by heat, friction, electricity, radiation, or chemicals. Intensity of burns is usually measured with the size of body affected, place of body, and treatment received. Burn is a catastrophe covering both the physical aspect of human body and the emotions of an individual and associated community. It could be categorized into first degree, second degree, and third degree according to quality, volatility, and varying nature [3]. The altered physical condition due to burn is a barrier in way of interacting with other members of the society and causes feeling of inferiority [1]. This situation often leads to psychological problems, discouragement, loss of social network, and grief related to disfigurement and in some conditions causes social death [2]. The scars on skin may cause social bashfulness due to the shame associated with it [3]. Such patients need social support not only during the acute period of emotional stress, when the skin is broken, but also later, upon the patient's encounter with society at large.

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Cultural support to social stigma, associated with disfigurement of caused by burns, further aggravates the emotional state of people with burns [9,11]. The psychological aspect of burn is gaining intensity, and importance in relation to research and practice is a return of leftover psychological aspects like alienation, depression, anxiety, and the problems to work as an ordinary citizen [15].

The social aspect of personality is measured with respect to a set of behavior performed on part of actor, through a measurement scale denoted through explicit and implicit forms. Social role is a resultant factor of physical entity taking its instrumental right from the process of socialization in the minorhood while focusing into adulthood. All these developments are compact and interdependent through which understanding and assessment of personality are possible by measuring the coherence in activities [10]. The path of physiological knowledge of the burns involves many complex disciplines, and requiring particular services involving a separate aspect, (i.e. psychological to physical impairment) which leads the meditation of burn patient in a particular ward and improves the process of medication as well as psychological and social improvement [4]. Currently, the burn wound has become a social issue and gained importance for research due to some dreadful outcomes. First, psychological responses following the burn-accident may not simply be due to the burns but might be caused by what the patient has witnessed or experienced during the accident and taking the shape of pathological gloominess and nervous disorder [14]. Second, assessment over patients with burns are secluded to stop contagion, which contributes to an intellect of social deficiency for the burn patient and, third, the last modification in body manifestation could be important in burn wound. Apart from the situation that burns may guide to impairments of movement and inadequacy of behavior, the modification in manifestation is frequently bothering the patient [5]. Findings verified that when social support is provided to the burn patient he or she feels himself valuable, which is related to reducing the stress and other psychological problems. The amount of support given to a patient varies in the available resources, which has an effect on psychological adjustment of those who do not enjoy such support [6]. Body picture is a constituent of the self-concept that is shaped from sensory and social experience, with cultural and ancestral reaction to one's body having immense magnitude in developing "self" thoughts. Misrepresented body circumstances such as blemish can go along with changes in social relations, leading to changed body image [1]. This study had tried to explore the relationship between social adjustment of people with burns and their psychosocial rehabilitation under the explanation of Cash's resilience model for body image [11].

2. Materials and Methods

The study was limited to the burn patients available at the Burnt Treatment Center (Burnt Ward at Khyber Teaching Hospital, KP Peshawar) as universe of the study. A sample size of 186 respondents was randomly picked for data collection from years 2010 to 2012. The sample size was proportionally distributed as per criteria devised by Sekaran [7].

2.1. *Tool of data collection*

A comprehensive interview schedule, encompassing major attributes of the variables was designed and served to collect the required information in light of specific objectives of the study. It is pertinent to mention that the interview schedule was constructed on the Likert scale, as per criteria designed by Nachmias and Nachmias [16]. The collected data were analyzed with the help of suitable software SPSS (version 20). The data were presented in percentage and frequencies; chi-squared test statistics was used to ascertain the hypothetical association between social adjustment and psychological rehabilitation at the bi-variate level [8]:

$$(\chi^2) = \chi^2 = \sum_{j=1}^{j}\sum_{j=1}^{k}\frac{(o_{ij} - e_{ij})^2}{e_{ij}}$$

where (χ^2) = Chi-square for two categorical variables, o_{ij} = the observed frequencies in the cross-classified category at ith row and jth column, e_{ij} = the expected frequency for the same category, assuming no association between variables under investigation.

The collected data were of three levels as shown in Table 2. Moreover, the data nature was qualitative, which was later on converted into ordinal scale; thus, it was more suitable to be tested through the only reliable statistical tool, that is, chi-squared test in a contingency table.

3. Results

Frequency and percentage distribution of respondents according to their perceptions about social adjustment is given in Table 1. The data explored that 86% of the respondents agreed that society accepts people with burns as a common member

Table 1 – Frequency and percentage distribution of respondents according to their perception about social adjustment.

Statements	Agree	Disagree	Do not know
Society accepts people with burns as a common member of the society	160(86)	23(12.4)	3(1.6)
Burns affect the socialization of a person	146(78.4)	23(12.4)	17(9.1)
Burns have negative effects on interaction with other people in society	112(60.2)	59(31.7)	15(18.1)
Burnt people feel shame in the society	97(52.2)	76(40.9)	13(7)
Society provides educational facilities to people with burns like other people	81(43.5)	78 (41.9)	27(14.5)
Burns is a hurdle to contact other members of society	100(53.8)	68(36.6)	18(9.7)
Society insults the people with burns	84(45.2)	68(36.6)	34(18.3)
Burns leads to loss of social network	82(44.1)	80(43.0)	24(12.9)
Society provides social support to the people with burns	74(39.8)	97(52.2)	15(8.1)