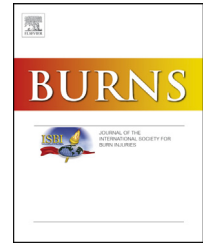


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Paediatric burns: From the voice of the child



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ABSTRACT

Introduction: Despite burns being common in children, research into the psychological experience and trauma remains limited. Improvements in the professional understanding of children's experiences will assist in improving holistic care.

Purpose: This study uses phenomenology, a qualitative methodology to explore the psychological experiences following a burn injury in children.

Methods: In-depth interviews were conducted six months after burn with 12 (six girls and six boys) children who underwent surgery for a burn. The children were aged eight to 15 years. The interview examined the overall experience of children and included probing questions exploring participants' perceptions, thoughts and feelings. Transcripts were analysed according to the seven-step Colaizzi method. Relationships between themes were explored to identify core concepts.

Results: The findings demonstrated that trauma was central to the burn experience and comprised two phases: the burn trauma and the recovery trauma. Six themes emerged as a result of this experience: ongoing recurrent trauma; returning to normal activities; behavioural changes; scarring-the permanent reminder; family and adaptation.

Conclusion: This research has clinical implications as its findings can be used to inform clinical care at all stages of the burn journey. These research conclusions could be used to develop comprehensive information and support management plans for children. This would complement and support the surgical and medical treatment plan, providing direction for comprehensive service delivery and improved psychosocial outcomes in children.

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1. Introduction

Burns have been described as one of the most painful injuries a person can experience and are a serious global health threat to young children [1]. In addition to the wound itself, children experience surgery, invasive, frightening medical procedures, and are often left with permanent scarring that may require future reconstructive surgery. Burns can affect an individual's wellbeing physically, psychologically, socially and functionally.

It has been clearly documented that paediatric burns affect the wellbeing of both children and their families [2]. A recent critical review of the psychological consequences of paediatric burns concluded that between 25 and 30 per cent of preschool children experience significant traumatic stress reactions during the acute phase (less than one month) after sustaining a burn [2]. Acute stress symptoms include symptoms of avoidance, hyperarousal and re-experiencing of the event [3]. These symptoms have been demonstrated in one-third of school-aged children. Ten to 20 per cent of school-aged children report symptoms of PTSD several years after the event [2]. Family and social functioning is also impaired in children with burns, but understanding is limited and there is a need for further research investigating issues of body image, coping with burn-related trauma and social life, including bullying at school [2].

Qualitative research allows the child's experience to be explored, adding an enhanced understanding of concepts not assessed by standardised measures. To date, qualitative research has focussed on children's perceptions about burns camps [4,5]. An innovative qualitative study in South Africa explored the processes of identity negotiation in nine young adults (with a mean age of 19 years) with burns, providing insight into resilience in young adults with burns [6]. More phenomenological studies investigating children's experiences of the burn journey throughout all phases from the burn event through to discharge into the community would improve understanding and expand care provision. While it is recognised children are imbedded in a family context and this should be the focus of future research, the aim of this study was to provide an understanding of the phenomenon of the child's experience of a burn injury from their perspective. Future research investigating the parent's experience is required.

This study aimed to explore the experience of children with burns. In doing so, it aims to contribute to research by documenting the voices of child survivors, providing an improved understanding of paediatric burns from the perspective of school age children six months after burn.

2. Methods

Phenomenology was chosen as the most appropriate methodology for this study, as it allows the subjective experience of a phenomenon to be explored [7,8]. This is useful when limited information is known about a specific phenomenon [8]. Phenomenological approaches allow the researcher to investigate the perceptions and the lived experience of a

phenomenon and the associated meanings through in-depth analysis of individual's subjective experiences [8]. Phenomenology has been validated as a qualitative method appropriate for use with child participants [9].

2.1. Data collection

A purposive sample of 12 children who sustained a burn injury requiring surgery was recruited [7]. The children had all been patients at the sole tertiary paediatric hospital in Western Australia, with a catchment area spanning 2.5 million square kilometres. Ethics approval was obtained, and informed consent from all the participants and their parents was collected. The first 13 children who required surgery for their burn from the recruitment start date were invited to participate. One parent of a child declined the invitation as he felt his child was too busy with school work. Total Burn Surface Area and life threatening injury was gathered from the patients medical chart and length of stay and aetiology of burn were not recorded for this study.

The interview guide consisted of open-ended probing questions that explored the experiences, perceptions, thoughts and feelings of participants in relation to their experience of a burn [7]. The main question of the interview was "can you share with me your experience of the burn?" The researcher then used prompts and probes to encourage the participant to tell their story, with the participant guiding the direction of the interview rather than the researcher, as is consistent with phenomenology methodology [9]. The children's developmental age was considered when asking questions, with avoidance of closed questioning [9]. A pilot interview was conducted with a 14-year-old boy to insure the questions and interview technique elicited information to meet the aim of the study [7].

Unstructured, face-to-face interviews were conducted with the children six months after the burn injury, at the participants' homes, allowing them to feel comfortable and secure in their environment and promoting confidence in disclosing their opinions and experiences [7]. Parents were present in the homes of children whilst the interviews were conducted, however parents were not in the rooms in which the children were interviewed, ensuring confidentiality was maintained. The time point was chosen as the most appropriate time point as it allowed children time to reflect, adjust, process and articulate their journey. Children aged 8-15 years were invited to participate as developmentally they have the skills required to accurately reflect on their experience as well as articulate their experiences verbally [10].

Rapport was established with the children prior to commencing the interview through conversation, play and drawing. The researcher travelled to the participants' homes, including travelling to rural and remote areas, to ensure a sample representative of the clinical population. The interviews lasted a minimum of 30 min in length and were digitally recorded. During the interviews, the researcher used a journal to record all non-verbal cues from participants and environmental factors of importance, as well as to reflect on the interview process [7]. Once redundancy in descriptions was reached, recruitment ceased [7].

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