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An audit of patients' experiences and opinions concerning mirrors in a UK burns service

*L. Redstone, L. Shepherd *, C. Bousfield, P. Brooks*

Burns Unit, Nottingham University Hospitals NHS Trust, City Campus, Hucknall Road, Nottingham, NG5 1PB, United Kingdom

ARTICLE INFO

Article history:
Accepted 27 April 2011

Keywords:
Mirrors
Psychological care
Viewing injuries

ABSTRACT

Patients' experiences of and opinions concerning the presence of mirrors in burns services are unknown. The prevalence of mirrors and associated nursing practice in UK burns services is also unclear. Recently discharged burns patients ($n = 60$) completed a questionnaire and representatives from all 18 adult burns inpatient services in the UK were surveyed. Results suggested that 90% of patients with facial burns viewed their injuries in a mirror before discharge compared to 15% of patients with burns elsewhere. Thirty-six percent of patients reported they were informed that they could request a mirror if desired and 30% were asked whether they would like a mirror. Only 22% of patients reported that they would not have liked mirrors in their rooms/ward area and 14% reported that this would have distressed them. It was patients who most often decided to view their injuries for the first time and nurses were most commonly present. Mirrors were present in most UK burns services but none had protocols to guide staff in helping patients view their injuries. In conclusion, concealable mirrors should be present in burns services but patients should be psychologically prepared about their presence. Protocols should be developed to provide optimal burn care.

1. Introduction

Mirrors are commonplace in everyday lives and play an integral role in the development of identity, self-concept and subsequent self-esteem. They also enable reference and comparison to the external world in addition to a different perceptual view of the self, perhaps closer to one perceived by observers [1–3]. As such, patients' experiences and opinions concerning mirrors in healthcare settings should be understood. The focus of the current audit was to explore these in burns patients.

Individuals who have experienced burns have to adjust to sudden, unexpected and sometimes permanent changes in appearance. With acquired visible differences, such as burns, individuals need to integrate their new body image into their existing self-concept [4,5]. Burns can lead to body image disturbance, maintained by negative appraisals about one's self and how others will perceive them, unhelpful avoidance and safety-seeking behaviours (e.g., avoidance of or excessive checking in mirrors) and possibly negative social interactions [4,6,7]. Adjustment to an altered appearance begins in hospital and viewing wounds for the first time has been identified as critical to this process [4].

Research suggests that mirrors have therapeutic value when used as part of cognitive behavioural interventions for body image problems [7–9]. Anecdotally, exposure to acute burns and scarring using mirrors can be useful in helping patients become less distressed about their altered appearance. This suggests that mirrors may be an important part of burn care and warrant further investigation.

The presence of mirrors in healthcare settings is often limited [10]. Indeed, the affiliated burns service does not have mirrors in patients' rooms or ward areas. Mirrors are present in some bathroom/toilet areas and hand-held mirrors are

* *Corresponding author*. Tel.: +44 1159 691169.
E-mail address: Laura.Shepherd@nuh.nhs.uk (L. Shepherd).
0305-4179/$36.00
doi:10.1016/j.burns.2011.04.016

available upon request or if nurses feel they would be useful for patients. Such a lack of mirrors may be due to certain myths including, 'people who are sick or dying do not want to look in mirrors' and, 'patients who want to look in a mirror will ask for a mirror' [10]. It may also be due to historical reasons and healthcare professionals' anxiety about patients' reactions to altered appearance.

There is also little research in relation to the presence of mirrors in healthcare settings [11]. Only one study has explored how and when burns patients view their injuries for the first time [12]. However, this study explored nurses' (rather than patients') experiences. Nurses believed that they were most frequently with the patient when they viewed their injuries for the first time. They reported using patients' verbal and non-verbal cues to determine when it was appropriate for them to view their injuries and that exposure was not usually a planned event.

Patients' opinions about whether mirrors should be available in burns inpatient services are unknown. There is also a lack of research exploring the experiences of burns patients in relation to mirrors in services. Furthermore, knowledge about current practice in relation to the presence and use of mirrors in other United Kingdom (UK) burns services is limited. As such, protocols to aid designing services and help healthcare staff in using mirrors to help patients view their injuries are absent [10].

The aim of this audit was to explore patients' experiences of and opinions concerning the presence of mirrors in a UK burns service. A secondary aim was to establish current practice in relation to the presence and use of mirrors in other UK burns inpatient services.

2. Method

2.1. Participants

Sixty (40 males, 20 females) consecutively discharged patients over the age of 18 years from a burns service in the UK participated. The mean age of patients was 48 years (range 18–85 years). Most patients were White British ($n = 53$, 88%), five (8%) were Asian/British Asian and one (2%) was Black/Black British in origin. One (2%) patient did not wish to disclose their ethnic group. Face, head and neck burns were reported by 33% ($n = 20$) of patients and 67% ($n = 40$) reported burns to other areas of their body. The mean total body surface area (TBSA) of patients' burns was 6% (range 0.25–50%). Thirty-eight percent ($n = 23$) of burns were superficial, 33% ($n = 20$) were partial thickness and 25% ($n = 15$) were full thickness. Burn depth information for two patients was unavailable. Thirty-seven percent ($n = 22$) of patients' burns were caused by flame/fire, 22% ($n = 13$) were scalds, 12% ($n = 7$) through contact, 10% ($n = 6$) by chemicals, 7% ($n = 4$) by friction, 7% ($n = 4$) were electrical, 5% ($n = 3$) by explosions and 2% ($n = 1$) through radiation.

2.2. Sample of UK burns services

To establish current practice with regard to the presence and use of mirrors in UK adult burns inpatient services, 18 burns services completed a telephone survey. This included the affiliated burns service and represented 100% of all adult burns inpatient services in the UK.

2.3. Measures

2.3.1. Patient questionnaire

A postal questionnaire was developed to explore patients' experiences of their admission to the burns service in relation to exposure to mirrors and associated nursing practice. It also investigated patients' opinions concerning the presence of mirrors in the burns service. The questionnaire contained mainly closed questions with forced-choice responses. Opinions were gained using Likert scales from 'strongly agree' to 'strongly disagree.'

2.3.2. Telephone survey

This was generated to explore current practice in other UK adult burns inpatient services, including the affiliated service. It gathered information about the location and size of any mirrors in services, whether these were concealable, and aspects of nursing practice. This included whether patients were made aware of the location of any mirrors in the service upon admission, whether it was ensured that patients viewed their injuries in a mirror before discharge and which healthcare professionals were most commonly involved in helping patients view their burns in mirrors for the first time. The survey also asked whether formal protocols existed for helping patients view their burns.

2.4. Procedure

The study was approved as a Patient Satisfaction Audit by the affiliated National Health Service Trust.

2.4.1. Patient questionnaire

This was piloted on two patients and then posted to the 200 most recently discharged adult patients (>18 years old). Patients were excluded if they had been admitted for reasons other than burns, had no known address, or were identified as deceased. Included patients were sent a questionnaire by post. Patients were made aware that their participation was optional, confidential and would not affect their current or future clinical care. The response rate was 30%.

2.4.2. Telephone survey

The survey was completed by the service manager or a senior nurse from each burns service.

2.5. Data analysis

Descriptive statistics were mostly used. To explore within-group differences, independent *t*-tests and Pearson product-moment correlation coefficients were used for parametric data. Chi-square tests were used to analyse non-parametric data, with Fisher's exact tests being used when assumptions were not met.

3. Results

The results from the patient questionnaire are presented first, followed by the findings from the telephone survey.