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# Dressing changes in a burns unit for children under the age of five: A qualitative study of mothers' experiences

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## ABSTRACT

This study aimed to investigate the experiences of mothers who had attended their child's burn dressing changes. Participants were recruited from a burns unit based within a children's hospital. Face-to-face interviews were conducted with five mothers of children under the age of five who had undergone a series of dressing changes taking place on the burns unit. The interview guide explored parents' experience of initial and subsequent dressing changes. Participants were prompted to explore their expectations, thoughts, feelings and behaviours associated with these experiences. The interviews were recorded and transcribed verbatim. Transcripts were analysed using interpretative phenomenological analysis. The analysis identified four themes: 'needing to fulfil the responsibilities associated with being a mother'; 'emotional synchrony between mother and child'; 'being informed and knowing what to expect'; and 'the importance of establishing rapport with nurses performing dressing changes'. Findings from this research can inform services to help optimise mothers' experiences of dressing changes in this stage of pediatric burn care.

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Research findings suggest that sustaining a burn can have a negative impact on the pediatric patient's psycho-social functioning and is related to a higher incidence of short-term anxiety, stress, behavioural problems (Bakker et al. [1]) and posttraumatic stress disorder (PTSD) (Landolt et al. [2]). Alongside this, the emotional and psychological impact of burn on the child's parents/caregivers is also evident with a high risk of PTSD occurring in this population during the months shortly after their child's burn (Hall et al. [3]) and in later years (Bakker et al. [4]).

In the United Kingdom (where the present research takes place), recommendations made within the burn care strategy of the British Burns Association (BBA) [5] highlight the

importance of addressing the psycho-social needs of patients, their families and/or caregivers undergoing or being present during burn care procedures. This recommendation is aimed at minimising the challenges presented in completing dressing changes, but, as argued by Verity [6], is also important for reducing the long term psycho-social sequelae of burn trauma on the whole family.

Wiechman and Patterson [7] note that the treatment of burns involves three phases: acute, healing and recovery. Procedures used within these three phases of care; such as debridement, dressing changes and physiotherapy, can be intensely painful for patients and subsequently difficult for staff to manage (Summer et al. [8]), particularly with pediatric

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patients (Gandhi et al. [9]). Children describe many negative experiences associated with dressing changes, such as the pain experienced during dressing changes, the distress at witnessing such procedures, the shock of seeing the burn wound and ongoing worry about future dressing changes (McGarry et al. [10]). Younger children, who make up the majority of pediatric burn patients, are less developmentally equipped to communicate their distress in relation to painful experiences and may display anticipatory anxiety to future procedures (Lander and Fowler-Kerry [11]).

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## 1. Maternal parents and burn care for children

Distress in response to pediatric burn care is not only experienced by the patient, but also by parents/caregivers – most usually the mother – attending procedures. For example, Stoddard et al. [12] found that pain displayed by children on a burns unit was positively associated with parents' acute stress symptoms. Similarly, Kent et al. [13] found that mothers of children with pediatric burns scored higher on the Hospital Anxiety and Depression Scale than mothers in control groups (for example, mothers of children with a fracture). The study also found that mothers were more at risk for psychological difficulties following the burn than their children.

Stoddard et al. [14] draw attention to the importance of parental involvement and emotional attunement to manage the child's stress in the delivery of burn care but caution about the challenges to this once the parent becomes distressed themselves. Further research has pointed to some of the potential benefits and drawbacks in regards to parents being present during pediatric medical treatment procedures. For example, Piira et al.'s [15] systematic review found that parents themselves benefited from being present during medical procedures in terms of their own improved levels of distress and satisfaction. However, Foertsch et al. [16] found that parents' presence during their child's burn debridement was associated with higher levels of behavioural distress in the pediatric sample. In contrast, George and Hancock [17] found that parental participation in pediatric burn care helped reduce their child's pain during burn care procedure and increased their own ability to cope.

Smith et al. [18] used a questionnaire study to investigate parents' perceptions before, during and after dressing changes and found that 78% of parents reported that seeing their child in distress was the most difficult part of the dressing change. Parents stated that better explanation and more information about dressing changes could have helped alleviate the distress they experienced.

McGarry et al. [19] conducted face-to-face interviews with 14 mothers and 7 fathers of children who had been admitted to hospital following a burn and analysed the data for emergent themes. They found that parents described their experiences of watching dressing changes as "horrible" and "horrific" and described being present as something they would regrettably "never forget". Additionally, parents described feelings of guilt whilst watching their child's displays of distress during dressing changes.

Research suggests that the majority of parents wish to be present during their child's painful medical procedures [20],

therefore the exploration of their experiences in relation to burns dressing changes is of importance. As Kent et al. [13] note, it is most often the mother, as primary caregiver, who attends with their child for pediatric burn care procedures. For this reason the present study is concerned with mothers. Given that the majority of pediatric burns are experienced by children under the age of five years old, further investigation in relation to parents of this population would be appropriate. Only a limited amount of qualitative data has been generated on this topic area and this has focused more generally on the whole journey of burns care. None of these qualitative studies has focused solely on mothers' experiences of dressing changes. Therefore, the opportunity to conduct a qualitative study to address this gap in the research was presented, the results of which would be useful to increase understanding of how mothers experience this phase of their child's burn care.

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## 2. Method

### 2.1. Design

Ethical approval was received from the National Research Ethics Service committee (NRES) and the Research and Development department (R&D) of the hospital in which participants were recruited from.

A qualitative approach was taken to data collection and analysis. Semi-structured, one-to-one interviews were used to obtain detailed accounts of participants' lived experiences and interpretative phenomenological analysis (IPA) was used to analyse the data (Smith et al. [21,22]; Smith [23]). IPA is an inductive, qualitative methodology which aims to capture the complexity of individuals' experiences and make transparent the manner in which they make sense of that experience. Purposive sampling is used to recruit a small yet well-defined group of individuals who have particular characteristics that makes the research question salient for them. IPA involves the painstaking, fine-grained analysis of individual cases followed by an examination of areas of commonality and divergence for a group of participants with shared experience of the phenomenon under study. Research outputs range from single case studies to the more typical kind of IPA studies involving small numbers (typically three-ten) of participants.

### 2.2. Sampling and participants

Mothers of children who had been admitted to a specialist burns unit based within a children's hospital in the UK were recruited to the study. In 2012, 76% of the admissions to this burns unit were children under the age of five years old. The majority of pediatric patients admitted to this service had burns less than 30% of total body surface area (TBSA); and 85% of burns were caused by scalds and contact burns.

IPA involves purposive sampling of a small, homogenous group who share experiences of which the researcher is investigating (Smith et al. [21,22]; Smith [23]). Therefore inclusion criteria were implemented with the aim of keeping the sample as homogeneous as possible. To ensure participants were recounting experiences retrospectively but also had a clear enough memory to report their experiences in

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