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The experience of scar management for adults with burns: An interpretative phenomenological analysis



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ABSTRACT

Burns can have both physical and psychological effects on individuals. Pressure garments and silicone gels are used to improve the aesthetic appearance and functions of the skin, but these treatments have been associated with various physical, emotional, sexual and social difficulties. Interpretative phenomenological analysis (IPA) was used to explore participants' experiences of scar management. IPA examines individual experiences before comparing results across cases, and is suited to capture the different ways in which individuals experience a phenomena as well as cautiously looking at patterns across cases. Eight burn patients who had experienced scar management, including pressure garments, were interviewed. Two superordinate themes were identified: Assimilation of Pressure Garment Identity, and Psychosocial Functions of the Pressure Garments. The findings offered insight into the positive and negative experiences of scar management, describing the diverse personal and social functions of the pressure garments and how they became integrated into participants' identities. By understanding the individual nature of these experiences, healthcare professionals can enhance support around these issues and potentially aid adherence to treatment. Further research with different demographic groups as well as for other burn treatments would be useful to develop and contextualise these findings.

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1. Introduction

Each year across England and Wales, around 3000–4000 adults are admitted to specialist burn services [1], where they are subsequently faced with numerous physical, social and psychological challenges in and beyond hospitalisation. Once

healed, burn scarring can create difficulties with mobility, contractures, sensitivity and itching [2,3] and psychosocial difficulties may also arise as a result of physical changes to the skin. Socially, burn patients may experience staring and pointing by others [4] and the impact of looking different on interactions with others has been well documented [5,6]. Psychologically, burn patients may feel their bodies are

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Abbreviations: PG, pressure garment; IPA, interpretative phenomenological analysis; OT, occupational therapist; TBSA, total body surface area.

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shameful, distressing, unfamiliar, vulnerable and restricted and there is a significant amount of research exploring how burn patients experience and adjust to these bodily changes following injury [7–9]. There may also be deeper psychological issues surrounding burn scarring when considered from a psychodynamic perspective. Theoretically, skin may be considered as a boundary, which protects, unites and distinguishes an individual [10,11]. Bick's [12] seminal paper described skin as the first containing object for the infant, providing both a concrete and metaphorical role as a container for the identity. Gilboa [10] argued that by breaching the skin, a burn can be experienced as an invasion, leading to feelings of disintegration and existential fear. Therefore, there may be existential issues that arise as a consequence of being burnt. Scar management to minimise any psychosocial impact and manage aesthetic and functional difficulties of scars is therefore important.

In the first six months, scars are most metabolically active, before going through a process of maturation where they usually flatten and soften to some degree [13]. In 32–72% of burn patients, hypertrophic scars will develop [14], appearing as red, raised and hardened skin. Scars can take up to two years to mature [15] and it is vital to apply treatments within and often for the duration of this period. Although there is no universally effective method for preventing or managing abnormal scarring [16], there is evidence for the use of silicone gels [16,17] and some, often anecdotal, evidence that pressure garments (PGs) soften and flatten scars [18]. These treatments are usually prescribed for 23 h each day for up to two years to correspond with the time taken for scars to mature, although the research literature suggests that adherence to wearing PGs as prescribed can be limited [19,20]. This is because it may be presumed that there are challenges that patients experience that affect adherence. Indeed, it has been found that adherence to PGs may be influenced by a range of physical and psychosocial issues with the treatment, including perceived body temperature in the PGs [19], knowledge and understanding of treatment [21,22], social support [23] and skin problems such as tenderness, necrosis, rash and blisters [23]. One study in South Africa further demonstrated a disparity between 23 adult patients and 10 occupational therapists regarding the perceived severity and significance of these difficulties [23], which suggests a possible gap in awareness of health professionals in how patients experience treatment with PGs.

Given the importance of PGs in scar management due to the need to preserve function and minimise psychosocial impact, alongside the potential challenges to treatment adherence due to the demands PGs place on patients (e.g. the number of hours per day and time period over which they are required [19,20]), it is surprising that there is a dearth of qualitative research exploring the experiences of scar management in adults following burns. Indeed, only two published papers could be found at the time of writing [24,25], neither of which were conducted in the UK. Firstly, Ripper et al. [24] conducted a qualitative study using content analysis with 21 participants recruited in Germany (13 male; mean age = 42 years). Exploring the problems and benefits associated with PGs, patients reported issues around sweating, numbness, discomfort and skin irritation. This study demonstrated some psychosocial

experiences of scar management. For example, patients feared and experienced negative reactions from others as a result of wearing PGs. In contrast, some patients felt the garments were protective, improved mobility, or were considered to be a 'second skin' [p. 661]. However, these concepts were not elaborated upon, limiting the scope for considering clinical implications. Although this paper described the impact of scar management, the explicit focus on the problems and benefits of PGs may have excluded insights into broader experiences of the treatment. Furthermore, the authors used content analysis to categorise these issues which may have been at the cost of understanding the experiential nature and lived experience of these problems.

The second study by Connell et al. [25] was conducted in Australia and was specifically focused on sexual and social activities using a qualitative phenomenological approach. Five females were interviewed (mean age = 23 years). Patients indicated that PGs had a negative effect on their self-esteem and quality of life. The PGs were also felt to inhibit the women's expression of femininity, due to the dissatisfying appearance of the garment and the inflexibility with clothing. Although these two studies provided some insight into specific dimensions of personal and social experiences, there remains a need to understand these within the broader context of scar management.

Overall, the current body of literature on the lived experience of PGs is lacking and has only explored specific challenges associated with scar management and how these may impact on adherence to wearing the PGs. In addition, these studies are scarce and there remains a need to understand holistically patients' experiences of scar management to inform how to give better support to patients who are asked to adhere to a difficult treatment regimen. Due to the dearth of qualitative research in this area, it was considered important to maintain a broad interest in the lived experience of burn patients. The current study therefore aimed to address this gap in the literature.

2. Method

2.1. Design

IPA was used due to its focus on phenomenology, idiography and hermeneutics. IPA is concerned with how individuals make sense of their experiences, and the subsequent interpretations of the researcher. This method is particularly useful for topics of research which are subjective, contextual and under-studied [26]. Using IPA offers insight into individual lived experience, and enables an understanding of the diverse ways in which people may experience a common phenomenon as well as considering any similarities across cases.

A purposive sample of adults who were currently undergoing or had recently completed scar management was accessed through a UK burns service. Scar management typically commenced two to six weeks following a burn and all participants had been using PG(s) and, unless contraindicated, silicone gel. Although the study aimed for a homogenous sample with regards to scar management, not all factors could be controlled for due to the inherent variability in size, location

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