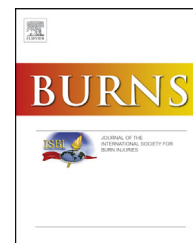


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Recovery of lost face of burn patients, perceived changes, and coping strategies in the rehabilitation stage

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ABSTRACT

Background: Although burn is a highly traumatic experience, little has been reported on the perception of the individual burn patient in the Chinese cultural context. For developing more culturally sensitive rehabilitation strategies for burn survivors, the present study was conducted to elucidate their perceived changes and to construct a theoretical model of their subjective experience and coping strategies.

Methods: Data were collected from a burn center in China in 2013. Fifteen patients recruited via a theoretical sampling method participated in semi-structured, face-to-face interviews. The grounded theory approach was used to analyze the data.

Results: Six response categories were generated from the data, and the correlations between the categories were identified to form a paradigm model. The basic elements of the paradigm model were “unexpected body suffering,” “losing face,” “constructing a new identity,” “perceived social rejection,” “self-exploratory coping,” and “striving to regain their own life.”

Conclusion: The findings of the present study suggested that burn survivors encountered such challenges as “unexpected suffering,” “culture-related stigma,” “perceived social rejection,” and “constructing a new identity.” Limited and inappropriate coping strategies may hinder the effective rehabilitation of burn survivors. In addition, burns must be understood in the social-cultural context to develop effective coping strategies for reintegration into society.

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1. Introduction

A very traumatic experience, burn not only causes pain, disability, and body changes but also disrupts the social-emotional life of survivors. Scar formation leads to dissatisfaction, physical dysfunction, and psychosocial implications for the patients [1–3]. Burn survivors need long-term comprehensive care to improve their physical health, quality of life, psychological well-being, and work-related competence [3–5].

Despite the lack of systematic epidemiological research on burns on a national scale in China until now, the data from the selected major burn centers indicated a higher incidence of burns in China than in developed countries [6,7]. Patients with severe burns of lower educational status and lower income were more likely to suffer from physical, social, and psychological impairments [8]. Chinese clinicians have recognized the importance of both physical and psychosocial rehabilitation, thus providing holistic biopsychosocial support to burn patients reintegrating into society [3,9–11]. Recently, the subjective experiences and coping strategies of survivors of severe burns have been increasingly studied through qualitative research [12–16]. It was found that burn patients struggle to cope and adjust, in addition to facing severe trauma, painful treatments, and personal losses [17].

Coping strategies play an important role in the psychosocial adaptations of burn patients. These include returning to normalcy, mediating and predicting post-traumatic stress disorder (PTSD), and managing depression after burn [18]. Negative or maladaptive coping strategies (e.g., avoidant coping) have been found to be related to “poor outcomes” [19,20], whereas positive or adaptive coping styles (e.g., emotional support and self-acceptance) relate not only to improved well-being [10,21,22] but also to posttraumatic growth [23,24].

Although these studies provided insight into the experiences of burn survivors, most were performed in countries that emphasize the individual over the collective, with the former striving for independence over the latter [25,26]. As independent self-construals [25] can influence and even determine, in many cases, the very nature of individual experiences, including cognition, emotion, and motivation, the differences in burn experiences across different cultures are both theoretically and practically important. Therefore, it is necessary to investigate the changes in emotions, cognitions, and behaviors of burn patients in an interdependent culture with every member having his or her special place in society. The present study not only investigated the perceived changes and coping strategies of burn patients living in China but also developed a theoretical framework for the same to provide useful suggestions for the recovery and rehabilitation of burn survivors.

2. Method

2.1. Design

This study was conducted at the largest medical burn center of the provinces, and it was approved by the Clinical Ethical

Committee of Xijing Hospital, Fourth Military Medical University, Xi'an, China.

The potential interviewees were informed of the aims and method of this study in an invitation letter, who then signed the informed consent form for participation in this research. All study participants were assured of confidentiality and anonymity. The grounded theory approach [27,28] was used to guide the interview process, data collection, and analysis, and subsequently to propose a substantive theory on the perceived changes of burn survivors.

2.2. Participants

The severity of the burn has been identified as a primary indicator of poor adjustment and quality of life [18,29]. Burn survivors ($N = 15$) at 1–70 months (average 13 months) from the burn incident, with an average of 36.9% (4–75%) total body surface area (TBSA), were enrolled in this study. All participants were outpatients, some of whom visited the hospital for daily physical rehabilitation therapy and others for regular checkups. Our sampling strategy evolved into a theoretically driven process, after the initial interview, with participants being identified by personal attributes, additional incidents, events, and activities. Two plastic surgeons were responsible for selecting eligible participants based on the inclusion criteria. Eligible participants included burn survivors (a) with the mental capacity for recalling the burn incident; (b) with a burn that had an adverse impact on their lives, functions, or appearances; and (c) who recovered from the burn and received rehabilitation treatments in the outpatient clinic. Mentally incapacitated patients whose impairment affected their ability to interact with the researcher effectively or recall their experiences validly were excluded. In order to enhance the theoretical saturation of the categories and to identify the common characteristics across different patients, participants with different burn etiologies, psychosocial/cultural backgrounds, and rehabilitation trajectories were intentionally recruited with no restriction on age and gender. We stopped recruiting participants when interviews revealed no new information, which indicates saturation of data. The demographics of participants are shown in Table 1.

2.3. Data collection

First, open, semi-structured, in-depth interviews were conducted in a separate, quiet, and safe room. The interviews lasted about 30–80 min; each patient was again informed orally of the aim and method of the study before answering the following questions: 1. What happened in your life after the burn accident? 2. How did you cope with these difficulties? 3. Was there any perceived change during this period? The interview was followed by additional questions to extract detailed information as well as iterative, rephrased questions on issues previously raised by participants. These probing questions were asked after the more general, open-ended questions. For example, the interviewer endeavored to follow up immediately with a specific probe question, such as “please tell me more about that [...]”. New questions were framed after categories emerged during concurrent data analysis. All conversations were recorded on a digital voice recorder first

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