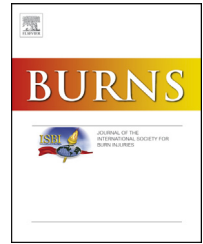


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# Social participation, social support, and body image in the first year of rehabilitation in burn survivors: A longitudinal, three-wave cross-lagged panel analysis using structural equation modeling

Fardin Ajoudani<sup>a,\*</sup>, Madineh Jasemi<sup>a</sup>, Mojgan Lotfi<sup>b</sup>

<sup>a</sup> School of Nursing and Midwifery, Urmia University of Medical Sciences, Urmia, Iran

<sup>b</sup> School of Nursing, Tabriz University of Medical Sciences, Tabriz, Iran

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## ABSTRACT

**Introduction:** Psychosocial outcomes of burn survivors in the first year of rehabilitation are not well studied. Considering the interrelationships among psychosocial processes in burn survivors, we assessed three psychosocial variables (i.e., social support, social participation, and body image) simultaneously in a longitudinal study.

**Aims:** This study aimed at identifying the developmental trajectory of the main study variables and also discovering the causal pathways between social support, body image, and social participation of burn survivors in the first year of rehabilitation.

**Methods:** One hundred individuals were enrolled in the study. The analysis was based on three waves of data collected at the time of discharge, 6 months after discharge, and 12 months after discharge. We used MSPSS, SWAP, and the p-scale for measuring the variables social support, body image, and social participation, respectively. A repeated-measures analysis of variance (ANOVA) was performed to identify the major differences in the mean levels of the main study variables across the three evaluation times. A structural equation modeling (SEM) approach was implemented in four hypothesized cross-lagged models (M1, M2, M3, and M4) to evaluate the bidirectional relationships among the main variables. All hypothesized models were tested, and their goodness-of-fit indexes were compared to identify the best fitting model.

**Results:** All three main variables worsen during the first six months after burn and then do not return to their earlier level. The M4 (final model) chosen to represent the data showed the best goodness-of-fit indexes ( $\chi^2(9)=51.76$ ,  $p<.01$ , RMSEA=0.060, IFI=0.97, and CFI=0.98) among all hypothesized models. The effect of social participation on body image, and vice versa, seems to be relatively constant and steady. Social support at the time of discharge predicted social participation at 12 months after burn, with the relationship mediated by body image at 6 months after burn.

**Conclusion:** Our study findings suggest that persistent care should be provided for burn survivors even after discharge.

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\* Corresponding author at: Faculty of Nursing and Midwifery, Nazloo Highway, Urmia, West Azerbaijan Province, Iran.  
E-mail address: [fardin.ajoudani@yahoo.com](mailto:fardin.ajoudani@yahoo.com) (F. Ajoudani).

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## 1. Introduction

Burns are the second leading cause of death after motor vehicle accidents. Annually, more than 11 million people worldwide undergo burns that require treatment interventions such as hospitalization and 300 thousand people die of fire-related burn injuries [1].

In recent decades, there has been a dramatic improvement in the treatment and quality of care for patients with burn [2]. As a result, the focus of burn research has shifted from acute care protocols and primary cares to rehabilitation and psychosocial issues [3]. Medical and surgical treatments in the acute phase are commonly studied, whereas psychological and social outcomes are to some extent less commonly studied in burn survivors.

Burn injury survivors confront with enormous psychosocial complications such as dissatisfaction with appearance, interpersonal relations, and social interactions [4,5]. The accurate recognition of psychosocial issues in burn survivors allows the design of appropriate rehabilitation measures. Considering the interaction between social and psychological recovery processes in burn survivors, none of process can truly be explained in separation from the other. This longitudinal research focused on three variables that are highly important during the rehabilitation period of survivors with burn injuries:

### 1.1. Social participation

Burn survivors, in addition to many physical and mental difficulties, face psychosocial complications such as “impaired social functioning.” [6]. The International Classification of Functioning, Disability and Health (ICF) has classified the problems at the level of body and mind as “disorder,” the problems at the level of activities as “activity limitations,” and the problems experienced by individuals in life situations as “participation limitations.” Any problem in one of these areas is known as “disability” [7]. The ICF defines social participation as participation in life situations. In most cases, limitations in daily activities and social participation are more important for an injured individual than his physical disorder [8]. There is a close and direct relationship between social participation and self-confidence, life satisfaction, and mental health [9]. The diseases or injuries that cause a person to be distinguished from other people and stigmatize him create a limitation in the social participation of the individual. In other words, make him “disabled” [10]. As burn survivors experience a change in their appearance and feel that they are different from others, they become socially isolated and their social function reduces [11].

There are concepts in literature on the rehabilitation of burn survivors, which are almost synonymous with the concept of social participation. These include social integration [12], community integration [13], and social reintegration. Chondronikola et al. found that young adult burn survivors had mild difficulty in participating in society and getting along with others [14]. Esselman et al. showed that community integration in burn survivors is lower than that of ordinary people. They also found burn survivors to be more involved in social activities than patients with traumatic brain injury [15]. In another study, Grieve et al. showed that burn survivors who

reported peer support attendance had better social reintegration scores than those who did not. They used the Life Impact Burn Recovery Evaluation (LIBRE) questionnaire to measure the level of social reintegration of the samples [16].

### 1.2. Body image

Body image is a multidimensional concept that depends on the individual's perceptions of his appearance and his satisfaction with it [17]. The emergence of postburn hypertrophic scars is the main cause of dissatisfaction with appearance among burn survivors. After the occurrence of burns, the incompatibility between the ideal appearance of an individual and his real appearance may cause dissatisfaction with appearance [18]. Studies have revealed that dissatisfaction with appearance may result in the inability of individuals to cope with their lives after a burn injury and the dissatisfaction is accompanied by increased emotional problems, decreased quality of life, and increased symptoms of depression in them [19]. Factors such as severity of injury, femininity, and the importance of appearance are the predictors of the severity of dissatisfaction with appearance among burn survivors [20]. There is a clear direct and causal relationship between satisfaction with appearance and social participation in literature [21–23].

### 1.3. Perceived social support

Literature defines perceived social support as a “relationship transaction” intended to improve the well-being of the receiver [24]. It is a multidimensional concept with a variety of emotional, informational, and instrumental forms and encompasses love, acceptance, and respect for an individual [25]. Providing a tangible help and/or a service is also referred to as an “instrumental support,” and providing information and awareness to individuals at the time of physical and emotional distress is called “informational support” [24]. Perception of social support in patients can be effective in promoting their adaptive behaviors and providing appropriate environmental support for them [26]. Social support has a direct impact on individuals' physical health [27]. Those with high social support are less vulnerable to illness [28]. It is believed that social support protects an individual from the destructive effects of stress through three possible mechanisms: elimination of a stressor, change in the meaning of stressor for the individual, or the promotion of emotional responses to stress. The therapeutic effect of social support is called “buffer effect” [29]. Social support is among the most prominent and modifiable predictors of maladjustment after burn [30]. Studies show that high perceived social support is directly related to satisfaction with appearance, self-esteem, and life satisfaction [31,32]. There is a clear direct and causal relationship between social support and social participation and physical activity in nonburn literature [33].

### 1.4. Rationale

As noted, valuable research has been conducted to comprehend three important concepts such as social participation, satisfaction with appearance, and social support in the the rehabilitation period of burn survivors. To the best of our

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