Severe Burn Injury Patients’ ‘Lived Experience’ of Peer Support in Rehabilitation

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Data analysis:

Table 1

Colaizzi’s six seven steps method of data analysis: 1. Read and reread all the participants’ verbatim transcripts of the phenomena in order to acquire a feeling for the data. 2. Significant statements or phrases are extracted from participants’ transcripts pertaining directly to the objectives of the research phenomena. 3. Formulated meanings are constructed from the significant statements or phrases. 4. Formulated meanings are arranged into themes. 5. Incorporation of the results into a rich and exhaustive description of the ‘lived experience’ of the phenomena. 6. Validation of the exhaustive description from those participating in the research. 7. Incorporation of any new or pertinent data obtained from participants’ validation, and adapted to attain congruence with the ‘lived experience’ of the participants’ investigated.

Results

The theme of peer support captured the essence of peer support during rehabilitation that emerged from the analysis of 21 interviews. The support of a burn survivor gave burn patients courage, inspiration, motivation and the hope as expressed by this participant:

[A burn survivor] coming in and talking, I think that made a big attitude change when I was in the hospital... So [the burn survivors] came to see me and he talked about his experience and what he'd been through and how is now today after six years - six years at that time when he came to see me after his accident. That gave me, even though I was in bed and unable to move and all that, but that gave me a lot of courage and inspiration, I can do it as well... able to one day get out of this and go about doing my work. P 19: L 141-152

One participant expressed the importance of a burn survivor peer support network that assists with psychosocial rehabilitation clearly missing during this participant’s rehabilitation:

Yeah um for me I felt it would have made the world of difference for me [talking to a burn survivor]. Um yeah I specifically would have I think [signs] yeah really appreciated that sort of contact. Um [pauses] especially now being involved with the foundation um with that clear support and I personally think is very, very important... personally I believe that it's [signs] monumentally important in someone’s rehabilitation or just general healing. Because I believe the mental side of the injury and impact I have in the healing process is as important as the physical. Um [signs] and that’s where I think possibly where we um may fall down a little bit in the system is I don’t think enough attention is paid to the mental healing and rehabilitation of patients. P 18: L 263-276

Participants indicated that the timing was an important aspect in receiving peer support:

They had people come and see me when I was still in hospital. I think maybe I would have been more receptive to them if I’d have seen them when I was at the rehabilitation centre. I’d probably be more open to talk about things whereas when I was in the burns unit I just shut off and I didn’t really want to talk about it. I suppose I had the attitude that I’ve got my own problems to sort out with, I don’t really need to know about yours as well, do you know what I mean [laughs]? P10: L 517-524

Of significance was the credibility that peer support engendered:

It’s having that association and the credibility factor that they look at you and you’re wearing the same scars that they are. P8: L 789-791

However, as expressed by one peer support burn survivor, the peer support experience can have a negative impact leaving one participant feeling cheated:

I actually got upset... I looked at this guy and he was down in the dumps... and I couldn’t help but think there’s not a lot wrong with you mate. Suck it up, you’re all right, that was my honest opinion... I thought it’d be easy. I thought you’d go in [laughs] and you’d say hey you’ll be right and you’d feel like the Red Cross. You’d come out feeling all warm and fuzzy. But it wasn’t, it wasn’t at all. It was the opposite and you felt cheated. I cries out and I thought well shit look at his face, he’s not burnt. How come my face is burnt? That was, it was hard. P14: L 425-437

Conclusion

Peer support is a valuable resource within burn rehabilitation. Peer support programs enable burn survivors to impart their personal experiences to those newly burnt during their rehabilitation in areas of social interaction, psychosocial adjustment, relationships, intimacy and quality of life issues. 3, 4 Although it has been common practice for many years for burn units to engage burn survivors to speak to newly burnt patients, a formal structured peer support program for burn survivors with adequately screened and trained participants is necessary. However, the timing and readiness of peer support is a critical aspect that warrants further investigation. Currently, the New South Wales Statewide Burn Injury Service is developing a burn peer support program for those admitted to an adult severe burn injury unit and rehabilitation centre within New South Wales

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We would like to thank the patients and assistants for their efforts and the University of Adelaide and the Royal North Shore Hospital. We also would like to thank Anne Darton, Di Elfleet, Sue Taggart, Hana Menezes, Stewart Harper, Sheila Kavanagh, Andrea McKittrick and Natalie Picton for their efforts and the University of Adelaide and the Royal North Shore Hospital.

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Background

There remains a paucity of literature on the effects of peer support for the adult burn population. Anecdotally, peer support for burn survivors has a positive impact providing hope and reassurance to those rehabilitating from a severe burn injury. 1, 2 Speaking to another burn survivor is often a key aspect in the rehabilitation of those with severe burn injuries. 3 It has been reported that an encounter with a burn survivor is a meaningful experience for new burn survivors demonstrating that there is life after a severe burn injury. 2 A burn survivors’ perspective can provide a support network to newly burnt patients and facilitate their psychosocial adjustment. 1, 4

Purpose

To explore the concept of peer support for adult burn survivors during rehabilitation from a severe burn injury.

Methods

A descriptive (Husserlian) phenomenological approach using Colaizzi’s method of data analysis (table 1) was utilised to explore patients’ ‘lived experience’ of rehabilitation after a severe burn injury. Ethics approval was granted by five ethics committees across four Australian States prior to the commencement of the study. 5 Twenty-one in-depth semi structured face to face interviews were conducted during March to October 2011. Data collection continued until data saturation had been achieved by no new information forthcoming. All interviews were digitally audio-recorded and transcribed verbatim.

Recruitment and Setting:

Participants were recruited from three severe burn injury units and one burn centre within Australia. Participants were interviewed at a mutually agreed time and place.

Participants:

Twenty-one adult burn survivors were selected via purposeful sampling. Inclusion criteria included those who had sustained a burn injury greater than 20% of their total body surface area and were transferred to a general rehabilitation unit for the duration of their rehabilitation. Self emolition burns were excluded from the study.

Conclusion

Peer support is a valuable resource within burn rehabilitation. Peer support programs enable burn survivors to impart their own personal experiences to those newly burnt during their rehabilitation in areas of social interaction, psychosocial adjustment, relationships, intimacy and quality of life issues. 3, 4 Although it has been common practice for many years for burn units to engage burn survivors to speak to newly burnt patients, a formal structured peer support program for burn survivors with adequately screened and trained participants is necessary. However, the timing and readiness of peer support is a critical aspect that warrants further investigation. Currently, the New South Wales Statewide Burn Injury Service is developing a burn peer support program for those admitted to an adult severe burn injury unit and rehabilitation centre within New South Wales

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