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Research Article

ANALYSIS OF LEVEL OF SATISFACTION OF BURN PATIENTS BEING MANAGED IN JINNAH HOSPITAL LAHORE

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Abstract:

Objective: to evaluate the post-trauma satisfaction of victims of burns with body image through Satisfaction With Appearance Scale (SWAP).

Method: this is a quantitative, descriptive study performed with 17 patients, burn victims, of a hospital complex. Data were collected through a sociodemographic and clinical questionnaire and SWAP instrument. The data were presented in tables.

Results: the score of the evaluation of satisfaction with body image through SWAP varies from zero to 84, corresponding to a high degree of satisfaction versus a high degree of dissatisfaction. The satisfaction of patients was also evaluated according to the depth and extent of the burn.

Conclusion: all victims of burns showed some dissatisfaction with body image, and the greater dissatisfaction occur with black men, aged from 30 to 59 years, with lesions of second and third degrees. The burns in upper and lower limbs represented the greater interference in the dissatisfaction with the self-image of these victims. Descriptors: Body Image; Burns; Health Evaluation, Injury and Lesion; Nursing; Quality of Life.

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INTRODUCTION:

The burn lesion represents not only a clinical emergency, but also triggering factors of serious physical and psychological impairments to the victim, affecting their coexistence with family and society; in addition, the permanent scars can lead to other physical sequelae, such as contractures, physiological changes, and, consequently, the deformity of body image, which are directly related to complications in the quality of life of those victims, whose routines change, even those relating to everyday chores.

[1-2] In a global context, the burns represents a serious problem. The World Health Organization estimates the corrence of approximately 265 thousand deaths from burns/year, and most of these cases occur in poor countries. Moreover, non-fatal burns are considered one of the main causes of morbidity, including prolonged hospitalization, disfigurement, disability, which often result in stigma and rejection.³In a society with pre-established aesthetic standards and that overrate beauty, the skin can be considered a “calling card”, which attracts critical and demanding looks; with this, an undamaged and healthy skin can be a facilitator in social, emotional, financial and sexual aspects. [4] However, a damaged skin causes loss of these aspects, causing suffering, pain and decline of self-image. [5] In turn, self-esteem is related to the physical appearance and how individuals recognize themselves, based on the influence of socially accepted standards; moreover, in this culture of high-valued physical appearance, this injury may negatively affect individuals, directly affecting the body image, and may even cause irreversible changes.[6] In this situation, it is important to assess the implications in the self-image of the victims of both genders, because, even though most victims are men, the scientific work often focus on the interference on women’s self-image. [7] In this sense, the search for understanding aspects that permeate the self-image of burn victims, as well as its relationship with the social, cultural and psychological contexts that surround the client affected by the trauma, allows designing the patient’s experience in relation to his/her satisfaction with the body image. This information allows understanding, more deeply, the process experienced by the patient, allowing the implementation of relevant interventions based on substantiated investigations that open paths for the provision of a Holistic and Humanized Nursing Care, as well as contributing to the broadening of studies in this science field. Thus, the guiding question is: “How is the body image of burn victims from a reference hospital in Northeast Brazil

affected?”. Therefore, the objective of this work is to assess the satisfaction with post-trauma body image through the Satisfaction With Appearance Scale (SWAP) validated for Brazilian Portuguese of burn victims attended to in a hospital emergency.

Objective:

To assess the satisfaction of burn victims with post-trauma body image through the Satisfaction With Appearance Scale (SWAP).

METHOD:

This is a quantitative, descriptive study, carried out at the Hospital Complex Monsignor Walfredo Gurgel, which is a reference in emergency care by the Unified Health System (UHS) in Natal, Rio Grande do Norte (RN). The assessment regarding satisfaction with body image occurred through the instrument Satisfaction With Appearance Scale (SWAP), composed by 14 sentences that can measure three elements of body image: social impact and discomfort (items one, two, three, 12, 13 and 14); subjective satisfaction of appearance with an emphasis on the characteristics of the upper parts of the body (items five, six, seven and 11) and the subjective satisfaction of appearance with an emphasis on upper and lower limbs of the body (items four, eight, nine and ten).⁸The responses varied on a scale of one through seven points for each item; thus, the instrument has as equivalent response and score: totally disagree=1; disagree=2; partially disagree=3; neutral=4; partially agree=5; agree=6 and completely agree=7. After obtaining the data, a point was subtracted from each item to fix items from zero to six, the values from four to 11 were inverted and, finally, they were all summed, with the result varying from zero to 84 points, and, the closer to the maximum, the greater dissatisfaction with body image. The sample consisted of 17 patients, burn victims, hospitalized in the Hospital Complex Monsignor Walfredo Gurgel for treatment during the data collection period, which occurred between January and July 2016. The inclusion criteria used to compose the sample were age greater than or equal to 18 years, conscious and consent to participate in the study, or having their participation authorized by parents/guardians by signing the Informed Consent Form (ICF). There was exclusion of patients who did not meet the inclusion criteria or who were emotionally and clinically unstable due to the trauma. Furthermore, some interviewees quit during the interview, but there were no losses. This research requested the authorization of the headship of the hospital complex where the study was performed through the signature of the consent and approval letter by the Research Ethics Committee of the Federal

University of Rio Grande do NorteThe collected data were organized in a spreadsheet of electronic data, and subsequently exported for the software SPSS 20.0. The information was analyzed, after its codification and tabulation, through descriptive statistics. In relation to sociodemographic data, among the 17 interviewees, 82.4% were male; 88.2% are black and 76.4% are from 30 to 59 years; in addition, 58.8% were single; 29.4% had complete secondary education and 35.3% were from Natal (RN). Regarding clinical

characteristics, 76.5% of the patients presented with only one degree of burn. There was prevalence of second-degree burns (52.9%), followed by third-degree (11.8%); among those who had more than one degree, there were the associations between first- and second-degrees (11.8%) and second- and third-degrees (11.8%). The extension of burned body surface area, calculated by the WallaceRule, was in the range from 0% to 10% (35.3%), 20% to 30% (23.5%) and above 40% (29.4%).

Table 1. Sociodemographic characteristics of burn patients

Sociodemographic Characteristics	Female n%	Male n%
Age		
18-29	1	1
30-59	2	11
>60	0	2
Education		
Primary	1	3
Middle	1	1
Matric	0	5
Intermediate	1	4
Bachelor	1	1
Cause Of Burn		
Domestic	1	6
Occupational	0	3
Road Traffic Accident	0	3
Fight	1	2
Self-Inflicted	1	0
Type		
Direct Flame	2	6
Chemical	0	3
Electrical	1	1
Scalded	0	2
Cooled Surface	0	2

Table 2. Gender, age group and burn depth in relation to the mean score of the Satisfaction With Appearance Scale (SWAP) of the studied sample (n=17). Natal (RN), Brazil, 2016.

Gender and Age group	≤ Mean (29.8pontos) n (%)	> Mean (29.8pontos) n (%)
Male between 18 and 29 years	1 (5.9)	0 (0.0)
Female between 18 and 29 years	1 (5.9)	0 (0.0)
Male between 30 and 59 years	6 (35.3)	5 (29.4)
Female between 30 and 59 years	1 (5.9)	1 (5.9)
Male over 60 years	1 (5.9)	1 (5.9)
Female over 60 years	0 (0.0)	0 (0.0)
Burn depth		
1 st degree	1 (5.9)	0 (0.0)
2 nd degree	4 (23.4)	5 (29.4)
3 rd degree	2 (11.8)	0 (0.0)
4 th degree	0 (0.0)	1 (5.9)
1 st and 2 nd degrees	2 (11.8)	0 (0.0)
2 nd and 3 rd degrees	1 (5.9)	1 (5.9)
Total	58.8%	41.2%

RESULTS:

The sociodemographic and clinical characterization of the sample was performed, as shown in table 1. The satisfaction with body image was calculated through the Satisfaction With Appearance Scale (SWAP), with a score range from zero to 84, corresponding to a high degree of satisfaction versus a high degree of dissatisfaction, respectively, presenting mean scores in 29.8 points and a standard deviation of 17.0 (Table 2). The satisfaction of patients was also assessed according to the burn depth: 29.4% of victims had a score above the mean and second-degree burns, 5.9% had fourth-degree burns and 5.9% showed association of burn depth of second and third degrees. In relation to the burn extension, 29.41% of the victims had more than 20% of the body burned and achieved a score above the mean, 23.52% had score below or equal to the mean and presented more than 20% of the body burned.

DISCUSSION:

The early identification of difficulties faced by people victims of burns during the rehabilitation process may allow the health team, especially the Nursing team, to plan care aiming at the best results. Therefore, essentially subjective manifestations can be translated into objective data, which, in turn, lead to concrete and effective care actions. [9]

In this study, there was a prevalence of men, corroborating other study carried out in Brazil with 687 burn victims, [9] in which 62.5% of hospitalized patients were male, with a mean age of 29 years. The

gender distribution can vary according to the research site, but most studies in Brazil reveal that burn incidents occur mainly in men, corroborating the data obtained in this study. [10] In relation to clinical aspects, the findings of this study differ from those found in the study conducted by Freitas et al. [11], which found a predominance of third-degree lesions in adults treated in a hospital in Sergipe, but are similar to data from a research carried out in the Burn Treatment Center of the General Hospital in Maceió, Alagoas (AL), which found prevalence of second-degree lesions.¹² Regarding the Total Burned Surface Area (TBSA), the results of this study reveal the prevalence of lesions of small burned body extension (up to 10% TBSA), different from a study conducted with patients admitted in the burn treatment unit of the General Hospital of Vila Penteadó, in São Paulo, in which there was prevalence of hospitalizations of patients with lesions with BBSA from 11% to 25%.¹³ The TBSA is a variable that can greatly influence the patient's outcome - the higher the TBSA, the greater the complications in body homeostasis, due to the imbalance of barrier against infections caused by impaired skin integrity, as well as by hydroelectrolytic and perfusion disorders caused by severe burns. [14] This research identified that the domicile concentrates most of the cases. The domestic environment is a great expositor of risks due to the presence of gas bottles, handling of fire and heated liquids for food preparation, in addition to the presence of cleaning chemicals. This evidence reinforces the need for prevention and social education plans against incidents in this environment. [15] Regarding the

etiological agent, direct-flame burns were the most frequent, corroborating the results of another study, [16] which performed the analysis of the epidemiological profile of individuals treated by the Physical Therapy in the Burn Treatment Unit of the Urgency Hospital of Sergipe, which also showed thermal burns as the main causal agent.

In relation to the satisfaction with body image, considering a mean of 29.8 points, approximately 41.2% had a degree of dissatisfaction, which, although variable, was more pronounced. There was a predominance of males in the age range from 30 to 59 years, which corroborates other study. [17]

Patients-victims of second-degree burns presented greater dissatisfaction, while those with fourth-degree and association between first- and second-degrees showed a lesser degree of dissatisfaction. Victims with burn extension greater than 20% presented a higherunsatisfactory index, since the percentage of burned area is high, which makes scars more apparent and, with an injured self-image, the patient develops the fear of disfigurement, which can be irreversible, family separation and non-acceptance when returning to the old routine. [18-19] Furthermore, the association of burns in more visible regions and changes in the way of dressing up may result from the perception of the scars of burn victims, influencing the social impact and discomfort, which can represent a greater need for psychological support from a multidisciplinary team, but also from the family, stimulating the resocialization and activities that allow the victim to overcome the feeling of inferiority, in addition to generating the search for self-esteem, in an attempt to consolidate a new beginning. [18-19]

As for the body image, most individuals were concerned with the change in the self-image; however, this concern is not focused only on self-perception, but also on the perception of other individuals about their appearance. Therefore, in order to soften the embarrassment and other's looks, changes in the attires represent a mechanism to hide the scars, which can highlight the difficulty in social interaction, self-acceptance and self-love. [19-20] Many patients have, in addition to the physical damage, psychological impairment, since the burn is an acute process capable of modifying the self-image and personal routine a situation that, due to its complexity, demands the performance of the psychologist with patients in the Burn Treatment Unit.²¹In this context, the patient's concern with the appearance of the scars begins from hospitalization, being the multidisciplinary team responsible for formulating and proposing strategies

that will prevent these future emotional changes. [19] Among the limitations and difficulties encountered in conducting this study, there are three major obstacles: the first obstacle refers to the sample of burned patients that participated in the research, which was small due to the hospital demand; other patients, for example, refused to participate in the study, in view of the psychobiological shaking in which they were immersed due to the trauma, and, finally, another important factor refers to the frequency of data collection, which occurred in a fixed day once a week, causing the loss of patients for the sample, whereas the prolonged interval between collections.

CONCLUSION:

Regarding the evaluation of the self-image through the SWAP instrument, all burn victims showed some dissatisfaction, with greater dissatisfaction in male victims, aged from 30 to 59 years, besides being more intense in victims of second-degree burn and with more than 20% of total burned surface area. The predominance of the male population dissatisfied with the self-image was due to the greater amount of men affected by burns. The indicators relating to social impact and discomfort, the subjective satisfaction of appearance with an emphasis on the characteristics of the upper parts of the body and the subjective satisfaction of appearance with an emphasis on upper and lower limbs represented the greater interference in the dissatisfaction with the self-image of these victims. Therefore, despite the limitations of the sample, it is important to know the profile of a burn victim to subsidize the identification of the main factors of complications that are not only physical. Moreover, the assessment of the satisfaction of the self-image of those victims allow understanding better the psychosocial consequences and, thus, providing a systematic and effective assistance, promoting an interaction with the victim and the family to an improvement in the quality of life and resocialization.

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