Effects of peer/support groups for burn patients’ perception of their overall recovery

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Effects of peer/support groups for burn patients’ perception of their overall recovery

Disciplines
Occupational Therapy

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Effects of peer/support groups for burn patients’ perception of their overall recovery

CLINICAL SCENARIO:

There are a significant number of patients that experience difficulties in regard to their burn injuries and the psychological, physical, and social consequences. The psychological problems reported most often include anxiety, depression, and Post Traumatic Stress Disorder. Scar appearance and contracture formation can lead to deformity and dysfunction, as well as physical changes of features, leading to social deprivation subsequently causing self-image problems. Functional impairments may decrease range of motion, reduced muscle force, an altered sensitivity, no acceptance when reintegrating into society and difficulty in coping with burn injuries may cause a reduction in quality of life. Researchers have found that psychological needs of burn patients are not being met, with psychological morbidity either remaining the same or increasing after three months post burn indicating that there is an importance of survivor groups/ support groups. Peer support appears essential in overcoming these complications. "Peer support, a type of social support that provides recipients with experiential sympathy, may decrease isolation, increase knowledge about the illness/condition, as well as provide coping strategies and a sense of hope" (Macvean, White, & Sanson-Fisher, 2008 as quoted in Bagder, K. and Royse, D., 2010).

Occupational therapy has a role in the facilitation of assistance in creating peer groups that follow a common approach/ structure in such a way that will lead to more satisfaction of those who participate in the group therapy experience. As well as assisting in the education of the client in regards to their care options and resources available.

FOCUSSED CLINICAL QUESTION:

What are the effects of peer/support groups for burn patients’ perception of their overall recovery?
SUMMARY of Search, ‘Best Evidence’ appraised, and Key Findings:

- 5 articles were selected for this paper to address the clinical question.
- The cross-sectional study done by Van Loey, N.E.E., Faber, A.W., & Taal, L.A. (2006) was the best of the five studies reviewed in this paper.
- The study focuses on several key aspects of burn care rather than specifically on one or a general topic within burn care.
- The study also has a large sample size, benefiting the ability to generalize among burn patients in the Netherlands.
- The study measured patient perceptions after inpatient care following a 12-24 months after discharge.
- Findings suggest a large number of patients would utilize a burn specific outpatient clinic.
- After a 24 month period, the findings suggest that severe psychological and physical problems are still reported even though 328 participants out of 429 sought help.
- The study also found that of the 429 participants only 155 were satisfied with the help that they received after discharge from the hospital setting.
- The study completed by Bagder, K. & Royse, D. (2010) found that the participants (N=30) reported having high value on the peer support they had received. More than 1/3 of those interviewed mentioned, specifically, that they felt less alone as a result of their contact with a peer supporter. While 85% of the survivors mentioned the sense of belonging, acceptance, comfort, and trust from speaking with another survivor.
- Chedekel, D.S. & Tolias, C.L. (2001) found that the Respondents (N=20) of their study reported the need for peer support groups and the guidance given through these groups during the full cycle of burn care, although the study was too small to generalize the results to all populations of burn survivors.
- Cooper, R. & Burnside,I. (1996) reported finding fifteen topics as identified by the participants of their study as key topics with a Spearman’s rank of +0.958 (P<0.01) indicating that the topics discussed were related to the topics that the participants deemed most important.
- Gaskell, S.L., Cooke, S., Lunke, M., O’Shaughnessy, J., Kazbekov, M., & Zajicek, R. (2006) evaluated children’s camps for burn survivors and report generic benefits such as adjustments to a burn injury and less feeling of isolation as reported by 104 participants. The study also found a significant overlap in the reports given by the children and their carers and no influence in regards to the camp location or the staff members involved.
CLINICAL BOTTOM LINE:

There is no specific program to deliver for outpatient burn therapy groups for this specific population. There is also no specification as to whom should deliver care or how (psychology base or activity based). Group therapy for this population has been deemed as a benefit for those who participate but not all wish to or perceive a need to participate. Many are dissatisfied with the current care being provided in general. Professionals are not providing the same service opportunities to each patient, as patients go to different professionals for after care, not knowing who to properly approach for assistance. The need for professionals to aide in the structure and provision of care for this particular population to create a common approach is a potential role for occupational therapists as there was no specification as to whether talk-based or activity based therapy was provided, but from the list, the majority of the care was medicine or psychological based.

Limitation of this CAT: The critically appraised paper has been prepared by a master’s of occupational therapy student, who is not an expert on the topic, as part of a university project. It has been reviewed by a faculty member, but has not been externally peer-reviewed.

SEARCH STRATEGY:

Terms used to guide Search Strategy:

- Patient/Client Group: Individuals who have experienced a burn requiring medical help and participated in rehabilitative therapy.
- Intervention (or Assessment): Peer/group support services; physical and psychosocial therapy.
- Comparison: None.
- Outcome(s): Successful reintegration into the community and satisfaction with services.
## Databases and sites searched

<table>
<thead>
<tr>
<th>Databases and sites searched</th>
<th>Search Terms</th>
<th>Limits Used</th>
<th>Number Found</th>
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<td>CINAHL 09/2010</td>
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<td>“Burn therapy AND Peer support”</td>
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<tr>
<td>Google scholar 11/2010</td>
<td>“Outpatient burn therapy groups’ satisfaction”</td>
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</table>

### INCLUSION and EXCLUSION CRITERIA

- **Inclusion:**
  - Studies that investigated the effectiveness/satisfaction of the intervention strategy of group therapy.
  - Emphasis on outpatient group/peer therapy effectiveness.
  - Psychosocial component rather than just physical care.
  - Studies that were written or translated to English.
  - Studies that included individuals above the age of five.
• Exclusion:
  • Papers published after 1990.
  • Inpatient physical/medicinal burn treatment.

RESULTS OF SEARCH

5 relevant studies were located and categorised as shown in Table 1 (based on Levels of Evidence, Centre for Evidence Based Medicine, 1998)

Table 1: Summary of Study Designs of Articles retrieved

<table>
<thead>
<tr>
<th>Study Design/Methodology of Articles Retrieved</th>
<th>Level</th>
<th>Number Located</th>
<th>Author (Year)</th>
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</table>

BEST EVIDENCE

The following study/paper was identified as the ‘best’ evidence and selected for critical appraisal.


Reasons for selecting this study were:

• This study answers the question as well as gives insight to specific needs.
• This study performed an analysis (by survey) of the benefits of a support group and the preference of this group as perceived by the participants of the group.
SUMMARY OF BEST EVIDENCE

Table 2: Description and appraisal of ‘Do burn patients need specific multidisciplinary outpatient; research results’ by Van Loey, N.E.E., Faber, A.W., & Taal, L.A. (2006).

Aim/Objective of the Study/Systematic Review: This study aimed to examine the multidisciplinary needs of burn patients in a specific outpatient clinic setting in regards to the psychological problems, the use of aftercare, as well as physical problems.

Study Design: This study follows a cross-sectional design using a survey given nationwide in order to generalize results more effectively while assessing different aspects of care for the burn patient.

Setting: The study was completed using 95 hospitals nationwide in the Netherlands with the participants completing the survey in the comfort of their own homes and being sent back to the Dutch Burns Foundation for processing.

Participants: 1523 patients were selected from the National Medical Surveillance files, which covers all Dutch hospitals, from the years of 1994 and 1995, 164 were impossible to locate bringing the sample to 1359. Of these, 429 adult (16+years old at discharge) ex-patients (12-24 months after discharge), whose main discharge diagnosis was a burn injury and was at a general hospital or a specific burn unit, returned the sent out questionnaire. No dropouts were reported.

Intervention Investigated: The intervention provided to the participants wasn’t clearly stated due to clients receiving different types of care that they preferred as aftercare from different sources. The types of intervention information were requested as part of the extensive survey questions. Questionnaires were collected after a sampling process and reasons for number of responses were considered. Participants come from 95 different hospitals and the researchers had to follow hospital protocol in retrieving the sample population.

Outcome Measures: Instruments used to gather data include The Impact of Event Scale (IES) (score above 26 indicates serious PTSD), the Cincinnati Stress Response Schedule by Green (22 items), and the SCL (SCL-Sleep) (three items) to measure current symptoms of PTSD and
psychopathology. These instruments were all scored on a five-point Likert scale, excluding the IES which is on a four-point Likert scale. Burn specific problems related to physical issues were measured using the Dutch version of the Revised Burn Specific Health Scale (abbreviated to 11 items) along self report of four related scar symptoms making all 15 of these items the Burn Specific Health Scale-Short Version-Scar-scale (BSHS-SV-S). These instruments were also scored on a five-point Likert scale. In order to gather information on the use of aftercare services, a questionnaire regarding which professionals were approached, how satisfying this help was, and whether the patients would use an outpatient clinic specific to burn patients if it was available.

In order to analyse the data that was received from the information given on the measures used the researchers did the following: frequency and percentages were calculated to describe data, Cronbach’s alpha was used for the three scales separately to ensure reliability, correlations made between scales to explore relationships, analysis with ‘varimax rotation’ was used; examining discriminant validity, and a univariate and multivariate logistic regression analyses were used.

**Main Findings:**

Of the 429 participants, 101 (23.5%) did not feel that they needed any aftercare or did not try to look for it. The other 76.5% (328) that were left reported seeking help after they were discharged from the hospital or unit. Of the 328 who tried to obtain help, 25% of them were satisfied with the care that they individually received. This group went to several different types of professionals; General Practitioners (GP) or their hospital of discharge was a number of 302 (92%), 57% consulted both, 86 (22.5%) went to a mental health professional (including self help/ outpatient psychiatric clinic, social worker, educationalist, psychologist, or public service mental health, and 8% of those who looked for assistance did so without consulting their GP of the hospital. The research found that 15% of those who tried to obtain assistance in aftercare were dissatisfied with the care received from their GP and 12% were dissatisfied with the assistance provided from the hospital their went to. Even with the dissatisfaction of the current care provided, 68% of the participants reported that they would be interested in using the services of a burn-specific outpatient clinic if there was one provided (including 56% of those who did not receive any aftercare, 65% of those who were satisfied with the assistance received, and 87% of those who were dissatisfied with their aftercare services. The 55 items were classified into three scales: the IES, the SCL (PTSD-SL), and the BSHS-SV-S. The Coefficient alpha calculated for the IES and the BSHS-SV-S was .92 and the Coefficient alpha for the SCL (PTSD-SL) was .98 indicating the reliability of the scales as being high. The Pearson correlations found a significant relationship
between the three scales indicating that there was interdependence for problems psychological in nature and are related to the physical problems reported.

**Original Authors’ Conclusions:**
The original authors concluded that the findings from their study suggest that a large number of burn patients would utilize a specific outpatient clinic designed for their particular aftercare needs. Severe psychological and physical problems are still being reported between 12-24 months after discharge even though three out of four patients sought help for their needs. The authors also conclude that approximately one fourth of all the participants who sought assistance were dissatisfied with the aftercare services that they actually received. The idea that visiting a doctor that doesn't specifically meet the needs of the patient may partially explain the amount of dissatisfied patients. One to two years after the burn injury, 68% of all participants expressed interest in a burn-specific outpatient clinic if it was available. No link between satisfaction of care and the expressed need for an outpatient clinic were found, which the authors expressed as surprising due to an expected link between people who are dissatisfied as the ones more likely to request a specific outpatient service.

**Critical Appraisal:**

**Validity**
- The completion of the survey given was voluntary therefore the participant consented to complete the form. Being voluntary, the type of participant to complete the form could possibly lead to skewed results.
- The methods for measurement were explained in detail.
- The method for statistical analysis was also explained in detail (frequency use, Cronbach’s alpha, correlations, discriminant validity, relationship analysis).
- The study clearly outlines exclusion and inclusion criteria in regards to the participants aimed at for the study.
- The IES is an instrument that is internationally accepted, having a high correlation with PTSD.
- The SCL-90 (Cincinnati Stress Response Schedule by Green and the SCL-Sleep) is also used internationally as a self-report instrument.
- The study included statistical comparisons of the groups made from the responses on the questionnaires.
- The study used a large sample size (N=429).
• Actual intervention not specified due to various forms of professionals used/ sought after by the individual participants (i.e. talk therapy, active therapy, and education based therapy).
• Authors’ identification of the limitations of the study was clearly stated and include: the actual cause of the problems weren’t evaluated due to the design of the research study (cross-sectional survey); particular data such as total burn surface area, age, sex, and the thickness of the burn suffered was either not reported or not reliable due to self-reported information; possible bias from patients who decided to voluntarily complete the survey; the data for those who did not respond leads to difficulty in generalizations to the public; and this study didn’t answer the question about which type of treatment burn patients prefer, individual, group, or something other.

**Interpretation of Results:** The availability of an outpatient clinic specifically for burn patients after discharge from their hospital or unit would be a beneficial attribute to the care provided to burn patients. Having 68% of the participants respond with a positive affect towards a clinic of this kind shows that even though some had poor experiences, they believe that an outpatient clinic directed to their specific needs would benefit them. The number of those dissatisfied with the care received indicates that there should be an improvement in the structure and protocol of services provided to this population. Overall, the study provides information about the perceptions of this population and can be used to help guide the progression of services in the healthcare system.

**Summary/Conclusion:** This evidence is important because it shows that there is a need for improvement in the aftercare of individuals who have had a burn injury. Evidence shows that there are individuals who would utilize services if proper ones were provided even though they may have had poor experiences with current care practices. There is a need for professionals such as occupational therapists to aide in the structure and provision of care for this particular population. There was no specification as to whether talk-based or activity based therapy was provided, but from the list, the majority of the care was medicine or psychological based. Occupational therapists can assist in the art of ‘doing’ in order to better prepare the individual for the act of living within their own community in a more positive way as well as be better advocates for themselves.
### Characteristics of included studies

<table>
<thead>
<tr>
<th>Study; Author and year</th>
<th>Summary of the Research Study</th>
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<tr>
<td>Bagder, K. &amp; Royse, D. (2010). 'Adult burn survivors' views of peer support: A qualitative study. Social Work in Healthcare, 49:4, 299-313.</td>
<td>Data was gathered through interview questions in order to answer what it was like to have peer support as a burn survivor. Researchers attended a conference for burn survivors and asked for 30 participants for an interview. A follow up form about demographics was completed by 24 of the 30 participants. Questions: 1) Describe the peer support experiences you received, both positive and negative; 2) How has your life changed as a result of receiving peer support?; 3) Describe how you have supported other burn survivors; 4) What challenges or costs did you experience as a result of giving others peer support?; 5) If someone wanted to be a supporter, what advice would you give? Those interviewed reported having high value on the peer support they had received (more than 1/3 of those interviewed mentioned, specifically, that they felt less alone as a result of their contact with a peer supporter as well as 85% of the survivors mentioned the sense of belonging, acceptance, comfort, and trust from speaking with another survivor). Some had some negative experiences but reported overall positive feelings. Peer support provided much needed emotional and psychological healing as well as gave an image as to what recovery may look like. The authors recommend peer support services be supported through a common structure and that those who facilitate the peer groups are educated on the subject.</td>
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<td>Chedekel, D.S. &amp; Tolias, C.L. (2001). Adolescents’ perceptions of participation in a burn patient support group. <em>Journal of Burn Care Rehabilitation</em>, 22, 301-306.</td>
<td>The study was designed to explore and gather information about the perspectives of the adolescents participating in a previously existing burn support group at Shriners Burns Hospital in order to see what the experience is like and why. This is done in an effort to access the perceived value of group exercises for burn patients in a voluntary, open group of acute burn and reconstructive adolescent surgical inpatients and outpatients. An exploratory questionnaire was developed by the researchers and reviewed. The intervention groups were held in one hour sessions once a</td>
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week for them to discuss their concerns with their peers. Topics discussed during the group session were taken from the introduction topics and guided by the group leader. The session was ended with a closing statement about the session. Outcomes included demographic data, referral source to the actual group, what was achieved from participation in group, the reason for attending the group session, how willing the clients were to attend, if they would recommend the group to others, and their recommendations for improvement of the group. Respondents (N=20) reported the need for peer support groups and the guidance given through these groups during the full cycle of burn care. The group sessions were justified as being a positive therapeutic experience for the majority of the participants who use it. It provides an environment for the participants to share their adaptation skills and concerns with others who have experienced similar things. The authors reported that the study was too small in numbers to be able to generalize the findings to all populations of burn survivors. The authors also recommend increasing the existing services through additional weekly groups or by a telephone contact program.


The purpose of the study was to perform an analysis (by survey) of the benefits of a support group and the preference of this group as perceived by the participants of the group. There were 34 patients who attended the group meetings over a three year period of time; 24 males and 10 females. The males’ age range was 19-78 and 22-68 for females. The participants were discharged patients from the Regional Burns Centre in Pinderfields hospital, Wakefield, UK. Outcome areas included topics participants wish to discuss, who invited them to the group, how they felt about the invitation, preference for prior info about the group, whether they still attended and the reason for stopping, description of the benefit perceived, if any. Fifteen topics were identified by the participants as key topics with a Spearman’s rank of +0.958 (P<0.01) indicating that the topics discussed were related to the topics that the participants deemed most important.
Although specific topics would have been preferred to be discussed individually, the clients identified important topics that they felt were beneficial to them throughout their experience. The study also found that the topics of sex and bereavement were better left for individual discussion due to comfort levels. 50% reported that they would like staff-led discussions while 70% reported that they would like a self-support group. 55.8% preferred set topics, 26.5% preferred free discussion, and 17.6% had no preference.

| Gaskell, S.L., Cooke, S., Lunke, M., O'Shaughnessy, J., Kazbekov, M., & Zajicek, R. (2009). A pan-european evaluation of residential burns camps for children and young people. *Burns: Journal for the International Society of Burns*, 36(4), 511-521. | Evaluate five burn camps across Europe to identify common outcomes, irrespective of location, and the efficacy of such programs. Five camps participated, with the age range of the children being from five years of age to eighteen (N=104). The length of the camps varied from five to seven days. Self-report questionnaires were used as data collection from the children, their parents or carers, and the camp staff, all completed within one month of completion of camp. The data was then coded for themes using content analysis by researchers at each of the five regional sites across Europe, such as coping with a burn, learning new skills, self esteem, social skills, acceptance of others, etc. The study found that burn camps may provide an array of positive benefits for young people attending as well as the staff involved. There is significant overlap in reports given by the children and their carers. Generic benefits included those such as adjustments to a burn injury and less feeling of isolation. The study found that there is no particular influence to the camp experience in regards to location or staff members. Researchers stated that language differences may have caused some translational issues, making the connections of meanings a little more difficult and the study should be viewed as information about benefits (generically) without local influence. They suggest further cross-regional evaluation using a multi-methodological approach in order to attempt to gain useful quantitative data from a larger, more diverse population. They also suggest implementing some sort of triangulation system in regards to language translation. |
IMPLICATIONS FOR PRACTICE, EDUCATION and FUTURE RESEARCH

- The five studies reviewed in this paper shows that peer/group support for burn patients in outpatient therapy is seen as beneficial for those who participate in it.
- There is no specification as to who is to facilitate any particular therapy group for this population.
- Further research is needed to determine whether specific groups/topics/programs for burn patients have different effects on satisfaction perceived by the patients.
- Future studies with larger sample sizes and from multiple geographical locations may assist in supporting stronger evidence for practice in group therapies.
- There is an opportunity for occupational therapists to be more involved in providing a structure to the care being given to this population, to help with more practical and applicable educational tools.
- Findings such as those within this CAT indicate that an increase in education for the facilitator, and the facility of which the group is to occur, of peer groups is to exist in order to provide more effective care.
- Information in regards to a common approach in structuring groups for this population may be incorporated into education practices of occupational therapists.

REFERENCES


