

*Psycho-social*  
**REHABILITATION**  
*in burn care*

*Why Me?*  
*What will*  
**I LOOK LIKE?**  
*When will*  
**I FEEL better?**  
*WHO can I TALK to?*  
*how will I COPE?*



**STUDENT MANUAL TIER 1**



## Why this training?

The purpose of this training is to ensure that all staff working in or with burns services in London and the South East gain appropriate knowledge of the psycho-social aspects of care for their job role. While hospitals provide a good level of physical care, a major review in 2001 suggested the psycho-social support provided for burns patients could be improved. Standards produced in 2008 aimed to secure this improvement in care. This training package is designed to promote, encourage and embed the National Burn Care Group standards for psycho-social care into the patient care pathway.

According to your job role within the unit, you will be allocated to either tier 1, 2 or 3 and will complete a training package dedicated to your tier. Prior to commencing this training, you should have agreed with your line manager which tier is appropriate for your role. This training package is designed to meet a variety of learning styles and throughout the course you will participate in reflection, a discussion of case studies and recap theoretical information. References are provided throughout the modules to provide further information on the topics covered. This course can be completed in a variety of ways from self-directed study to group training sessions. Your trainer will suggest the best way to complete this package for you and your team.

Throughout this manual you will see the following symbols:



### Key information

These sections provide a discussion of some of the key theoretical information and knowledge relating to the key aims of the module.



### Case study

These sections introduce a patient scenario. Each one is usually followed by some questions or a structured discussion on the issues raised. You can replace the case studies with your own if this is thought to be more appropriate.



### Task

These are tasks designed to encourage thinking and learning around the main teaching points. Optimal learning is achieved through active participation in these tasks.



### Reflection

Learners are asked to reflect on their own experiences and patients they have worked with to encourage integration of their learning into their work. Although all reflection can be undertaken individually, learners will gain more from sharing experiences.



### Further reading

Further information such as journal articles, books and web links are given here.

# Module 1 What is psycho-social care?

**Aim: to understand the importance of psycho-social care and to review your role in the provision of this support for burns patients.**

To understand the importance of psycho-social care in addition to physical care for burns patients, it is important to first look at what we mean by psycho-social care. This module aims to explore this concept. Below you will find a case study of a potential patient who is admitted to the burns service. Think about your role in this patient's care provision:



## Case study 1 – Kev

Kev is a 21 year old male who has been admitted to your ward with burns causing significant injuries to his hands and arms.



## Task

Discuss and write down your role in Kev's care.

A large rectangular area with a dashed border, containing horizontal dashed lines for writing.



## Task

Who else is involved in Kev's care and the care of his family and friends? You may want to draw a diagram of your service, or write down the other professionals or members of the multi-disciplinary team with whom you work on a day-to-day basis.

A large rectangular area with horizontal dashed lines, intended for drawing a diagram or writing down the names of professionals and team members.

## What is psycho-social care?



### Key information

Psycho-social care can include supporting patients with their emotions, feelings and behaviours and in addition, helping them to communicate with others. Many patients also require support and reassurance with other areas of their personal and social life; this may also include meeting the needs of their family and friends.

Burns injuries, especially if they are severe, can be a life changing experience and may involve a long stay in hospital and further treatment after discharge. Patients will often need help and specialist support to develop new strategies to cope with the effects of their injuries. This can include helping them with the effects of trauma, a changed appearance or scarring, and adapting to physical limitations. Without such support people may develop long term psychological and social difficulties, such as becoming withdrawn from society, struggling in school and work and not feeling able to live a full and happy life. The term 'quality of life' is used to reflect how much a person's physical, psychological and social needs contribute to their ability to enjoy their life. The more difficulties they have, the lower their quality of life is likely to be. Meeting a patient's needs and helping them to help themselves will improve their quality of life. For the purpose of this manual we will use the acronym SPEMS to describe the areas of a patient's life where they may need psycho-social support.

# SPEMS



## ocial

Interacting and successfully communicating with family, friends, colleagues and other members of society. Participating in daily life activities and social occasions, such as going to the supermarket, meeting friends, or attending a social group or class.



## hysical

Includes needs such as eating, sleeping, drinking, exercising, washing, dressing etc. May be a rapid change from being totally independent to needing help with simple tasks.



## otional

These needs may be easier to recognise. Expression of sadness, anger, loneliness, anxiety, depression, confusion and others. Some may report positive feelings such as being 'happy to be alive'.



## ind

May seem slowed down or less sharp if someone cannot attend school or work for a long period of time. May worry more, e.g. about money if they are unable to work, or if they need to support others. Hobbies and routines may be difficult to stick to when hospitalised for any length of time. Keeping your mind active is important for quality of life.



## piritual

May question their religion or beliefs or seek comfort from them. They may not be religious, but may still have questions such as 'Why me?' or in the case of a parent 'Why not me?' They feel they are being 'punished' in some way.

Physical and psycho-social care should both be included and incorporated into the patient's care. Effective, holistic care will take into account all these needs for all patients. From admission, throughout their hospital stay, on discharge and through community follow-up, these needs should be assessed, acknowledged and met as effectively as possible.



## Reflection

Looking back at our case study, reflect on and list Kev's SPEMS needs.



### Task

The patient journey describes the process a patient will take from the initial trauma and injuries, throughout their time in a hospital setting to being discharged home. During this journey they will meet many professionals, both clinical and non-clinical in a variety of different settings. Using the box below, write or draw the key stages of Kev's patient journey before and after he reaches you on your ward. Or, you could think about a recent patient who has been on your ward and map their journey instead.



Dotted lines for writing the patient journey.



### Task

Burns injuries are very sudden and may involve a long time in hospital and cause great disruption to a patient's life.

If you or someone you know received a burn injury and ended up in hospital, think about and write down how you/they might feel at each of these points below.

The time of the accident

Dotted lines for writing feelings at the time of the accident.

Being admitted to the ward and meeting all the staff

Dotted lines for writing feelings when admitted to the ward.

Seeing the doctor to discuss your treatment for the first time

Dotted lines for writing feelings when seeing the doctor.

Seeing your friends and family for the first time at visiting time

Dotted lines for writing feelings when seeing friends and family.





## Shane and society

Shane will have feelings about himself. They may surround the trauma of the injuries, how he will cope, the way he looks, returning home and so on. However, Shane’s family, friends, colleagues and other people he doesn’t know will also have thoughts, feelings and beliefs about Shane. This section will explore some of these issues.



### Task

Sometimes feelings can lead us to behave in particular ways. Think of another three potential feelings or behaviours Shane might have, and three feelings or behaviours society might have and add them to the box below.



#### Shane’s feelings/behaviours

scared for himself  
 useless – he won’t visit his  
 colleagues at work  
 depressed  
 anxious  
 withdrawal – he won’t go out  
 with his friends anymore

#### Society’s feelings/behaviours

embarrassed – they don’t know what to say  
 distressed  
 pity  
 they may stare and look  
 strangers ask difficult questions



### Task

Have a look at the situations below. These are some of the things Shane might want to do once he is discharged from hospital. What may be some of the issues that could arise in these situations? Discuss these in your group. How might Shane behave or feel? How might his friends and acquaintances behave or feel?

Leaving the hospital and going home for the first time

Handwritten notes for the situation: Leaving the hospital and going home for the first time.

Going to the pub to meet up with his friends for a Friday evening drink

Handwritten notes for the situation: Going to the pub to meet up with his friends for a Friday evening drink.

Going back to manage the local Sunday football team

Going to wait at the school gates for his children

Doing the washing up

Returning to work



## Communicating with patients

### Communication

There are two main types of communication: verbal (speech) and non-verbal (body language). These two forms of communication go hand in hand. When we communicate, the majority of the messages we send to others come through our body language. This might be our posture, the way we are holding our hands and arms, eye contact and our facial expression. The other important part of communication is the ‘way’ we say our words, for example if we said “do you want a cup of tea?” angrily, then it wouldn’t sound welcoming or caring. The words that are spoken are actually thought to be the least important when sending a message. If a carer had their arms crossed, and wouldn’t look the patient in the eye, there is little chance of having a successful relaxed conversation. The most approachable carer would have a relaxed body posture, maintain good, natural, eye contact, smile and have their hands in a relaxed position by their side.

#### Top tip

- Think before you speak; also think about what your body is saying as well as your words.

### Communication in a health care setting

For many patients and their families, the hospital environment can be a distressing and daunting place. As we have seen from module 1, patients will meet many professionals in clinical and non-clinical roles during their stay at a burns service. At times, patients may experience a lack of control, lack of dignity and understanding. We know that loss of control, unfamiliarity and high levels of unpredictability all contribute to high levels of stress. This may be accompanied by feelings of distress, pain and other complications

due to their injuries. Patients can therefore feel vulnerable during a long stay in hospital. For this reason it is very important to communicate sympathetically with the patient. This gives the opportunity to reassure them, and allow them to express their feelings and worries if they wish to.

**Top tip**

- Hospitals are daunting and distressing places for patients and their families. If you are meeting them for the first time always remember to introduce yourself (preferably with a smile) and say what you are there to do.

## Normalising feelings

As we have seen throughout modules 1 and 2, patients, their friends and families may experience a variety of feelings and emotions throughout their time in hospital. Any patient who has experienced the trauma of burn injuries is likely to experience a whole range of unfamiliar or even overwhelming emotions. This is usually perfectly normal and understandable. It is important that the patient and staff understand and acknowledge this. A patient may also try to hide their feelings or suppress their emotions and some will try to 'be brave' or 'hold it together' for the sake of their family. As a member of the multi-disciplinary team it is very important that you help the patient to recognise that expressing their feelings is OK.

**Top tip**

- It can really help a patient if you tell them how they are feeling is normal.



### Task

Even if you are in a role at the hospital where you don't contribute to patient care directly, or if you are busy and don't have a lot of time, you can still help to normalise a patient's feelings. Have a look at the two scenarios below with answers, and then attempt to answer the next two.

- 1 Patient** "I just feel so sad and depressed; life will never be the same again."  
**You** "I can hear how upset you are; have you thought about talking it through with someone?"
- 2 You** "How are you feeling today?"  
**Patient** "I don't want to bother you with how I'm feeling, you don't want to know."  
**You** "It is alright to feel bad sometimes, you have been through a lot; have you thought about talking to someone about how you are feeling?"

What might you say if...

- 3 Patient** "I want a cup of tea now." (said angrily)  
**You**

- 4 Patient** "Don't draw back my curtains today; I want to sit in the dark."  
**You**





## Reflection

Think of a patient on the ward now, or who has been there in the past. How well were you able to meet their needs? Could you have done anything else?



## Looking after yourself

Working on a burns unit can be tough. It can be difficult seeing people every day who have been severely injured, in pain or distressed. You may see patients who remind you of someone you know, and this can make you think that something awful could happen to them too. This can be hard as it may make you feel sad or angry. Sometimes you may even feel quite shocked. If this happens, it is important that you seek support from your manager straight away.

### Top tips

- Make sure you switch off from work when you are off duty. Try to do something you enjoy that will help you unwind.
- Try not to take it personally if someone gets angry or upset with you. Remember they are probably angry with their situation, not you.
- Notice how you are generally. Have a chat with a manager or a colleague if you feel you are getting short tempered, irritated or not your 'usual self'. Has there been anything particularly upsetting at work that may be causing this?
- It is OK to feel sad. Sometimes staff too can get tearful. This is not a sign of weakness but a normal reaction. We are all human and cannot always switch off our feelings.



## Further reading and links

Clarke A (1999) **Managing the future after burns, Addressing Psycho-social Needs, a guide for health professionals.** Changing Faces.

Partridge J, and Robinson E (1995) **Psychological and Social Aspects of Burns.** *Burns*, 21(6), 453-457.

Partridge J (2006) **From burns unit to boardroom.** *British Medical Journal*, 332, 956-959.

Rumsey N, Clarke A, and Musa M (2002) **Altered body image: the psychosocial needs of patients.** *British Journal of Community Nursing*, 7(11), 563-566.

Rumsey N, Clarke A, and White P (2003) **Exploring the psychosocial concerns of outpatients with disfiguring conditions.** *Journal of Wound Care*, 12(7), 247-252.

British Burn Association: [www.britishburnassociation.org](http://www.britishburnassociation.org)

Changing Faces: [www.changingfaces.org.uk](http://www.changingfaces.org.uk)

National Burn Care Group Standards for Psycho-social Care and Rehabilitation, 2008

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