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The Impact of Peer Support on Social Participation for Burn Survivors

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Background

An estimated 11 million individuals suffer from burn injuries annually, with approximately 180,000 fatalities reported globally and around 500,000 requiring hospitalization^{1,2}. Severe burn-related injuries commonly lead to physical complications including blistering, scarring, pain, edema, contractures, and amputation, alongside psychosocial challenges such as depression, Post Traumatic Stress Disorder (PTSD), body-image anxiety, emotional distress, and social anxiety^{3,4,5}. These multifaceted complications detrimentally affect the ability of burn survivors to engage in social participation. While peer support has been acknowledged as beneficial for burn survivors in dealing with their trauma⁵, there is limited research on support groups for both burn survivors and their caregivers. Peer support, encompassing formal support groups and one-to-one mentorship, connects individuals who share similar experiences⁶, addressing emotional and psychosocial needs. This study explores the impact of peer support on the social participation of burn survivors, shedding light on the significance of social connection and its effect on their quality of life.

Methodology

The Life Impact Burn Recovery Evaluation (LIBRE) was employed to assess the social participation levels of burn survivors through a quantitative survey design⁷. The LIBRE Profile encompasses six social participation categories each comprising 10 Likert-scale questions which include: relationships with family and friends, social interactions, social activities, work and employment, romantic relationships, and sexual relationships. The questionnaire, based on the LIBRE Profile included additional demographic queries and a Likert-scale question to gauge personal experiences with peer support. "Peer Support" was defined as "formal peer support groups as well as one to one peer mentorship." The target population consisted of adult burn survivors residing in the United States with a minimum of 5% Total Body Surface Area (TBSA) burned or critical burns, with the exclusion of minors and individuals with severe cognitive impairments. Recruitment was achieved through voluntary convenience sampling via Facebook burn survivor/support groups. To ensure anonymity, health-related responses were restricted to survey administrators. Quantitative data were analyzed by researchers using descriptive and inferential statistics, including factor analysis on each of the six LIBRE scales⁷.

Table 1

Demographic Characteristics of the Participants in this Study

Demographics	N	%
Gender		
Female	21	70.0
Male	8	26.7
Non-binary	1	3.3
Age Group		
18-25 years	1	3.3
26-35 years	7	23.3
36-45 years	4	13.3
46-55 years	5	16.7
56+ years	13	43.3
Received peer support		
Yes	18	60.0
No	12	40.0
Number of peer support sessions attended		
0	12	46.7
1-2	6	20.0
3-5	3	10.0
6-10	1	3.3
11+	6	20.0
Body parts burned		
Head	15	50.0
Hand(s)	21	70.0
Chest/Stomach area	18	60.0
Arm(s)	21	70.0
Back	9	30.0
Legs	18	60.0
Foot/Feet	7	23.3
Private area(s)	4	13.3
How long ago the burn injury occurred		
Less than 12 months	7	23.3
1-5 years	6	20.0
6-10 years	3	10.0
11+ years	14	46.7

Results

Thirty (30) survey responses were included in the sample, all of whom are burn survivors. The LIBRE standard mean range identifies social participation with 50 being the average, 60 being one standard deviation above the calibrated score and 40 being one standard deviation below. LIBRE standard means of those who did not receive peer support were higher for all domains than those who did receive peer support (Table 2). **Of those that sustained a burn injury in the head (including face) area, 72% received peer support while 33% did not. Those who received peer support reported sustaining an average of 4.05 body parts burned while those who did not receive peer support had an average of 3.50 body parts burned.**

Table 2

Social Participation Scores Among the 6 LIBRE Domains for Those who did Receive Peer Support and Those who did not

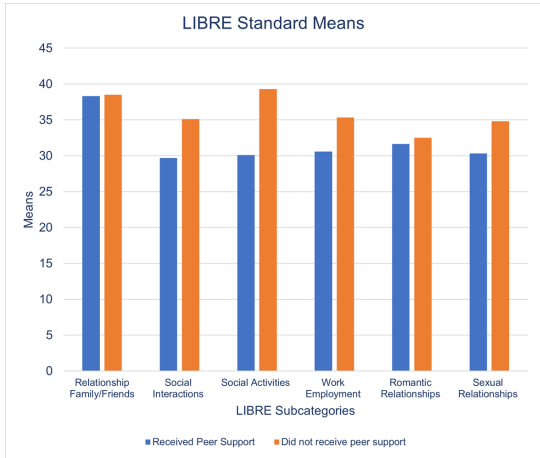


Table 3

Social Interactions & Social Activities of Those Who Received Peer Support

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
I don't worry about other people's attitudes about me.	5 (27.8)	5 (27.8)	2 (11.1)	2 (11.1)	4 (22.2)
Because of my burns I feel uncomfortable in social interactions.	2 (11.1)	2 (11.1)	5 (27.8)	8 (44.4)	1 (5.6)
Because of how my burns look I am uncomfortable when I meet new people.	3 (16.7)	4 (16.7)	5 (27.8)	4 (22.2)	3 (16.7)
Because of my burns I am uncomfortable around strangers.	3 (16.7)	3 (16.7)	5 (27.8)	5 (27.8)	2 (11.1)
I feel embarrassed about my burns.	5 (27.8)	3 (16.7)	4 (22.2)	2 (11.1)	4 (22.2)
I limit my activities because of how my burns look.	3 (16.7)	5 (27.8)	6 (33.3)	3 (16.7)	1 (5.6)
I am able to socialize with my friends.	0 (0)	1 (5.6)	8 (44.4)	3 (16.7)	3 (30)
How much do you enjoy your social life.	3 (16.7)	4 (22.2)	7 (38.9)	4 (22.2)	0 (0)

Table 4

Social Interaction & Social Activities of Those Who Did Not Receive Peer Support

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
I don't worry about other people's attitudes about me.	2 (18.2)	2 (18.2)	1 (9.1)	4 (36.4)	2 (18.2)
Because of my burns I feel uncomfortable in social interactions.	2 (18.2)	3 (27.3)	5 (45.5)	1 (9.1)	0 (0)
Because of how my burns look I am uncomfortable when I meet new people.	3 (27.3)	1 (9.1)	5 (45.5)	2 (18.2)	0 (0)
Because of my burns I am uncomfortable around strangers.	3 (27.3)	3 (27.3)	3 (27.3)	2 (18.2)	0 (0)
I feel embarrassed about my burns.	5 (45.5)	3 (27.3)	0 (0.0)	3 (27.3)	0 (0)
I limit my activities because of how my burns look.	4 (36.4)	4 (36.4)	1 (9.1)	2 (18.2)	0 (0)
I am able to socialize with my friends.	1 (10)	0 (0)	4 (40)	2 (20)	3 (30)
How much do you enjoy your social life.	1 (10.0)	2 (20.0)	3 (30.0)	3 (30)	1 (10)

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Discussion

In our study, we looked at six main areas of life (LIBRE domains) to see how people who received support from peers after a burn injury, compared to those who did not get such support. The standard score was determined to be 50, with 40 being one standard deviation below the norm and 60 being one standard deviation above the norm. Those who did not receive peer support had higher social participation scores than those who received peer support across all six domains. Though, those who did receive peer support and those who did not receive peer support both had low social participation scores overall compared to the LIBRE norm of 50. Researchers hypothesize this may be due to those who did not seek out peer support feeling they already have their needs met, or do not wish to revisit their prior burn trauma.

Individuals who received peer support were found to have lower LIBRE social participation scores than those who did not receive peer support. Thus, the data does not support the original hypothesis. Researchers have hypothesized multiple factors that may have affected the data to have a contradictory outcome. These factors include the limitation of a low sample size and the idea that participants who are satisfied with their social life may not feel the need to attend peer support. Survivors may not feel the need or want to revisit their burn trauma with peer support and simultaneously already have a substantial social support system. This idea may provide an explanation to the contradiction in literature findings that states peer support aids in burn survivors coping with their trauma as the findings do not take into account whether or not individuals want to address their trauma⁸. For our study, the six overall domains of the LIBRE compared those who have received peer support and those who have not. For our study, the six overall domains of the LIBRE compared those who have received peer support and those who have not. **The TBSA and body part(s) that were injured may also affect the final results as individuals who had a lower TBSA and non-visible burn may feel less inclined to seek out peer support. It can also be speculated that people with more body parts burned, including those with facial burns, will logically have lower social participation scores.** This aligns with the literature, stating that individuals with visible burns more negative social experiences than those who do not have visible burns^{8,9}. The findings showed that everyone, whether or not they attended peer support, had an average LIBRE score below 40, indicating lower-than-average social participation. This highlights the importance of providing general social participation support for all burn survivors.

Limitations

For future research, it would be beneficial to increase sample size possibly use incentives for compensated participation.

Conclusion

The results elicited the need for all participants to increase social participation support based on low LIBRE mean scores. Future research may explore different forms other than peer support to provide social participation support.

References



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