

# Examination of the Religious and Spiritual Needs of Acutely Injured Burn Patients



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## Introduction

Due to the success of treatments for burns in recent years, a majority of patients survive burns that take up 75% or more of their total body surface. Despite these improvements, individuals who suffer a burn injury will likely experience a long recovery process. This recovery process does not only include recovery from the physical injury, as burn injuries can lead to declines in psychological, social, behavioral, occupational, and sexual functioning. Studies have also indicated that there is a positive relationship between spirituality/spiritual resources and outcomes of survivorship and quality of life (QOL). Thus, in order to provide the most holistic care during the patient recovery process, spiritual needs should be considered.

## Objectives

- To compare the self-reported importance of spirituality in a patient's life with select demographic data in order to better understand the role of spirituality in the treatment and recovery of patients in the Burn Intensive Care Unit (BICU).
- To assess the need for expanded inpatient religious services and chaplains in the BICU.

## Materials and Methods

We utilized the Belief into Action Scale (BIAC), a validated survey tool designed to quantify the full range of an individual's religious involvement.

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The BIAC is intended to capture the three major dimensions of religiosity: subjective importance of religion in life, organizational or social religious activity, and non-organizational or private religious activity. The survey consists of ten simple questions relating to an individual's religiosity, and responses are provided on a Likert scale of 1-10. The scale is graded from 0 – 100, with 0 indicating less religious involvement and 100 indicating greater religious involvement.

Each participant completed one BIAC survey during his or her inpatient stay. We collected patient demographics including religious affiliation and the number of pastoral visits received. We also collected injury characteristics and outcome measures including, total body surface area (TBSA) burn, mechanism of injury, and length of stay (LOS). Bivariate and multivariate regressions were conducted using MS Excel and Stata.

## Results

Our cohort included 32 adult participants admitted between April and June of 2019. Participants' mean age was 52.5 years (SD 16.5) with 19 (59%) males and 13 (41%) females. Of the 32 participants, 69% were Caucasian, 25% were African American, 3% were Hispanic/Latino, and 3% were other. Sixty-six percent (n = 21) had no religious affiliation identified within their medical record and 31% (n = 10) of patients had at least 1 pastoral visit (range 0 – 5 visits). Ten (31.3%) patients had 0% TBSA and 7 (22%) patients had an inhalation injury. The most common mechanism of burn injury was flame (43.8%, n = 14), and the median length of stay was 10 days (IQR 5 – 23.5). Mean BIAC score was 44.8 (SD 22.6) indicating a moderate degree of spiritual and religious beliefs. Patient age, length of stay, number of operations, total body surface area, and number of pastoral visits were not found to significantly affect BIAC score on either bivariate or multivariate analysis adjusting for demographic characteristics.

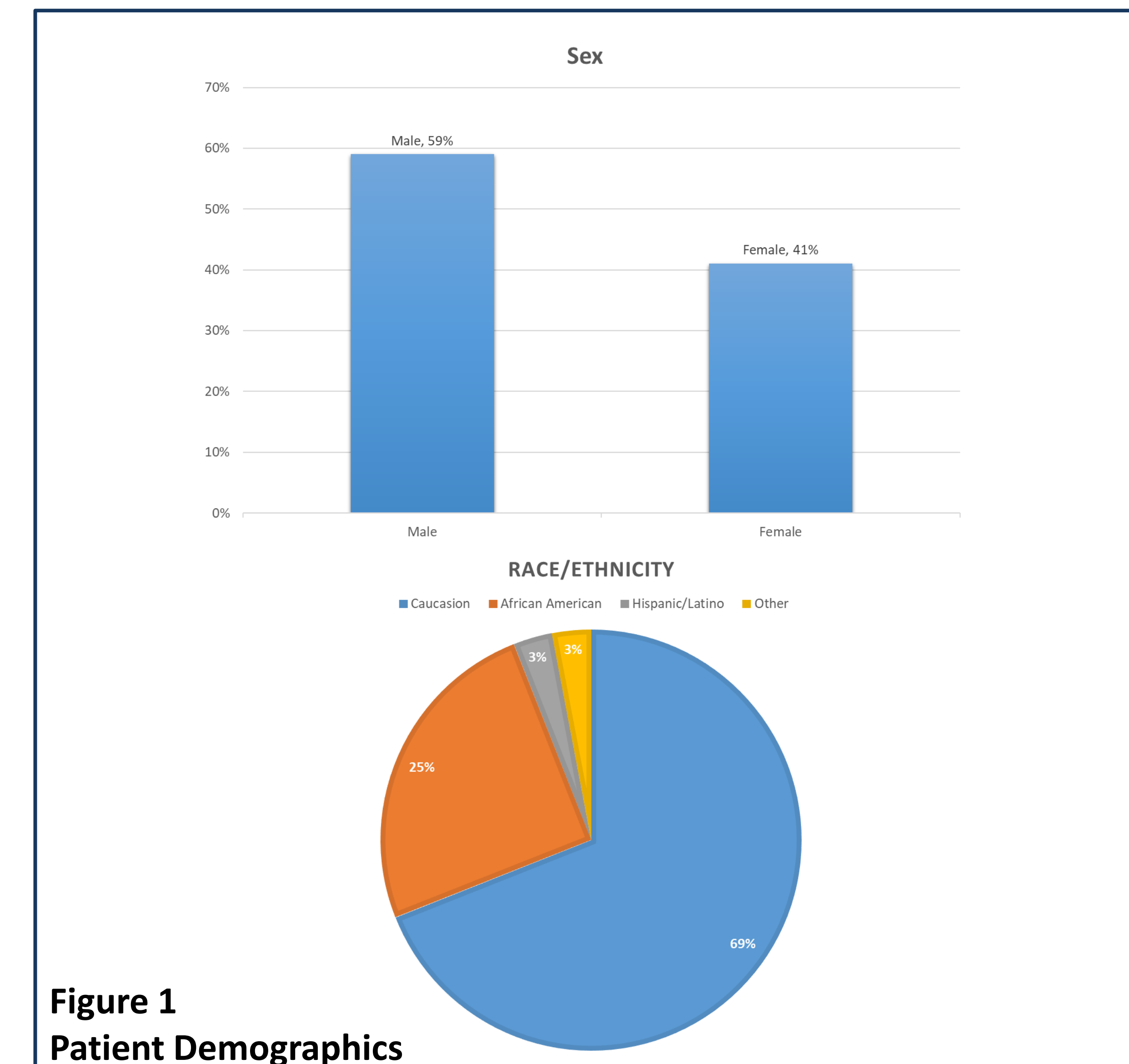
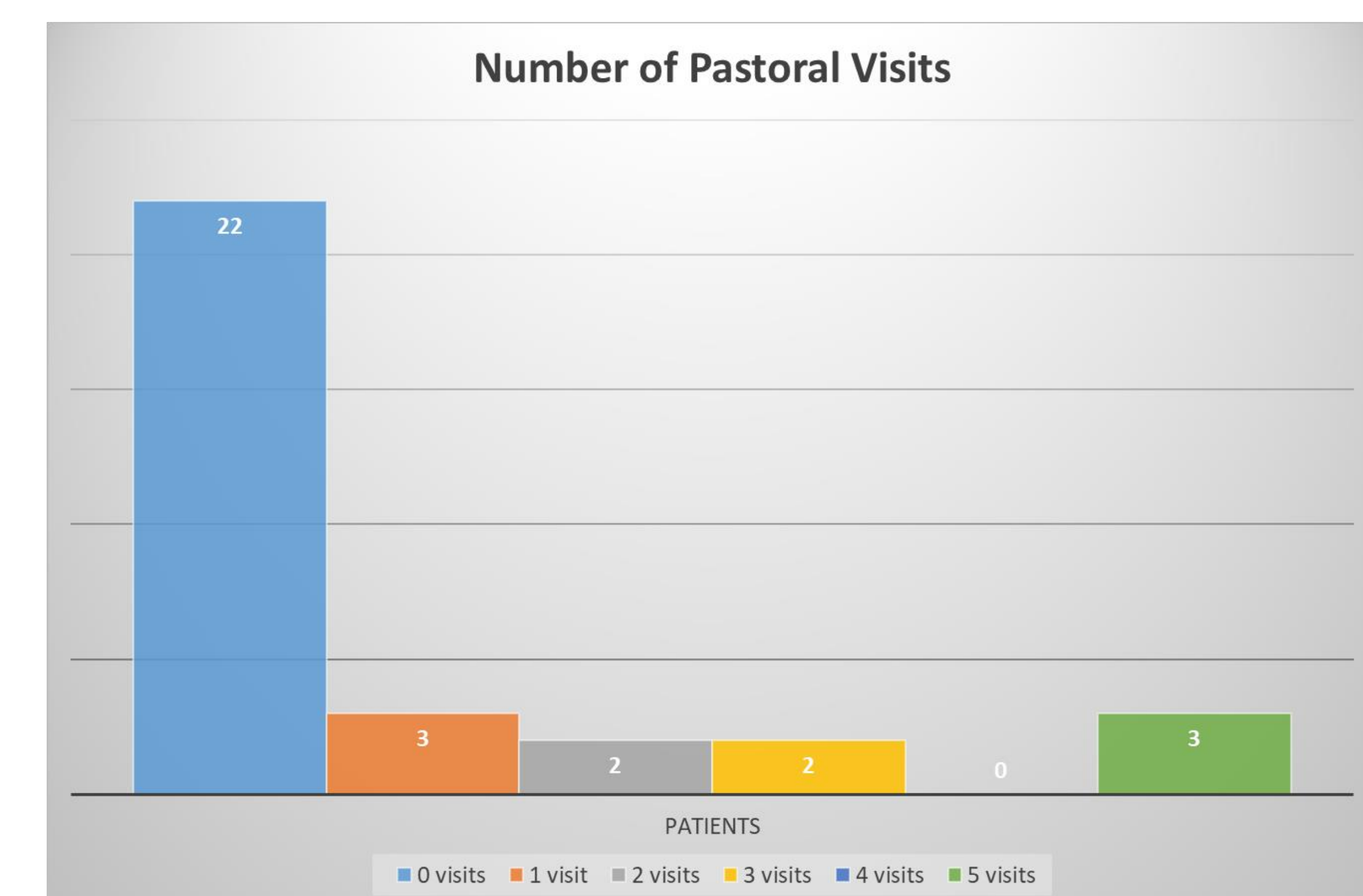
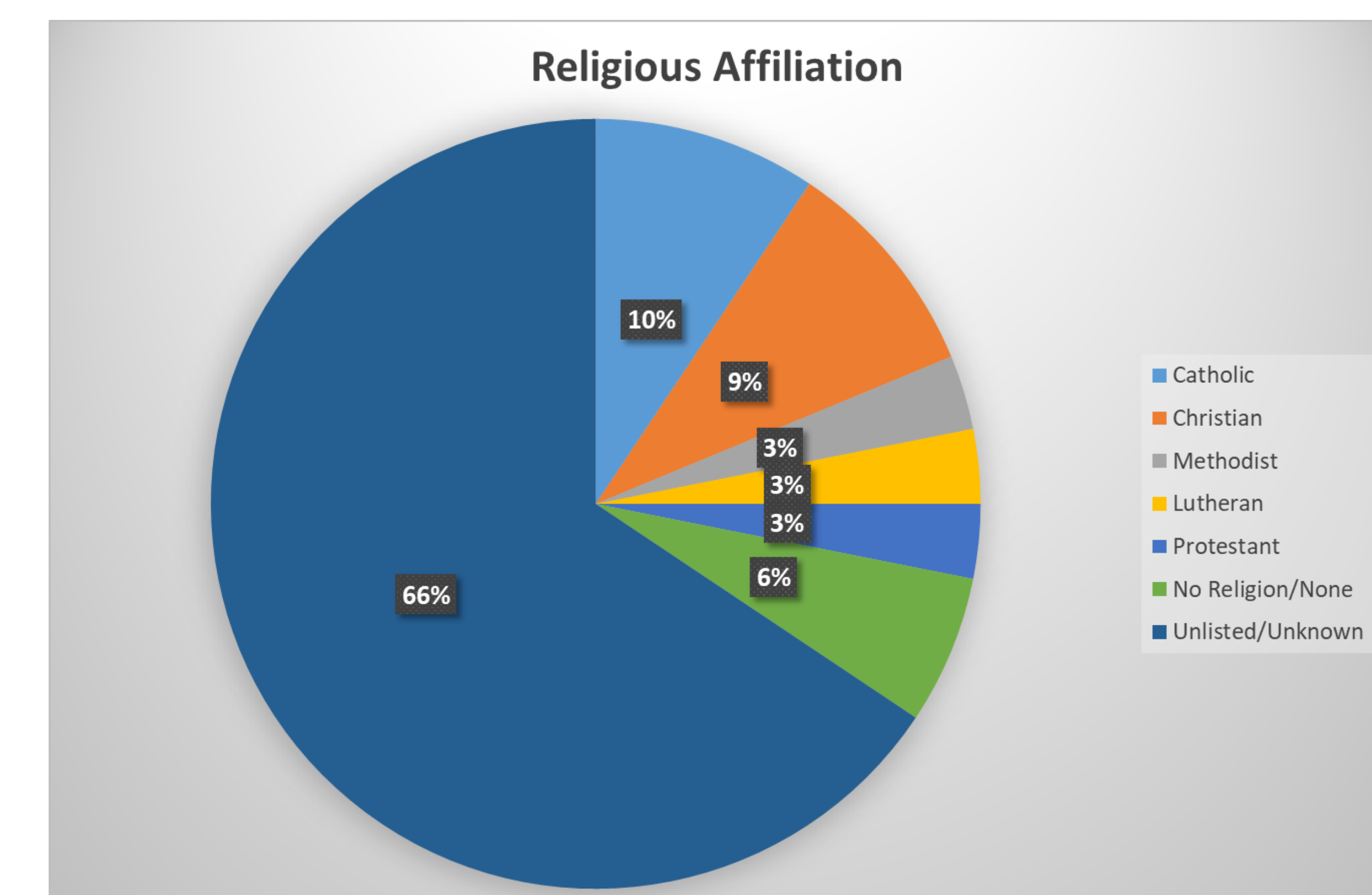


Figure 1  
Patient Demographics



## Conclusions

Acutely injured burn patients, admitted to an urban burn center, report a moderate degree of spiritual and religious beliefs, strongly supporting the need for pastoral care in this population.