The Spiritual and Religious Beliefs and Needs of Burn Reconstruction Patients

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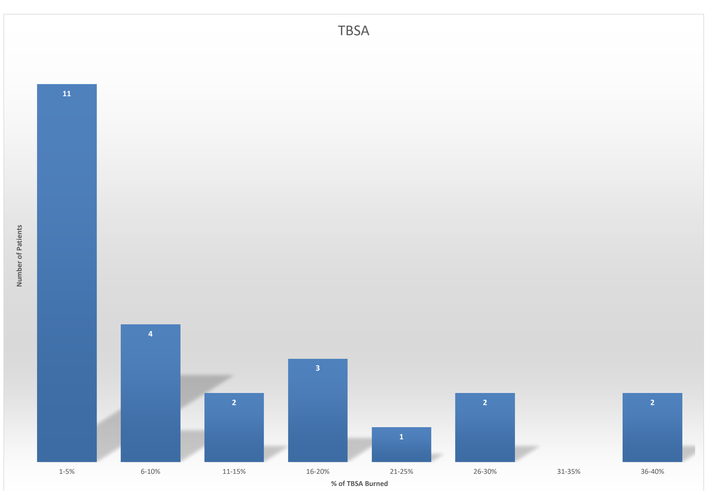
Introduction

Acutely injured burn patients demonstrate a range of spiritual and religious needs, but little is known about the variability of their beliefs over time, as well as the enduring impact of reconstruction on their spiritual beliefs. We examined the faith needs of burn reconstruction patients over the course of their reconstruction.

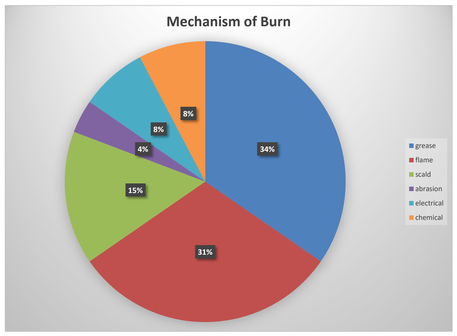
Methods

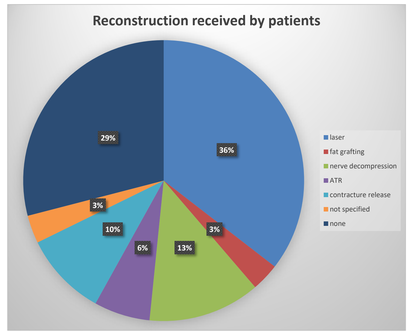
After obtaining consent, we surveyed 34 burn patients who were referred to Plastic Surgery for reconstruction. We excluded patients whom we did not obtain follow-up surveys for, thus our study included 25 total patients. The validated Belief into Action Scale (BIAC) was utilized to assess the spiritual and religious beliefs of these patients. The BIAC is a 10 item Likert scale (for a total score of 10-100). We elected to use the BIAC due to its validated reliability in comparison with other scales. Also importantly, we found the BIAC to be the least superficial, with a large range of possible responses, in order truly identify the depth and meaning faith has in patients' lives. Patients were then reassessed 2 years later by telephone interview, at which point the majority had completed reconstruction. BIAC scores at initial survey and after 2 years were then compared, including subscales, using paired Student's T tests, with an assigned statistical significance of $p<0.05$. We then compared the demographics and survey responses between those whose faith decreased overtime and those whose spirituality remained unchanged or increased, again using paired T-tests.



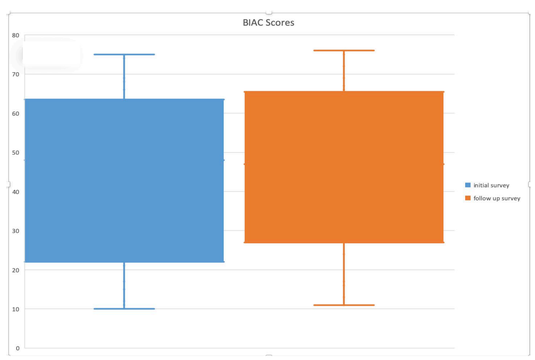
Results

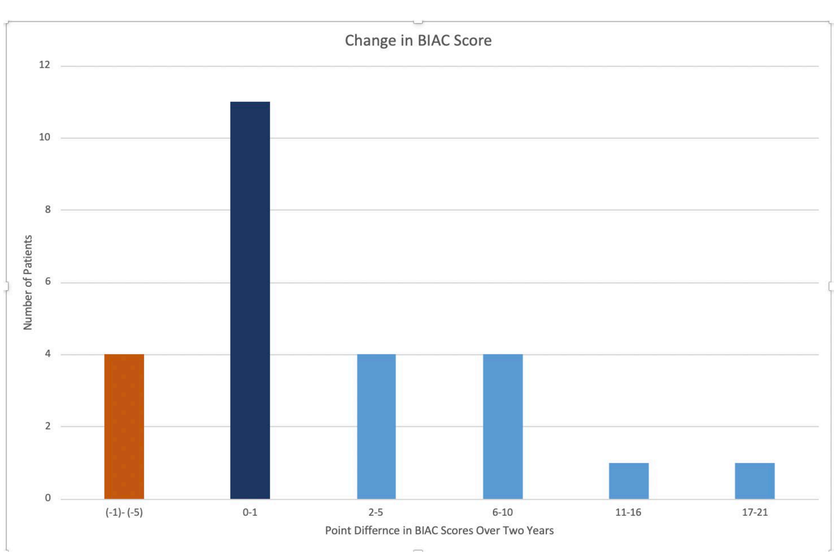
Regarding the demographics of included patients, mean age was 48.3 years, mean time from injury to reconstruction was 1.9 years, gender ratio was 16 male: 9 female, mean TBSA was 11.8%, and 12/25 had significant neuro-psychiatric illness. There was a variety in mechanisms of burns; grease and flame burns were the most common. 14/25 patients underwent some form of surgical reconstruction, with laser resurfacing of hypertrophic scars the most common procedure (n=7).





BIAC scores increased on average from 42.6 to 45.6 ($p<0.05$) in burn patients over a period of two years. Many subscales increased, however the only subscale that was statistically different was "conforming your life to the teaching of your faith," which increased from 5.5 to 6.8 ($p<0.05$). Burn reconstruction patients reported the importance of their spirituality as a 7.6, the importance of spirituality in reconstruction as a 6.0, and meeting their spiritual needs as 8.6.





4 patients were found to have lower BIAC scores at 2-year follow-up.

Of the 4 patients whose spirituality decreased overtime; the TBSA of burn ranged from 2.5% to 5% with an average of 4%. There was no significant difference in age, TBSA, or length of inpatient stay, in those with decreased BIAC scores as compared to those whose BIAC scores remained unchanged or increased. 3 of these 4 patients with lower scores had suffered grease burns. Of these 4 patients, one had a complication of more discomfort and bleeding with a second laser procedure. Interestingly, there were no pre-existing psychiatric or social comorbidities in any of these 4 patients. The individual subscales that decreased were questions 2,3,5,6,8, and 9; which subscale decreased varied for each individual patient.

Despite the multiple procedures endured, pain, and new way of life for many of these patients the majority indicated their faith and spiritual needs un-waivered overtime. The majority had essentially no change in their spirituality (difference in pre and post BIAC scores of 0 or 1). 1/5th of the study patients had substantial increases in spiritual needs with a change in BIAC score greater than 8.

Conclusion

Spiritual and religious beliefs of burn reconstruction patients appear to strengthen over time, despite significant challenges that these patients encounter, either from their initial injury or concurrent neuro-psychiatric morbidity. It is known that faith has positive long-term effects on quality of life in a variety in disease states. We now have data to suggest that burn victims are seeking spirituality as a means of coping and view faith as essential throughout their reconstruction. One may hypothesize that the hardship of recovery after sustaining burn injury may lead one to question his or her faith; however, our data suggests burn patients' spiritual needs continue throughout their recovery. With this knowledge, physicians must address the psychosocial and spiritual needs of their patients in order to achieve better long-term outcomes. Meeting these needs in the outpatient setting, through pastoral care and/or the local church community, may further enhance recovery.

Reference: Koenig, Harold G., et al. "Belief into Action Scale: A Brief but Comprehensive Measure of Religious Commitment." *Open Journal of Psychiatry*, vol. 05, no. 01, Jan. 2015, pp. 66–77., doi:10.4236/ojpsych.2015.51010.