

بسم الله الرحمن الرحيم









شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



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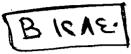




بالرسالة صفحات لم ترد بالأصل



The Impact of Rehabilitation Program Upon Psychosocial Status and Physical Functioning Among Burn Patients



THESIS

Submitted to the Faculty of Nursing, Assuit University
For partial fulfillment of the requirements for the
Doctorate Degree in nursing sciences
(Adult Nursing)

By

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ABSTRACT

The current study aimed at examining the effect of a rehabilitation program on physical functioning hand psychosocial status among burned patients. To achieve this aim a sample of 30 adult burned patients as well as they had admitted to ELMinia General Hospital with body surface area ranged from 30-50 % burn; second and third degree.

Three tools were used for data collection background data plus antropometric measurement; abbreviated burn specific health scale ABSHs (it include four domains; physical, mental, social, and general domains). These domains have sub domains, this scale is used to examine patient and family perceptions in relation to burn. Items on the questionnaire are worded both positively and negatively and the direction of the score reflects function. Higher score reflects more positive evaluation of function.

The present study found that a statistical significant difference of mean scores in four domains and its sub domains in comparison between scores in preprogram (on admission after stabilization) and post program implementation (on discharge and after three months). Results also revealed that highest functioning among four domains was found in the social, mental and general domain but the lowest functioning in physical domain was found on patients' admission (pre program); while post program (on discharge and after three months)the study results indicated highest functioning among four domains; in the social domain followed by physical domain and mental domain and the lowest functioning in the general domain. The study concluded that impact of rehabilitation for burned patients have positive effect on their psychosocial and physical functioning.

The study recommended that Collaborated and coordinated efforts should be directed toward bringing together, physician's; psychologist, clinical nurse specialist, social worker, psychiatrist and patient for understanding and implementing up to data knowledge for burn management, clinical documentation and patient management forms should be revised to include nutritional assessment sheet.

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CHAPTER (I) 1 (I)

INTRODUCTION

Burn injury is the worst and the most complex form of trauma an individual can sustain (Gorden & Goodwin, 1997). The devastating nature of the injury drastically alters the physical and the psychological elements of the survivors and exerts catastrophic influence in terms of human life, suffering, disability and financial loss (Wiebelans & Harsens's, 2001). McCleskey, (1995); Alice, (1997). Mentioned that severe burn injury is the fourth leading cause of trauma deaths because it occurs suddenly and without warning.

Burn has been defined as a necrotic and coagulative destruction of skin tissue due to transfer of energy from a heat source to the body by a thermal, electrical, chemical, radio active agent (Smeltzer & Bare, 2000). Shirley and Hoeman (1996); Wilson (1996) and Susan (1999), added that burn has a significant alteration in the functioning and structural integrity of the skin which acts as a biologic barrier between a person and the environment and also as a psychosocial mediator between a person and society to resume a social roles. In addition, all body systems change such vascular, pulmonary, fluid and electrolyte, renal system, and gastrointestinal system.

Burn is a traumatic injury that affects all body systems and disrupts the body normal heamostasis and places the patient in a situation of increased and abnormal physiologic, psychologic, and social demands. The magnitude of response to injury is proportional to the extent of burn injury and reaches a plateau when approximately 60 % of the total body surface is burned. Therefore, with major burn injury, the body's compensatory mechanisms are exhausted and death may follow (Hudak, Gallo & Morton, 1998).