Burn survivors' lived experiences and the application of Trauma Informed Care principles: A Metasynthesis

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Background

Burn injuries are life-changing events with significant physical, psychological and social consequences. The principles of Trauma Informed Care[1] (Figure 1) provide a framework of supporting patients with a view to reducing traumatisation, emphasising safety, trust, choice, empowerment, collaboration and cultural sensitivity. Despite its relevance, TIC application in burn care have been theoretically considered but remain under-developed and under-researched.

Aims

The aims of the current study are to:

- Synthesise qualitative research on burn survivors' lived experiences
- Explore findings through a Trauma Informed Care Lens
- Identify implications for burns services and multidisciplinary teams

Methods

A focused search of high sensitivity and low specificity was conducted using the PubMed database with additional hand-searching of reference and citation lists (figure 2). An adult population was utilised, with papers limited to 2020-2025. Quality appraisal[4,5] was undertaken on the resulting 19 papers (references available on request).

A three-stage interpretive synthesis approach was completed, with key themes coded and grouped into a secondary level of descriptive themes, which were further reviewed and refined to form a tertiary tier of higher-level understanding. Steps were taken to ensure data saturation.

The final themes were explored through the lens of TIC principles and considered in terms of implications for clinical care.

Figure 1

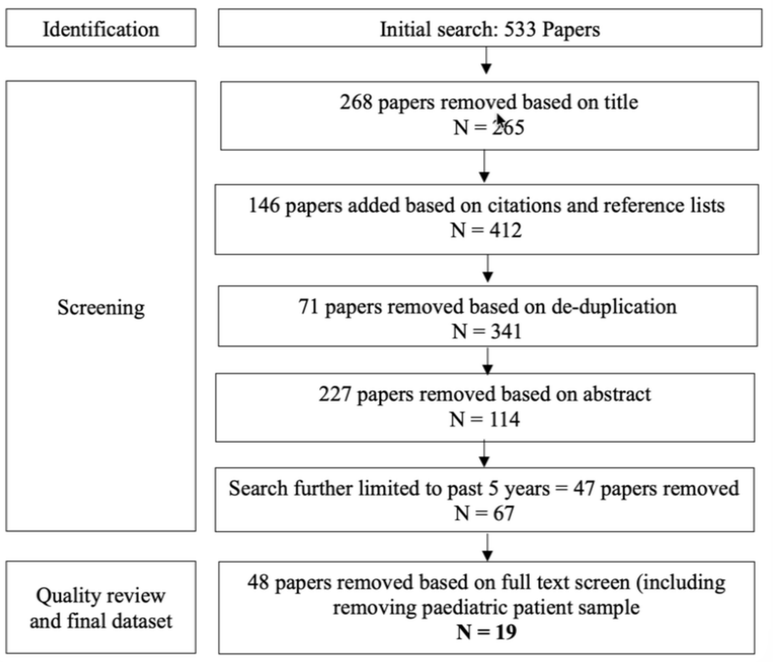
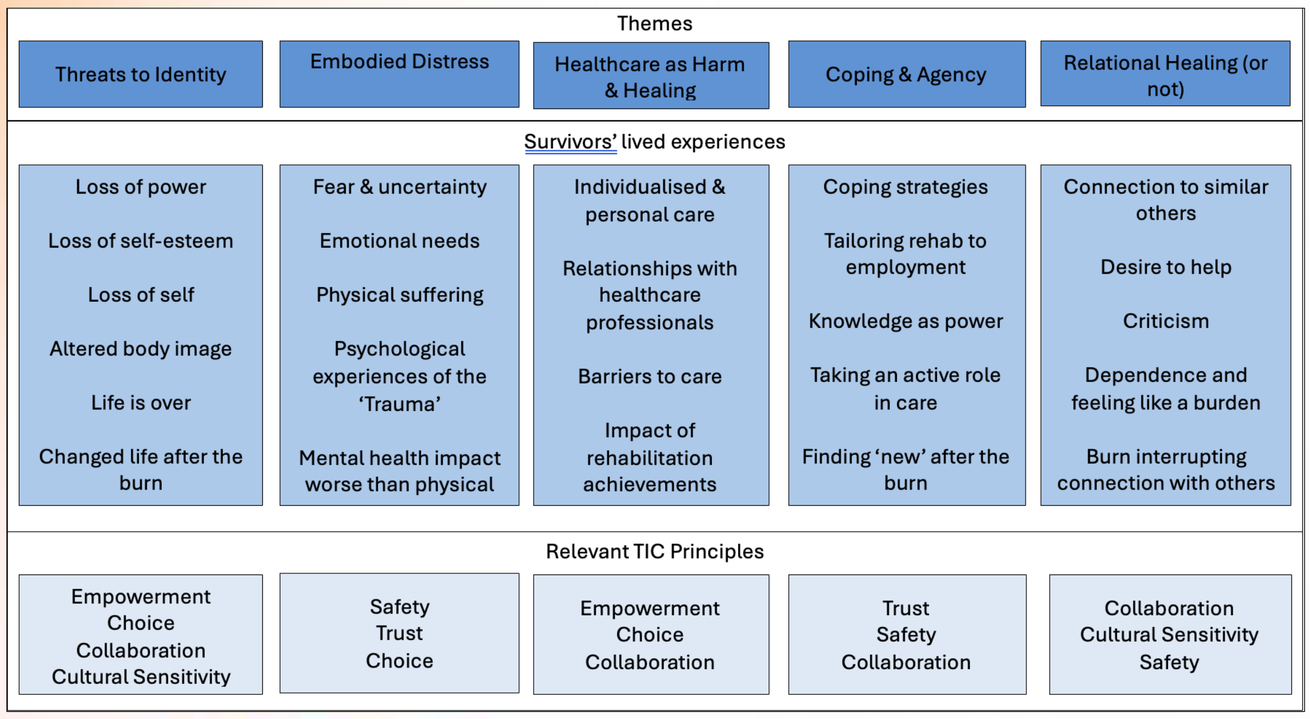


Figure 2

Key Findings

Synthesis yielded five interconnected themes within two separate but related premises (figure 3): survivors' internal experiences ("Threats to Identity" and "Embodied Distress") and the internal and external factors influencing these lived experiences, engagement with healthcare, and adjustment to the injury ("Healthcare as Harm and Healing", "Coping and Agency", and "Relational Healing (or not)") .

The survivors' lived experiences of burn care highlighted the non-neutrality and emotional power within interactions with healthcare professionals. Interactions facilitating trust, empowerment and engagement promoted physical and psychological recovery, where those seen to be distressing, disempowering and retraumatising hindered recovery.



Implications

TIC provides a practical framework for psychologically precise care that can enhance physical and psychological recovery.

Key clinical actions prioritise empathy, communication, choice and patient agency, with the delivery of timely and tailored information and a recognition of the social and relational context.

System-level recommendations:

- Embed TIC in service design and policy
- Strength staff training and culture
- Involve burns suvivors in service co-production

References

Full list of included studies available on request

1 UK Government Website. Working definition of trauma-informed practice. Available from www.gov.uk/government/ publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice

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4. Critical Appraisal Skills Programme. CASP Qualitative Studies Checklist [online] Available at: https://casp-uk.net/casp-tools-checklists/ [

5. Walsh D, Downe S. Appraising the quality of qualitative research. Midwifery. 2006; 22(2):108–19.