Parents' Perception of a Burns Intervention Video

Wayne van Tonder

3871661

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Supervisor: Prof Rashid Ahmed

Co-Supervisor: Prof Ashley van Niekerk

Co- Supervisor: Mr Brendon Faroa

DECLARATION

I declare that “Parents’ Perception of a Burns Intervention Video” is my own work, that it has not been submitted for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

Signed: Wayne Peter van Tonder **Date:** 03 October 2022

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DEDICATION

I dedicate this thesis to my late grandma, Clare Delhove.

1937 – 2022

"For the Lord Himself will come down from heaven, with a loud command, with the voice of the archangel and with the trumpet call of God, and the dead in Christ will rise first." - 1 Thessalonians 4:16

ABSTRACT

Burn injuries are a common and leading cause of injury mortality and morbidity around the world. Globally, child mortality, due to burn injuries, has been estimated to be around 2.5 per 100 000 in 103 countries, and 4.5 per 100 000 in Sub-Saharan Africa. Burn injuries negatively impact survivors both physically and psychosocially. Paediatric burn survivors are particularly vulnerable to the psychosocial effects of burn injuries, such as interruptions in their relationships with family, friendships and schooling. Given that burn interventions have been developed to help mitigate the negative physical and psychosocial sequalae that follow, psychosocial interventions that specifically focus on bolstering resilience in paediatric burn survivors are scant. Therefore, this research study sought to understand whether a psychosocial resilience-themed multimedia burn intervention distilled a sense of resilience based on the responses of parents of children who had experienced a burn injury. This research study adopted a qualitative research approach and used face-to-face interviews to explore these perceptions of parents regarding the intervention, which was in the form of a video clip. The sample size consisted of 13 parents of children who had experienced burn injuries. Participants were gained through a purposive sampling strategy. These participants were recruited and interviewed at the Red Cross War Memorial Children's Hospital in Cape Town, South Africa. The data collected was analysed through thematic analysis. Based on the findings from this research study, parents distilled a sense of resilience from the intervention and felt encouraged after watching it. Three main themes emerged from the data: (1) the acceptance of burn injury promotes psychological recovery; (2) hope matters and (3) being supported matters.

Keywords: Psychosocial Resilience, Paediatric Burn Injuries, Parents, Multimedia Intervention, Acceptance, Hope, Support

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CHAPTER 1: INTRODUCTION

1.1 Background

Burn injuries are a common global cause of injury. The World Health Organization [WHO] (2018) reports that there are over 250 000 burns-related deaths annually, worldwide. Globally, child mortality due to burn injuries is estimated to be around 2.5 burn deaths per 100 000 in 103 countries, and 4.5 burn deaths per 100 000 in Sub-Saharan Africa (Sengoelge et al., 2017). Moreover, Africa has an annual burn injury rate of 6.1 per 100 000 people per year, which makes it one of the highest-ranking regions for skin burns in the world (WHO, 2018). In South Africa, paediatric burns are at an all-time high suggesting that this cohort is at high risk for such injuries (Barnes & Moila, 2004; Blom et al., 2016). In 2016, the South African burn injury mortality rates were close to 8% (Jugmohan et al., 2016). Additionally, a recent report by Brink (2019) indicates an incidence rate of 14.6 per 10 000 child-years for infants, and an incidence rate of 15.8 per 10 000 child-years for toddlers.

Given the high prevalence of paediatric burn injuries in contexts like South Africa, the cost of burn care can also become exorbitant. According to ter Meulen et al. (2016), costs related to the treatment of burn injuries vary by severity, and whether surgery is required. For instance, changing dressings on burn wounds could cost more than R400 for every one percent of total body surface area (TBSA), and this cost becomes more than R600 if an operating theatre is needed (ter Meulen et al., 2016). Additionally, the total cost per patient is indicated to be more than R8 000 for every one percent and ten percent TBSA that was burned (ter Meulen et al., 2016). However, a total cost of more than R160 000 per patient has been calculated if the TBSA is greater than 30 percent (ter Meulen et al., 2016). Thus, given such costs for the treatment of burn injuries, already financially burdened families such those

[1] In South Africa, primary caregiving of children may be understood as a role taken either by a child's biological mother and father, or by the child's extended family such as grandparents, aunts and uncles, or even siblings. Therefore, this study will refer to 'parent' and 'caregiver', interchangeably.

living in low-to-middle income areas may feel further economic strain. Finally, children who experience burn injuries may also experience negative psychological consequences. These major psychological consequences range from personality disorders (Thomas et al., 2012), to anxiety and depression (van Baar et al., 2011), as well as being stigmatised (Shepherd et al., 2019). To address these negative psychosocial sequalae, various interventions have been developed and proven efficacious (Hornsby et al., 2020). Additionally, resilience has generally also been identified as an effective component within the burns recovery journey as it promotes positive coping and serves as a buffer against the associated traumatic symptoms that manifest after a burn injury (Kornhaber et al., 2016). However, despite these interventions, not enough psychosocial interventions exist specifically for paediatric burn survivors which emphasise psychosocial resilience. This will be more fully discussed in the literature review that follows.

1.2 Rationale

Paediatric burn injuries are a global, traumatic, and preventable problem (Puthumana et al., 2021). Burn injuries not only result in physical pain and disfigurement but can also lead to great emotional pain. Paediatric burn injuries may also cause psychological distress, such as anxiety, depression, posttraumatic stress disorder and other behavioural problems (Bakker et al., 2013). As such, psychological interventions aimed at children remain important for post-injury recovery, including on-going mental health and well-being.

However, even though burn interventions exist for child burn survivors (Kornhaber et al., 2016), too few specifically focus on bolstering resilience in children after a traumatic injury. Therefore, this research study focused on the perceptions of parents[1] with a child who experienced a burn injury. Parents were shown a psychosocially resilience-themed multimedia burn intervention (van Niekerk et al., 2019) that serves to bolster psychosocial

resilience post burn injury. Caregivers play an important role in catering for the child who has suffered from a burn injury (Rencken et al., 2021). Apart from caregivers having to provide for their child's daily needs, caregivers additionally need to take the child to the hospital for check-ups, provide emotional support throughout the journey of recovery, as well as pay medical bills related to the treatment of burn injuries (Rimmer et al., 2015). As such, caregivers have a good understanding of the needs of their child who has been exposed to a burn injury, unlike other caregivers who are not in the same position. For these reasons, caregivers were considered to be the most suitable group to participate in this study.

1.3 Aim and Objectives

The central aim of this study was to explore parents' responses to a psychosocially resilience-themed multimedia burn intervention. Parents in this research study were in the best position to provide insight into the messages and themes derived from the intervention. This multimedia intervention was in the form of an animated video clip with an overarching theme of psychosocial resilience. This research study was guided by the following two research objectives:

a) To explore the experiences of parents who watched the video clip;

b) To specifically explore whether parents distilled messages of psychosocial resilience from the video clip.

1.4 Overview of Chapters

This research study constitutes five chapters, with each chapter providing a different aspect of the entire research process.

Chapter 1, the introduction, serves to provide a context for the research study. This is specifically achieved through the background and rationale. This was then followed by the

aim and objectives. The first chapter then concludes with a chapter overview that serves to inform the reader of what is to follow.

Chapter 2, the literature review, serves to capture the relevant literature that pertains to work that has been done both internationally and locally in the burns field regarding psychosocial interventions.

Chapter 3, which discusses the methodology, serves to inform the reader as to how the research study was practically carried out. This is elaborated upon by the discussions of: the research approach, the research site, how participants were sampled and selected, how data was collected and the tools that were used, how data was analysed, and ethical issues that were considered.

Chapter 4, the findings and discussions, is dedicated to the presentation of the findings with supporting discussion on these themes that emerged from the interview data.

Chapter 5, the conclusion, contains a summary of the research study, which includes the strengths, limitations, and recommendations for future work in burns research.

CHAPTER 2: LITERATURE REVIEW

This chapter will discuss various aspects that pertain to burn injuries. These aspects include a discussion on how burn injuries are: classified, caused, and distributed amongst countries. In addition to these, the risk and protective factors of burn injuries will be discussed. Since burns negatively affect survivors psychologically, these impacts are also discussed. Thereafter, an overview of the available paediatric burn interventions will be provided. Lastly, the literature review will foreground the importance of resilience within interventions, and how this key focus on resilience will be carried throughout the research study. The literature review then concludes with the theoretical framework that was used in this research study.

2.1 Classification of Burn Injuries

According to the International Statistical Classification of Diseases and Related Health Problems 11th Revision (WHO, 2022), a burn injury can be clinically defined as trauma to the skin or other organic tissue that is primarily caused by the transmission and absorption of excessive thermal energy, such as by heat or electricity. There are four general types of burn injuries: thermal, electrical, chemical, and radiation. Thermal injuries include scalding and flames, whilst contact burns result from physical contact with hot objects. Furthermore, electrical burn injuries result from damage to tissue where an electrical current was present.

Finally, chemical injuries result from skin and tissue damage due to corrosive agents, and radiation injuries occur via electromagnetic or iodizing agents, with sunburn injuries being the most common (Johnson, 2018).

Burn injuries can further be classified by their severity. Warby and Maani (2020) note that depth is a key factor in deciding the severity of a burn injury. They explain that the depth

of a burn injury can result in either a partial-thickness or full-thickness burn. Partial-thickness burns consist of three further subtypes, namely superficial, superficial partial-thickness, and deep-thickness. These three degrees of thickness can result in distinct types of levels of damage to the skin, ranging from discolouration of the skin to blistering and scarring, respectively (Warby & Maani, 2020). Full-thickness burns are the severest and may often require surgery (Evers et al., 2010). Warby and Maani (2020) further note that the degree of burn depends on several factors, such as the area of skin that was burnt, the temperature of the mechanism, and for how long the skin and the mechanism were in contact.

Lastly, another important aspect of the severity of a burn injury is determined by the total body surface area (TBSA) (Gouma et al., 2012). Although there are several ways in which to measure the TBSA, such as the Rule of Palm (Rossiter et al., 1996), the Rule on Nines (Knaysi et al., 1968), or the Lund and Browder chart (Lund & Browder, 1944), the Rule of Nines remains the most popular method of measuring TBSA (Tocco-Tussardi et al., 2018). The Rule of Nines divides the body surface area into select percentages, where larger areas on the body have higher percentages than areas with fewer surface areas. For example, both the head and extremities each account for nine percent, while the entire trunk of the body totals 36 percent. Therefore, the severity of a burn injury is defined by the entire percentage of body surface area burnt; the higher the percentage of TBSA, the more severe the injury and the quicker medical treatment is needed.

2.2 Risk and Protective Factors in Burn Injuries

Globally, both high- and low-middle-income countries are affected by burn injuries with about 90 percent of burn mortality occurring in low-and middle-income countries (LIMCs) (Outwater, 2021). In developed countries, such as the United States of America, Australia, and South Korea, a decreasing trend in burn injuries has been observed (Smolle et

al., 2018). In Australia, reasons for such decreases in burn injuries are attributed to legislative changes, successfully implemented prevention programmes and a focus on workplace safety (Duke et al., 2012). Child burn injuries continue to remain a worldwide epidemiological challenge (Krishnamoorthy et al., 2012). An important contributing factor to child injuries is the overall living standard condition of a country. Khan et al. (2015) reported that child injury trends occur more often in lower-income countries than in high-income countries. Sengoelge et al. (2017) add that whilst the child burn mortality rate is 2.5 per 100,000 worldwide, this rate is almost double in Sub-Saharan Africa, with 4.5 child burn deaths per 100,000. Between 1995 and 2009, 9,438 paediatric burn cases alone occurred in South Africa (Wesson et al., 2013).

Burn injuries in developing countries are disproportionately higher than in developed countries. The most affected three regions identified by the WHO are the Eastern Mediterranean, Southeast Asia, and the African region (Rybarczyk et al., 2017). In India (Southeast Asia region), more than one million people suffer annually from moderate to severe burn injuries (Kumar et al., 2018). Aetiologically, common risk factors include unsafe stoves, cooking over open fires, and explosions from gas cylinders. In the African region, specifically in South Africa, many such impoverished households depend on dirty fuels for heating, such as coal and paraffin (van Niekerk et al., 2022). Paraffin stoves are often used in poorer households, despite these stoves often being faulty (ASSAf, 2021). Consequently, these faulty stoves have previously resulted in explosions causing many burn injuries (Fire Protection Association of South Africa, 2018). Such flame-burn injuries could be indicative of South Africa's 100,000 annual burn injury rate (ASSAf, 2021; van Niekerk, 2022).

Moreover, unsafe home designs also increase the risk of burn injuries. According to the Fire Protection Association of South Africa (2018), a total of 5,283 informal settlement fires is reported, of these open flames accounted for 1,027 (349 for cooking and 197 due to

heating). These numbers may be since over three million since South Africans are still considered ‘energy poor’ and rely on energy technologies that are regarded as hazardous such as candles, lanterns, and paraffin stoves (Kimemia et al., 2014). These alternative energy sources pose physical, economic, and health risks to those who live in informal settlements (Panday & Mafu, 2007).

Additionally, because informal dwellings are often overcrowded, the risk of dwelling fires increases (Allorto et al., 2009). For instance, Palm (2020) has documented shack fires of Imizamo Yethu in Hout Bay, Cape Town, where 200 shacks burned down and 800 people were displaced. The community in Booysens, Johannesburg, experienced a similar dreadful dwelling fire when a fire swept through the community and destroyed 500 shacks, with some community members suspecting it to be due to a kerosene stove (Masweneng, 2021).

Even though many informal dwellers in South Africa still rely on paraffin as a source of energy (Schwebel et al., 2009), the associated health and economic risks remain high. For instance, health risks due to paraffin include respiratory illnesses (chemical pneumonia), indoor air pollution, burn injuries, and fires (Panday & Mafu, 2007). Between 2003 and 2015, Red Cross War Memorial Children’s Hospital, situated in Cape Town, attributed 24% of all its poison-related admission to paraffin ingestion (Balme et al., 2012). Economically, costs of paraffin-related burn injuries in South Africa amount to over four hundred million rand per year (WHO, 2018). However, of greater concern is the social and psychological toll that is exerted on these communities as many not only have to restart from scratch in building their homes, but many either have lost loved ones or have themselves been burnt in the process.

Thus, considering the many risk factors that are common to burn injuries, an important distinction is to be made between which factors serve to protect against burn injuries, to those factors which serve to protect a burn survivor from negative psychological

sequalae post burn injury. By being knowledgeable of which risk factors exist can be protective or preventive. For example, understanding that children under five are more likely to sustain burn injuries in the home (such as in the kitchen), can help caregivers be more alert and prevent such injuries from occurring (Lal & Bhatti, 2017).

Post burn injuries can negatively affect survivors' social lives (Brewin & Homer, 2018). For example, psychological distress may result from injuries to body areas such as the face, arms, and legs and may further worsen feelings of social discomfort, perceived low self-esteem, and low self-worth (Hoogewerf et al., 2014; Jain et al., 2017). Burn survivors often experience stigmatisation and may experience name-calling due to their physical disfigurement (Shepherd et al., 2019). This may lead them to socially withdraw from family, friends, or even the workplace.

However, as a protective factor, the support from family can bolster a sense of resilience in burn survivors (Cartwright et al., 2019). Families that demonstrate elevated levels of cohesion, lack of violence, and who tackle problems as a family unit have been found to cope better during stressful and traumatic times (LeDoux et al., 1998). However, de Sousa (2010) points out that family members need to work through any feelings that stem from the burn incident so that ongoing care and support can be provided.

2.3 Psychological Impacts from Burns Injuries

A burn incident can be a significantly traumatic event in a person's life and can result in severe physical consequences, such as disfigurement (Stander & Wallis, 2011). Consequent pain from burn injuries may last for years after the initial injury has occurred (Schneider et al., 2006). Additionally, chronic pain from burn injuries has also been found to contribute to the development of anxiety and depression (Jain et al., 2017; Rimmer et al., 2015).

Thus, the psychological care for burn survivors also remains important (Cleary et al., 2018). For example, psychological interventions are necessary to assist burn survivors who may experience social maladjustments (Cleary et al., 2018). These related maladjustments may include post-traumatic stress disorder (PTSD), sleep disturbance (Spronk et al., 2018), altered body image (Motoki et al., 2019), somatisation (Altier et al., 2002), and appearance anxiety (Shepherd et al., 2019). As such, burn survivors may go through a range of painful experiences whilst on the road to physical and psychological recovery. These experiences may include having to deal with the disfigurement of their body (Kornhaber et al., 2014), painful wound dressings, and possible posttraumatic stress (Macleod et al., 2016).

Additionally, burn survivors may also be at risk for suicidal ideations or attempts (Lerman et al., 2021). Despite a paucity of research on the rates of suicidality amongst burn patients (Lerman et al., 2021), some researchers have nevertheless noted such trends in various parts of the world. For instance, married females in India contributed to the highest average (70.31%) of female suicides (Dhoble et al., 2018). High suicide rates were also observed in adults who sustained childhood burn injuries, with females being more likely to develop lifetime depression and anxiety (Goodhew et al., 2014).

Concerning child burn injuries, parents may have a challenging time dealing with and accepting the fact that their child has sustained a burn injury. For instance, Bakker et al. (2013) report that some caregivers may develop varying levels of depression after the incident has occurred. Thus, some caregivers may blame themselves and feel guilty that their child sustained a burn injury (Barnett et al., 2017; Duncan et al., 2015).

However, Worthington et al. (2007) have suggested that interventions that incorporate forgiveness of oneself (i.e., for one's child getting burnt), may prove to be psychologically beneficial for caregivers and aid in psychological recovery. Negatives emotions like guilt and

shame have been documented within burns literature (Hawkins et al., 2019; Kornhaber et al., 2018). Even though it may be common for caregivers to experience feelings of guilt and shame, it remains important that these feelings are recognised by health professionals so that caregivers can remain emotionally stable enough to support the affected child. Thus, psychological interventions remain an important part in the holistic treatment for burn injuries and their families.

2.4 Interventions for Paediatric Burn Survivors

Regardless of the extent of burn injuries, physical and psychological interventions are often needed to assist individuals and their loved ones through the healing process. When a burn injury occurs the first intervention is often of a physical nature such as performing first aid on the burn wound or seeking out medical treatment for more severe burn wounds. At this point, the focus is on treating the physical injury.

However, psychological interventions become necessary once the burn survivor has been medically attended to. This will involve helping both burn survivor and their loved ones emotionally cope with the outcome of the burn injury. The following sections will identify various interventions that have been shown to attenuate the negative outcomes that follow burn injuries. The subsequent sections will focus on the physical (such as medical interventions), to interventions that focus on the individual themselves, including their families, peers, and school.

Historically, much emphasis has been placed on interventions that deal with the physical aspects of burns-related injuries (Li et al., 2017; Najafi-Ghezeljeh et al., 2017; Nurmatov et al., 2018). A great deal of progress has been made over the years in this area which has contributed to the successful physical recovery from burn injuries (Stone et al., 2018; Tavakoli & Klar, 2021). For instance, various surgical procedures can be used to treat

and manage burn wounds, such as artificial skin substitutes, skin grafting or excisions, amongst others (Jeschke et al., 2020). However, physical interventions (such as surgery) often do not account for the psychological implications that burn injuries have on individuals. Thus, psychological interventions are equally important as their physical counterparts for holistic healing in burn survivors. Such interventions seek to help burn survivors emotionally cope with their ordeal since they may be struggling with depression or anxiety (Hornsby et al., 2020).

Moreover, interventions specifically aimed at children with burn injuries are important. For instance, Hornsby et al. (2020) note that psychological interventions tailored toward children and adolescent burns recovery, such as distraction interventions, significantly decrease anxiety levels and improved psychosocial outcomes. Of burns camps, Hornsby et al. (2020) found these to also be beneficial as they showed reductions in children feeling stigmatised, leading to significant decreases in levels of dissatisfaction with their appearances post-injury, and increased levels of self-esteem.

Moreover, despite paediatric burn survivors having to deal with the consequences of their injury, parents and other family members are often also negatively affected by their child's burn injury. These family members are at also at risk for increased levels of depression, anxiety, and posttraumatic stress disorder (Enns et al., 2016). However, even though the need for families to be supported in these situations, few psychological interventions exist for families that may help them be prepared for caring of their child (Bayuo & Wong, 2021).

Furthermore, burn injuries negatively affect children's perception of their own bodies. For instance, the concept of developing body image in children is said to take place around two years of age (Cash, 2011 as cited in King, 2018). By the time children enter school their

perception of what bodies should look like have already been formed through their cultural values (King, 2018). Furthermore, school-aged children develop an increasing need for friendships and social support, which result in higher self-esteem, lower levels of depression and a feeling positive about their body images (Orr et al., 1989).

When burns occur, burn injuries not only cause physical damage to the child's body but also decreases their self-esteem and creates dissatisfaction with how their bodies appear (Reeve et al., 2011). Additionally, children with burn injuries face the risk of stigmatisation from their peers (Rivlin & Faragher, 2007). To mitigate these risks as far as possible, interventions such as burn camps have demonstrated some positive results. The purpose of these burn camps is to create an environment wherein burn survivors can meet other peers with burn injuries (Maslow & Lobato, 2010), build up self-confidence, rediscover their identity and form new friendships (Walls Rosenstein, 1986). Concerning the impact of these burn camps on the burn survivor campers, several qualitative studies have been found burn camp to have improve better levels of confidence, viz. body appearance and body image, a sense of safety at the burn camp, including feelings of belonging and feeling a sense of normalness (Kornhaber et al., 2020).

Lastly, schooling is one of the most important life stages that a child goes through. These formative years help foster a foundation for the child to navigate the academic and social worlds. However, burn injuries may disrupt the child's schooling ability and negatively affect their academic performance abilities (Azzam et al., 2018). Furthermore, children with burn injuries may also have higher levels of anxiety and depression from bullying because of their disfigurement (van Niekerk et al., 2020). As such, several interventions have been found to improve their mental health academic performance. According to van Niekerk et al. (2020), educational authorities that offered reassurance, advice and awareness around burn injuries aided in fostering positive school reintegration.

2.5 Psychosocial Resilience

To provide a single definition of resilience would be a challenging task to render because it has been operationalised in so many ways (van Breda, 2018). Whereas resilience has been described as our ability to adapt to difficult or traumatic situations (Newman, 2005), others have described it as an ongoing process that forms part of the life of a person that has either experienced trauma, such as a burn injury (Holaday & McPherson, 1997), or even as a personal trait (Herrman et al., 2011). Since, so many definitions and meanings of resilience exist, it has drawn criticism regarding its validity as a theory (Fletcher & Sarkar, 2013).

However, regardless of the plethora of definitions that exist, these definitions centre on two ideas: adversity and positive adaption. On the one hand, the experiencing of pain, sadness, trauma, or death can elicit negative emotions within us, and may interrupt our daily functioning and well-being (van Breda, 2018). On the other hand, positive adaption is our response to those negative life events that make us psychologically resilient, and more resourceful.

Furthermore, numerous factors contribute to resilience, such as personal factors, biological factors, and environmental factors (Herrman et al., 2011). Personal factors include certain personality traits such as having a sense of openness, being extraverted and agreeable. Other personal factors further include positive thinking about demanding situations by fitting it into one's personal narrative, as well as other spirituality and optimism. Concerning biological factors, past research has indicated that certain types of environments children grow up in may contribute to their levels of resilience. For instance, children growing up in severe environments may negatively affect their growing brains, which may put them at risk for future psychopathy and lowered levels of resilience (Cicchetti & Curtis, 2006 as cited in Herrman, 2011). Lastly, environmental factors that contribute to higher levels of resilience

have been noticed in children who come from stable family environments that are caring and nurturing, including spirituality, religion, and not being exposed to violence.

As an element of resilience, having hope, has also been found to be helpful in times of adversity. According to Lohne and Severinsson (2006), hope is not only searching for the meaning of life but possessing a will to push through challenging times. For instance, cancer patients who were hopeful about the future despite their medical condition, displayed higher survival rates a year later than those patients who were not as hopeful (Allison et al., 2003). Hope was also found to be important for patients who had spinal cord injuries. For them, hope meant strength and feeling determined to overcome their negative situations and to strive for a positive future (Zuchetto et al., 2020).

Hopefulness has also played a significant role in the lives of burn survivors. For burn patients, being hopeful can mean feeling normal again and living an ordinary life in the future (Hemmati Maslapak et al., 2021). The presence and care of nurses at the homes of burn survivors have also been said to increase hopefulness in those patients (HeydariKhayat et al., 2020). Specifically, in family of burn survivors, Bäckström et al. (2018) found that family members felt more hopeful through encouragement from staff, their social networks, and their belief in a higher power. This may seem to suggest that hope be a key factor to be distilled in burns patients as it may contribute to increased levels of resilience.

Furthermore, social support has also been shown to bolster resilience in patients with various conditions. According to Cohen (2004), social support is defined as being able to tap into psychological and material resources that will benefit the person by helping them to cope with the stress that they are under. Such sources of social support may include, but not limited to family, friends, or caregivers. For example, cancer patients who had strong social support systems displayed higher levels of resilience as these support systems aided in

negating the adverse psychological effects that cancer patients commonly experience (Vartak, 2015). In burns literature, resilience has been positively correlated with social support, suggesting that higher levels of social support contribute to higher levels of resilience in burn survivors (Waqas et al., 2018).

As a social system, key characteristics include various degrees of cohesiveness, flexibility, and of communications that are all multidirectional (Patterson, 2002). In other words, families share levels of emotional closeness; to what degree families can adjust to change, and how families communicate with one another when sharing thoughts and feelings can be assets. These attributes within the family systems theory speak to the degree that resilience is demonstrated, especially in times of crisis, such as when a family member sustains a burn injury. The role of psychological resilience, therefore, remains pivotal to the psychological well-being of both the burn survivor and their families.

Lastly, psychological interventions which are focused on bolstering resilience specifically in burn survivors are sparce (Kornhaber et al., 2016). Thus, the current psychosocially resilience-based multimedia intervention was specifically designed to bolster resilience in paediatric burn survivors. To this end, key elements of resilience are depicted in the intervention such as parental support, peer support, school support and medical support. These elements have all been shown to strengthen resilience in burn survivors (Kornhaber et al., 2016; van Niekerk et al., 2020). Therefore, this study seeks to contribute to the knowledge on psychological interventions with an emphasis on resilience, specifically aimed at paediatric burn survivors.

2.6 Theoretical Framework

A theoretical framework in qualitative research is important because it not only locates the literature on the topic, but also the findings that emerge from the research (Rocco

& Plakhothnik, 2009). Therefore, the Ecological Systems Theory (EST) (Bronfenbrenner, 2005) was considered fitting for this study. As indicated earlier, resilience can be understood as either an innate trait (Herrman et al., 2011), or as being bolstered through various social systems that exist beyond an individual. With this in mind, the EST suggests that five systems interact with one another on different levels of spheres. These spheres are the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. To appreciate the interlinking nature of each system with the next, a description of each system is provided, followed by their interactive nature, below.

According to Bronfenbrenner (2005), the microsystem consists of the immediate environment that an individual is exposed to, such as family, friends, or school. The mesosystem refers to all the different microsystems and their interactions with one another, such as the interaction between parents and children's friendship circle, or the influence of the community on the family and vice-versa. The exosystem impacts an individual but does so indirectly. This sphere still exerts an influence on the individual, but the impact is filtered down the spheres beneath it until it reaches the individual. The macrosystem involves the larger structures in an individual's social environment like culture and societal values. Lastly, the chronosystem concerns itself with the life stages that an individual may pass through or experience relevant to what they are currently facing at that time. Children who sustain burns-related injuries are affected in significant ways. Children may experience different emotions from burns injury, and this may have a direct impact on them as individuals (King, 2018). Moreover, children who have sustained burn injuries may also face challenges in social situations (Armstrong-James et al., 2018). Caregivers may also be negatively affected by the burns-related injury of their children (Suurmond et al., 2020). Thus, by using the ecological systems theory, this study will attempt to illustrate caregivers' appraisals of the multiple resilience influences that caregivers highlight as affecting a child burn survivor.

CHAPTER 3: METHODOLOGY

This chapter begins with the research approach that was used in the present study. This is followed by a discussion regarding the research site in which this study took place. The focus then shifts to the study's multimedia burn intervention video clip that was used which outline key moments in the video clip that were deemed as important in this study. Next, the research procedure is described including how participants were sampled and selected, after which, an explanation of how the researcher collected the data will follow. This chapter then focuses on the analysis of the interview data, and concludes with thoughts on trustworthiness, reflexivity, and the ethical considerations that were taken throughout the entire research study.

3.1 Research Approach

There are three common philosophical assumptions that serve as theoretical pillars to paradigms, such as quantitative or qualitative research paradigms. In both qualitative and quantitative research these pillars are ontology, epistemology, and methodology (Creswell, 2013), and will be elaborated upon more fully, below.

Ontology relates to the nature of reality (Creswell, 2013). In qualitative research, it is demonstrated through the collaborative partnership between the researcher and the participant(s) or community. For this reason, subjective realities are explored as they provide contextual understanding of social phenomena. In quantitative research, however, one single reality is sought and accepted (Creswell, 2013). From this ontological premise, the researcher is detached from the research process by which they do not allow for their personal perspective on reality to colour in any part of the research process (Tuli, 2010).

Furthermore, epistemology centres on how reality can be known or understood (Creswell, 2013). In qualitative research, reality is sought through the interactions with

people which may yield many truths about one phenomenon (Berryman, 2019). In quantitative research, reality and the meanings of things are objective and that "objects in the world from the positivist viewpoint, have meaning prior to, and independently of, any consciousness of them" (Al- Ababneh, 2020, p. 80).

Lastly, methodology relates to how knowledge is practically gained. On the one hand, quantitative research seeks to examine relationships that exist between variables (Creswell, 2014b). Quantitative studies run various statistical analyses on these variables and therefore produce numerical data (Al-Ababneh, 2020). These results are generalisable and need large numbers of participants to achieve this. Furthermore, core elements of quantitative research include reliability and validity. Whereas reliability refers to how replicable the results are if achieved in other studies, validity refers to how appropriate the methodology is in a study for what it is intending to research (Leung, 2015).

On the other hand, qualitative research seeks to deepen the understanding of a specific social phenomenon, particularly when it cannot be quantified (Queirós et al., 2017). The goal of qualitative research is to gain better insight into a social phenomenon, and to explore that social phenomenon in depth so that the knowledges gained will contribute to a richer understanding of that social phenomenon. Thus, qualitative researchers often select their participants carefully because those participants are most likely to help the researchers best understand the phenomenon under study (Creswell, 2014a). Unlike its counterpart, qualitative research results in data with words rather than numbers (quantitative), and data mostly being gathered in the form of interviews (Busetto et al., 2020). Therefore, the modes of qualitative enquiry stand in stark contrast to that of quantitative modes. According to Siegle (2019), these differences can be understood in four different modes of inquiry: assumptions, purpose, approach, and the researcher's role during data collection.

The assumption for qualitative research argues that reality is a socially constructed idea, subject matter is most important, variables are often complex and unmeasurable, and that it assumes an emic perspective. The purpose of qualitative research, according to Siegle (2019), is to contextualise data, interpret findings and understand the perspectives of participants. Furthermore, the approach to qualitative research ends with hypotheses and grounded theory. The researcher is the instrument through which data will be collected (such as interviews).

Qualitative research is naturalistic, looks for patterns, inductive and findings are written up descriptively (Siegle, 2019). Lastly, the researcher is personally involved in the data collection, analytic process, and uses empathic understanding to make sense of the findings (Siegle, 2019). For these reasons, this study is grounded in and guided by the philosophical underpinnings of qualitative inquiry. Within this framework, the researcher explores the perceptions of caregivers concerning the video clip that they watched. The qualitative nature of this study promotes the findings to be rich in meaning and in-depth in understanding.

3.2 Research Site

The Red Cross War Memorial Children's Hospital, situated in Cape Town, South Africa, was specifically chosen as the research site for this study chiefly, because it is the only dedicated children's hospital in South Africa, which manages more than 200 000 paediatric admissions annually (Children's Hospital Trust, 2020). This hospital admits numerous types of cases, but also specialises in paediatric burn care. In 2020, burn injuries ranked as the second highest cause of paediatric injuries (Childsafe, 2020). Out of 873 children, 517 were admitted to the hospital due to burn injuries. The leading mechanism of injury were liquid burns in over 85 percent of children under five years of age (Childsafe,

2020). Of all the burn injuries that were admitted, 64 were minor, 767 were moderate and 42 admissions were regarded as severe.

Lastly, most admissions were seen during the winter period, with burn injuries specifically occurring at home in children under the age of four years (Childsafe, 2020). Thus, considering the large amount of burn injury admissions that are made annually, which are made up of diverse populations, the researcher chose this hospital as the research site for data collection.

3.3 Participant Sampling and Selection Strategy

A purposive sampling strategy to recruit participants was used in this research study. This sampling strategy allowed the researcher to decide which participants were best matched in answering the aim and objectives of this study (Campbell et al., 2020). For eligibility in this research study, parents needed to have had a child (<13 years) that sustained a burn injury. The age limit was used because the Hospital only admitted children up to the age of 12 (Red Cross War Memorial Children's Hospital Outpatients Department Booklet, 2014). Children who were 13 years or older were sent to relevant hospitals or to clinics closest to their homes. Participants were recruited if they were able and willing to converse in the English or Afrikaans language. These languages were chosen because the researcher is conversant in both languages.

Furthermore, the head of the burns unit recommended that ethical clearance should first be obtained through the Human Research Ethics Committee of the University of Cape Town. Sampling only began once this research study had received all ethical clearances.

In total, 14 participants were recruited for interviews. According to Vasileiou et al. (2018), sampling sizes in qualitative research have been much debated over the years since the exact number of participants needed for each study can vary greatly. As such, many ideas

have been put forth as to when qualitative research studies have recruited enough participants (Vasileiou et al., 2018). Theoretical saturation is thought to have occurred when new data collected do not add any new knowledge about the phenomenon under study (Charmaz, 2006). In their study, Guest et al.'s (2006) saturation of their themes was reached at their twelfth interview, despite having had 60 interviews in total. For them, this was because their sample population was homogenous, and the aim of their researched was focused enough (Guest et al., 2006). For this reason, the researcher in this study aimed for 14 interviews.

However, one interview was ended in its initial stages due to a language barrier. Thus, 13 interviews were conducted and transcribed. Eleven participants were female and three were male. Table 1 presents the demographic make-up of all the participants.

3.3.1 Table 1 Demographics

Participant	Participant Sex	Relationship to Child	Child Sex	Child Age	TBSA
A	Female	Mother	Male	18m*	± 10%
B	Female	Mother	Male	4yo**	± 9%
C	Female	Aunt	Male	12yo	± 20%
D	Male	Father	Female	7yo	± 10%
E	Female	Mother	Male	10	± 10|%
F	Female	Mother	Female	8yo	± 10%
G	Male	Father	Male	4yo	± 10%
H	Female	Mother	Female	6yo	± 7%
***I	Female	Mother	Female	9yo	± 25%
J	Female	Mother	Female	7yo	± 10%
K	Female	Mother	Male	6yo	± 27%

L	Female	Mother	Female	10yo	± 15%
M	Male	Father	Male	5yo	± 10%
N	Female	Mother	Female	9yo	± 10%

* m = months old
** yo = years old
*** Participant did not take part in study

3.4 Data Collection Tools and Instruments

The researcher gathered interview data through individual face-to-face, semi-structured interviews. Face-to-face interviews have been described as one of the best methods to collect data because they offer the researcher opportunities to understand what the interviewee is saying. For instance, Ryan et al. (2009) point out that interviews can pick up on nonverbal cues such as overserving their body language and facial expressions during the interview. Furthermore, Weller (2007) also notes that face-to-face interviews allow for greater rapport between researcher and participant. Establishing rapport and trust is crucial to the success of the interview because the relationship that exists between the interviewer and the interviewee is not equal (Kvale, 1994). Consequently, when rapport and trust were established between the researcher of this study and participants, honest discourse between the researcher and each participant occurred.

Intervention. Furthermore, past literature has shown that the use of multimedia resources imbedded in psychological interventions for burns-related injuries survivors, may be efficacious (Finlay et al., 2012; Mamashli et al., 2019). The instrument that was used in this study was a ±3-minute animation video that portrayed a story of psychosocial resilience and positive recovery after a burn injury, from the perspective of an adolescent boy's experiences a few years ago. The boy described personal strategies and the various sources and forms of support he had received during separate phases of this psychosocial journey,

from hospitalisation to his return home and school, and how various people in his life facilitated his recovery. It integrated psycho-educational and supportive messages aimed at building hope and activating support in both burn victims and those involved and affected such as friends, teachers, health professionals, and parents (van Niekerk et al., 2019).

The sequence of key events in the video clip is as follows: The boy says at 00:33 that he sustained a burn injury to his face and arm. He then is transported to the hospital (00:35) and recalls feeling a range of negative emotions, such as feeling sad and alone. The boy then recalls the encouraging words that his mother provided him with (00:51). The boy states at 00:09 that the doctors and nurses supported him physically by attending to his wounds and giving him hope. The boy looks into a mirror and sees his face for the first time (01:16) and was both shocked and saddened, stating that he didn't know who he was anymore. At 01:20 his mother is seen in the mirror assuring him that he is still the same person despite his burn injury. The boy makes a friend in the hospital (01:33) who is depicted as encouraging the boy and reminding him to take it one day at a time. The boy then starts believing the words that he can make it (01:44), and soon leaves the hospital to go back home (01:48). At 01:57 the boy is seen sitting at the table sharing a meal with his family members who do not seem to be bothered by his scars. The boy is also then seen spending time with his mother, siblings and grandmother watching television and having an enjoyable time. His mother tucks him into bed at 02:10 and reminds him again that everything will be all right and that he is still the same person. The boy states that he wished he could be with his friend so that he could talk about things and play around like he used to (02:21). He is then seen playing in the park with his friends (02:33) and states that his friend and teacher helped him with homework because he couldn't go back to school immediately (02:39). At 02:46 the boy is seen arriving at school for the first time after his injury and says that it was not easy for him. Some of his classmates are seen staring at his scars (02:50) which makes him visibly sad. However, at

03:03 his friend encourages him outside on the playground and tells him to ignore what the other children were saying. The boy is seen playing outside of his home with his friends and says that he is still feeling hopeful about the future (03:17). The video clip ends off with the boy having grown up and who has become a soccer coach and mentions that he has become a stronger person as a result of his injury.

3.5 Data Collection Procedure

Before the study commenced with data collection, ethics approval was first sought and obtained from the University of the Western Cape. Further ethics approval needed to be obtained and was gained from the University of Cape Town. This was followed by further ethics approval from Red Cross War Memorial Children's Hospital. The researcher then travelled to the hospital where he recruited participants. These participants were already waiting at the burns unit for their child's health check-up and to have their wound dressings changed, amongst other things.

With the guidance of the head of the burn unit the researcher approached the on-duty nursing staff members and explained to them what the requirements of the study were. A nursing staff member then showed the researcher a list of names of caregivers who were there that day. The researcher then approached these prospective participants individually whilst they were sitting in the waiting room. These prospective participants were briefly informed about the researcher and what the study was about. Those participants who verbally agreed to partake in this study were led to the interview room by researcher. The researcher then fully explained to each participant the aim and objectives of this research study and gave each participant an information sheet with all the study's information on it (Appendix A). The researcher also explained that the interview was going to be audio-recorded and that the researcher needed to have each participant sign the informed consent form if they agreed to

1) participate in the study, and 2) to be audio-recorded (Appendix C). The researcher then gathered demographic information from participants (Table 1), which was then followed by the participant watching the multimedia intervention (which was in the form of a video clip) on the researcher's laptop).

The researcher then started with the conversation with each participant regarding their thoughts about the video. The researcher at this time made use of the interview guide (Appendix E). This interview guide was put together based on current literature about psychosocial experiences after burn injuries, together with the aim and objectives of this study. When the interviews were concluded, the researcher thanked each participant for their willingness to take part in the study and stopped the recording. All informed consent forms were duly completed before each interview started and were kept by the researcher in a file. Each interview recording was stored digitally, and password protected. Additionally, all COVID-19 protocols such as maintaining physical, social distance and wearing masks were strictly adhered to during the interviews.

Concerning the languages of the interviews, two participants indicated that their preferred language was English, four participants indicated that their preferred language was either English or Afrikaans. Furthermore, six participants indicated that their preferred language was isiXhosa or English, one participant indicated that their preferred language was isiXhosa and one other participant indicated that their preferred language was French but was willing and able to do the interview in English. However, one isiXhosa speaking participant indicated that they were willing to have the interview in English, but once the interview started the participant became visibly uncomfortable as they tried to articulate their responses into English. The researcher asked the participant if they wanted to continue with the interview to which the participant indicated that they would rather have the interview end. This participant was thanked for their willingness for taking part in this study.

3.6 Data Analysis

Thematic analysis method is one of many qualitative tools designed to analyse qualitative data (Vaismoradi et al., 2013). By using this method, themes are generated that help give meaning of the phenomenon under study. Furthermore, the use of transcribed interview data allows for themes and patterns of meaning related to the phenomenon to emerge (Braun & Clarke, 2006). For this reason, this study opted to use Braun and Clarke's (2006) method of conducting a thematic analysis. According to Braun and Clarke (2006), the process of conducting a thematic analysis involves six steps: (1) Familiarisation, (2) coding, (3) generating themes, (4) reviewing themes, (5) defining and naming themes and (6) writing up.

3.8.1 Step 1: Familiarisation refers to the researcher becoming familiar with the data. In transcribing the data, the researcher of this study became familiar with the data. Thereafter, several re-readings were done that ensured that the researcher was fully immersed within the data.

3.8.2 Step 2: Coding refers to highlighting certain sections of the interview that aligns themselves with the research question. These initial codes are then cross-linked and systematically organized. This process allows for the identification of patterns in the text to emerge and show any commonalities amongst codes. In this study, the researcher created a codebook wherein all codes were recorded in. This resulted in over 200 initial codes that were then categorised into groups that shared similar ideas.

3.8.3 Step 3: Following the coding stage is the identification of themes. This may include combining different codes since there may be an overlap amongst some. According to Braun and Clarke (2012), related codes are grouped to form themes. In this study, the researcher observed the coded data and decided which codes were to be grouped into which themes. The

researcher initially grouped five preliminary themes that seemed to sum up what the participants were saying.

3.8.4 Step 4: During this stage, all codes and themes were reviewed. The researcher inspected each theme and assessed its relevance in answering the research question, and whether each theme was verifiable within the overall dataset. Three themes emerged from the data, supported by two subthemes.

3.8.5 Step 5: The naming of themes is important as it allows the reader to immediately ascertain the essence of each theme (Fielden et al., 2011). Thus, the researcher named and defined each theme that served to encapsulate the essence of that theme.

3.8.6 Step 6: Lastly, the write-up of the findings and discussions was presented in a narrative style. For instance, each theme's findings was presented with extracts from transcripts, which were then followed by a discussion thereof.

3.7 Trustworthiness

According to Jordan et al. (2015), trustworthiness is an important and very practical component of qualitative research. It is argued that producing trustworthy research makes research not only believable but also for research findings to inform choice-making processes of individuals, and communities (Jordan et al., 2015). Because this research study was nested within an interpretive paradigm, the following criteria were able to be used to validate the research: credibility, transferability, dependability, and confirmability.

Credibility is understood as the extent to which research is regarded as believable and accurate (Guba, 1981). Credibility was achieved in this study when the researcher documented his experiences about the data collection process. The researcher also checked double-checked his research reports and was also guided by his three supervisors who have a wealth of knowledge and experience within the fields of burn injuries, psychology, and

public health. Any changes his supervisors suggested were integrated throughout the interview process. Furthermore, credibility was also achieved through the researcher asking participants clarifying questions throughout all interviews to ensure that the researcher correctly captured the essence of what participants were saying.

Transferability refers to the notion that the findings of a research study can be transferred to other, similar contexts. This transferability judgement important because other researchers can ascertain whether the findings of a study are transferrable to their contexts (Korstjens & Moser, 2018). Through purposive sampling, the researcher selected participants from a homogenous group. This meant that all participants were part of this study because they had a child who had sustained a burn injury. Thus, the findings from this group were similar in nature, which suggested that these findings may be found meaningful for other caregivers that are in similar situations.

Dependability within a research study relates to the reliability and consistency of its findings which is achieved by ensuring that the analysis of data is up to date with the current standards of the design used in the study (Korstjens & Moser, 2018). Thus, dependability was ensured in this study by having three independent researchers evaluate the quality of the data collection process and the findings that were analysed. The researcher also made process notes of each interview, which contained thoughts and feelings regarding how each interview went.

Lastly, confirmability has to do with how neutral a researcher remains throughout a study which can be achieved through an audit trail (Korstjens & Moser, 2018). An audit-trail is made up of field notes, team meetings, journaled thoughts about the research process, and the research materials that were used in a study, amongst others (Korstjens & Moser, 2018). Guba (1981) also suggests that, in the interest of having data confirmable, researchers

practice reflexivity throughout the data collection phase. Thus, the researcher kept a journal with all the process notes in it which recorded not only thoughts about each interview but also change in the mindset of the researcher that may have influenced the interviews as they progressed. Additionally, the researcher created a logbook that contained all the codes, provisional themes and final themes that had supporting quotations.

3.8 Reflexivity

Reflexivity is the practice in qualitative research whereby researchers can critically self- appraise their feelings, reactions, preferences, beliefs, and ideological stances during the research process (Berger, 2015). Cutcliffe (2003) asserts that reflexivity, on the part of the researcher, allows controlling any emerging biases which therefore results in the increased credibility and accuracy of the research study, and deems it trustworthy.

Throughout the research process of this study, I was mindful of my thoughts, feelings, and potential biases as they pertained to the data collection and analysis procedures. For instance, I was mindful that, being a white male, contributed to some participants feeling uneasy or nervous during interviews. These feelings may have surfaced due to our country's past (apartheid), although I was determined to be as sensitive, as caring, and as supportive as possible towards the participants always, so that data collection was not compromised in any way.

Even though some participants agreed to have the interview conducted in English, I noted that some participants struggled to communicate their thoughts and feelings effectively and comprehensively. Of those participants whose mother tongue was Afrikaans, I encouraged them to speak in Afrikaans since I was able to meaningfully comprehend the Afrikaans language. This eased those participants and helped them to communicate more freely and openly about their experiences.

Furthermore, I never experienced a severe burn injury, nor to any of my family members. This, therefore, may have limited me in being able to completely understand what the participants were emotionally going through, and perhaps for me to probe them further. However, being a new father, contributed to the research process as it helped me to emphasize with each caregiver from an emotional standpoint, which aided in both rapport-building and richness of each interview.

Moreover, the constant crying from children in the clinic evoked a deep sense of compassion within me because every cry that I heard felt to me as though it was my child that was crying. I used that experience to strengthen the research process by motivating me to listen to and empathize with my participants on a deeper emotional level. It was also at this point that I experienced a deep sense of appreciation for what each participant was going through, and although I was not there in the capacity as a counsellor, I, nonetheless, offered sympathising words. I felt that the participants responded in a positive manner which further encouraged me to make sure that I disseminate the findings of this study so that other caregivers can know that everything will be okay again and to continue to be hopeful.

Finally, being a new father, I made a concerted effort to not appear judgmental when listening to the experiences that the participants related. Had I indeed come across as judgmental, participants may have picked up on this and either refuse to continue the interview, or to engage superficially which would have compromised the richness of the data. What helped me not come across as judgmental was to continuously put myself in the ‘shoes’ of each participant. By doing this, I was constantly mindful that every participant’s child could have been my own, and whether I would have needed support instead of judgement. The entire data collection phase was a humbling experience for me and made me determined to improve on each subsequent interview so that all the necessary information was gained that would answer the research question of this study.

3.9 Ethical Considerations

Ethics is one of the most important aspects of any research study (Simelane-Mnisi, 2018). As a broad concept, it concerns itself with the well-being of both participant and interviewer. As such, various protocols, processes, and guidelines are put in place to ensure that both parties are treated with respect, dignity, and professionalism. To ensure that an ethical process was followed, ethical approvals were sought and obtained from the University of the Western Cape's Biomedical Research Ethics Committee (reference number: BM20821) (Appendix G), from the Human Research Ethics Committee at the University of Cape Town (reference number: HREC:332/2021) (Appendix H), as well as from the Red Cross War Memorial Children's Hospital's Research Review Committee (reference number: RCC/WC_202106_053) (Appendix I). Only when the study had obtained ethics approval did the researcher then approach participants with an informed consent form (Appendix C). This informed consent form clearly explained any foreseeable risks associated with this study and was signed by each participant.

Amongst the principles of ethics, Beauchamp and Childress (2001) emphasise autonomy; this principle remained central throughout this study. Autonomy was achieved when participants were reminded that, even though they signed a consent form, they remained free to withdraw from the study at any point in time, without any negative consequences to them. Each participant also had a pseudonym assigned to them to protect their identity, for example 'participant A' and 'participant B', and so forth.

Furthermore, confidentiality concerns itself with keeping all personal information shared privately. However, due to the constraints of the COVID-19 pandemic, it was not possible to hand over the recordings and consent forms to my supervisor as the lockdown regulations did not allow for it at the time. Thus, measures to safeguard the information were

to encrypt all audio recordings with a password and storing them in a digitally encrypted folder on the researcher's laptop. Signed informed consent forms were also securely locked away in the researcher's home office, which was then handed over to his supervisor when the lockdown regulations lifted.

Beneficence refers to the idea of doing good within the research setting and nonmaleficence refers to the idea that both researcher and participant should not be harmed during the process (Morrow et al., 2019). A potential risk of this research study was the emotional recollection and distress of the burns-related injury. The researcher showed sensitivity throughout the whole interview process by offering a debriefing after each interview to allow participants to share any negative emotions. The researcher also reminded each participant that should they feel the need for professional help that the researcher would put them in touch with his supervisors, who are qualified clinical psychologists.

Lastly, conflict of interest can be understood as any external interest/s that may negatively influence the professionality of the author/researcher/reviewer of a research study, most commonly that of financial implications (Resnik & Elmore, 2018). However, the researcher did not foresee any conflict of interest in this research study. Lastly, permission was also given by the creators of the multimedia intervention for the use of the video clip (data instrument) throughout this study.

This chapter, focusing on methodology, has sought to describe in detail the methodological tools and procedures that were used and followed throughout this study. To reiterate, the interviews in this study took place at the Red Cross War Memorial Children's Hospital, based in Cape Town, South Africa. The researcher made use of the purposive sampling technique to gain access to participants who had children that burned survivors. The researcher used semi-structured interviews and analysed each transcript thematically. All

ethics procedures were duly conducted, along with obtaining all relevant study approvals. The following chapter will be dedicated to the findings that emerged from the thematic analyses that were performed, along with a discussion of each theme.

CHAPTER 4: FINDINGS AND DISCUSSIONS

The format of this chapter will consist of integrated findings and discussions, instead of having two separate chapters for both findings and discussion. Thus, the findings of each theme will be presented first which would then be followed by its discussion. Furthermore, this chapter outlines all the themes which were generated from the interview data collected from the study participants. The interview data that were collected served to address the aim and objectives of this study.

Therefore, the findings presented in this chapter help to realise the objectives of the research. These objectives included the following: 1): To explore the experiences of parents who watched the video clip, and 2): to specifically explore whether parents distilled messages of psychosocial resilience from the video clip. The data presented below are verbatim quotations from all the participants that were captured through interviews. These interviews were held face-to-face and were guided by a semi-structured interview guide.

Three main themes were generated from the data, of these, one theme had two subthemes. Below, Table 2 indicates a summarised version of all the themes that emerged. Using verbatim quotations, the findings from the study are offered in such a way that the 'voices' of all participants are contextualised within the study.

Table 2: Themes, subthemes, and codes

Themes:	Subthemes:	Key Codes:
1. Acceptance of Burn Injury Promotes Psychological Recovery		Self-Acceptance
2. Hope Matters		Encouragement, Caregiver Support, Hopefulness, spirituality
3. Support Matters	Relational Support Through Family and Friends	Parents, caregivers, aunt, siblings, friendship,

4.1 Theme 1: Acceptance of a Burn Injury Promotes Psychological Recovery – 'Because if you accept it… I'm going to pass this'

After viewing the video clip, the boy's acceptance of his injury played a significant role as it helped him become more determined to find meaning and purpose in his life, as indicated by participant M:

> It's tragic that the kid burn but after that he had to accept the scar and people have to accept him with the scar and that is why he move on with his life and became a school teacher and help kids you see

Several participants recalled their own child's journey of recovery and spoke of what acceptance means for them. For instance, participant F noted that her child started accepting himself because of the family's unconditional support that he had received: *"but now as he grow up it's not so hard for him anymore because we at home let him feel more comfortable…so he's getting used to the fact that he burn"*. Similarly, through participant K's constant encouragement and acceptance of her own child, accepting his own injury also became easier to do:

> So I saw that he was not accepting himself so I tried to told him that no, it's you…this happened to you and now accept yourself because I accept you, because I am your mum…and you will be fine. Time has gone he accept himself even now he told me he look in the mirror and he not scared

Furthermore, participant N postulated that acceptance of a burn injury stemmed from acknowledging its presence but not dwelling upon it and to look positively towards the future:

> It may seem that it's impossible, but it's possible. Because if you accept it, yes, I have burn, I'm here now, I'm in this thing, but now, let me just take it as if I am not in this pain. Inside, you become something if you just like wash… like don't pin it as though it's nothing, yes, there is something, but take it easy… take it like yes, I'm going to pass this

Lastly, participant M poignantly summed up the importance of accepting one's burn injuries, and ultimately the 'new you': *"acceptance is very important … you must accept yourself for who you are you see… because if you don't accept yourself how can you accept somebody else?".*

The acceptance of a burn injury is an important milestone to be reached for a burn injury survivor (Kornhaber et al., 2014). However, acceptance of an altered body image may take some time, especially if greater disfigurement is present (Cleary et al., 2020). According to Ajoudani et al. (2018), accepting oneself is most difficult to achieve in the first six months post burn injury. This may be because the burn survivor may need time to psychologically adjust to the new body image (Cleary et al., 2020). Self-acceptance may be achieved in several ways, particularly through coping mechanisms such as avoidance and wishful thinking (Patterson et al., 2006) and humour (Kornhaber et al., 2014).

Understandably, having to accept a burn injury (particularly in severe cases) can be a daunting task for any burn survivor (Kornhaber et al., 2014; Moi & Gjengedal, 2008). Burn injuries often occur on the body that is visible to the public, such as the face or hands. Since, scarring often follows a burn injury survivor often experience social discomfort along with a heightened sense of self-consciousness (Martin et al., 2017). According to the WHO (2020), social stigma is defined as a negative association that exists between people who share a specific disease. In the burn injury context, several studies have shown that social stigma is a common negative experience that burn survivors must deal with and which also impedes psychological healing and decreases the quality of life during recovery (Cariello et al., 2021; Rencken et al., 2021; Ross et al., 2021).

Additionally, a study that assessed the relationship between social factors and injury characteristics concerning perceived stigma in burn patients, found that burn injuries sustained to the head, neck and face increased the perception of social stigma as experienced by burn survivors (Ross et al., 2021). It is therefore important that the social stigmatisation of burn survivors be stopped. To such ends, Ross et al. (2021) found that community support, through education about burn injuries, may contribute to the decreased levels of perceived stigmatization. Additionally, Armstrong-James et al. (2018) have found that burn camps also decrease perceived levels of stigmatisation and increase levels of appearance satisfaction.

4.2 Theme 2: Hope Matters – 'it's important when you've got an injury you must always have hope'

After watching the video clip all participants in this study agreed that having hope was essential in moving forward post-burn, as noted by participant F: "*because if you hope that things are going to turn out better and that you will be able to put yourself in that children that did burn…if you have hope in yourselves I think you will come out"*, as well as

by participant N: *"it's important when you've got an injury you must always have hope… don't lose hope under any circumstances"*.

As an element of resilience, hope has also been described as encompassing a range of attributes that include the perceptions and expectations that individuals may have, as well as adaptive behaviours which include how they cope, solve problems and how well they can adjust to traumatic experiences (Krause & Edles, 2014). For example, Krause and Edles (2014) found that spinal cord injury patients felt optimistic that they were going to have a positive recovery when they had hope. Moreover, within the field of burn injuries, hope has been identified as an enabler of psychosocial recovery (van Niekerk et al., 2020). This would suggest that when hope is present, positive psychological outcomes may increase for burn survivors.

Furthermore, several participants in this study located hope in the mother that was seen in the video clip. For instance, both participants B and D noticed that the boy's mother in the video clip provided hope for him through her words of encouragement: *"The message of hope is that this young guy… he didn't know how to face things… he didn't have hope, but then after his mom spoke to him, then he had hope… He was strong"*. (Participant B), "*When the mother come visited in the hospital…Then he told the boy that, he must not worry. Everything's gonna be fine"*. [sic] (Participant D).

Based on the video clip, participant F also stressed the importance of the role of the mother in a burn injury: *"because his mother is very important because it was his mother that told him that everything's gonna be fine… you need that support system, especially from the mother"* [sic]. Similarly, other participants also noticed how hope was demonstrated to the boy through the encouraging words of the mother in the video clip:

> When I saw that woman he encourage his son… he gave him that hope… he gave him ah… there's a bright future in front of him… and she told him he's not gonna lose… she told him he's going to be okay, and she gave him that… it's not the end of the world [sic] (Participant K)

> But because there was the mother on the other side telling him that he can make it… he can make it… you are still the name that I give you…the name God gave you… just take the scar that you have as if it's nothing to you…you are the same person (Participant N)

Just as the participants in this study spoke of the key role that caregivers play in the on-going recovery of their child's burn injury, past research has also found similar notions. For instance, Sproul et al. (2009) found that a large number of burn survivor respondents in their study stated that family support was especially important to them during the recovery process. In another study, optimism levels were found to be higher in burn survivors who had elevated levels of social support (Yang et al., 2014). Thus, social support offered by caregivers and family may help their children feel optimistic about their recovery process and hopeful about their futures.

Furthermore, some participants also located hope in friends. For instance, participants noted in the video clip how the encouragement offered by the boy's friend in hospital gave the boy a sense of hope. This was evident in participant N's response who felt that the boy in the video clip was emotionally strengthened through the encouraging words of hope offered by his friend: *"he [the friend] even encouraged that one that was injured…to give that person [the boy] the strength so that he can see that even me, I did pass this thing… I did go through this. And then even you, you can be fine"*. Participant M echoed a similar thought regarding how hope was giving to the boy by his friend that encouraged him:

> At first he was in the hospital and a kid came to him and talk to him 'my friend, don't worry, I also burn but we are together, you are my friend, we stand in the same thing'. When he go out even other kids came to him by his house and visited him and told him that there's people that do care

The supportive role that friends play in the lives of burn survivors has been found to be important (Williams et al., 2003). Such roles may include in which the cheerful outlook of friends may bolster the confidence in burn survivors, which ultimately may help them to have higher levels of psychosocial adjustment (Habib et al., 2021). Friend support has also been found to increase levels of hope in burn survivors, which may be due to burn survivors seeing their friends having moved on with life after their own burn injury (Sproul et al., 2009).

Having watched the video clip, several participants further reinforced the importance of hope by drawing on their own experiences and how hope helped them (as caregivers) to cope during the recovery process. For example, participant F noted how this is generally the case after a burn injury: *"Because if you hope that things are going to turn out better and that you will be able to put yourself in that children shoes that did burn…if you have hope in yourselves I think you will come out*". As a caregiver herself, Participant J expressed that hope helped her to stay emotionally strong:

> It's *[hope]* very important because when it happened I really lost my mind and even after it happened I still don't believe it right now…that my child got burnt right under my nose… and right after I got sick for some reason (gentle laugh) …and I didn't know exactly what was wrong with me… I'm still panicking …so that hope I tell myself that she will be fine… that she could've been burnt more than this…so it's keeping me stronger

Concerning the negative consequence in the absence of hope, participant M noted the danger of not having any hope after a burn injury has occurred:

> If there's no hope then there's going to be trouble because if you blame yourself and you don't believe that people will accept you then you become another person … you get people that change…that person was a very very good person but after the burn injury the person is very evil now sommer [just] kill people and stab people …just have that anger inside *[sic]*

Finally, a finding that emerged from the data was that spirituality and religion seemed to buffer against the consequences of burn injuries, such as negative psychological stress. Even though the role of religion and spirituality was not explicitly portrayed in the video clip, some participants mentioned that God was a source of hope for them as parents during the recovery process of their child's burn injury. For example, participant N asserted that for her, God was the reason that she still has hope: *"I can say first from God, if you believe in God, it's only Him who can give you hope, even though sometimes you feel like He answers so- so… but the hope is from God…"*. Participant H pointed out that because of her faith she was able to remain hopeful which enabled her to carry on:

> I mean, for me it would be your faith as well you know… like you gotta be strong… strength… I think that all plays hand in hand… if you have hope then got strength and if you have strength then you have hope… so you definitely have to be hopeful in a situation like this if anything like this happens, your child burnt you need to be strong, have hope and push forward

Participant A also stated that both prayer and going to church helped her garner a sense of hope during the difficult circumstances that she was in:

> But like there is a chapel there that I went to pray every day… that he would be okay, that I would be okay... like that I would be able to deal with the guilt and stuff and ya… God got me through that…I believe that

The finding in this study that hope is also located in God, is consistent with previous research. For instance, Jibeen et al. (2018) found that spirituality and religion contributed to psychospiritual growth in burn survivors. Ravindran et al. (2013b) found that due to prayer and faith to and in God, caregivers were found to be able to remain resilient throughout their child's burn recovery. Furthermore, Dekel and van Niekerk (2018) revealed that religious beliefs and religious institutional support were regarded as both empowering and facilitative during the recovery process of burn survivors. Additionally, Askay and Magyar-Russel (2009) have also pointed out that religious gatherings (such as going to church), and intrinsic spiritual beliefs can be supportive and have suggested that these forms of support have been shown to consistently correlate with post-traumatic growth.

4.3 Theme 3: Support Matters – 'but with support you will get through it. Support overcomes adversity'

After watching the video clip all the participants unanimously agreed that the psychosocial support portrayed in the clip was important. There was agreement that psychosocial support is crucial during the recovery period following a burn injury. Psychosocial support was defined by participants as support that included help from family and friends (relational support), schoolteachers and medical staff such as doctors and nurses (professional support).

Two broad categories of psychosocial support emerged. These were: family support and professional support. However, the dimensions of each category differ in terms of which type of support mattered more. For example, within family support, emotional support mattered

more, while practical support mattered more than professional support. These distinct categories of support will be elaborated upon further below.

Based on the video clip that the participants had watched, all participants emphasised the importance of having family and professional support. Participant E took note of how the boy in the video clip was emotionally strengthened through both professional and family support that he had received:

> Al wat ek nou kan sê, supportive, is iets baie mooi, jy sien, hoe die een, die kind wat gebrand het, support word en hoe die doktors is saam met die kind saam met die pasient hoe sy familie altyd daar is vir hom. [All that I can say is that support is something very beautiful. You can see how this child that got burned, was supported by the doctors and the child's family].

Participant F stated that the video clip helped her by reminding her of the supportive role that family and friends can provide for families like her that have survived a burn injury event: *"It* [video clip] *shows me that uhm when you burn it's a very serious thing, but with support you will get through it…with friends and family and them telling you and showing you that you can get through it"*. Thus, the following sections below will provide examples of how participants noticed relational support from family and friends, and professional support offered by schoolteachers and medical staff such as doctors and nurses in the video clip. The discussion will also demonstrate how parents drew on their own experiences based on the support that they saw in the video clip.

4.3.1 Subtheme 1: Relational Support

Based on the video clip, all the participants reiterated that the support shown by caregivers and family was especially important. The caring nature of the mother towards the boy in the video clip was noticed by and resonated with participant A: *"I feel that the mother*

was very loving and supportive I feel that the mother was very loving and supportive and trying to strengthen her child all the time, and I relate to that because I am like that?". Participant C also noticed this caring nature of the mother in the video clip. Participant C also mentioned that she saw that because the mother encouraged her son to not focus on his injury. The mother reminded him that he was still the same person as he was before the injury:

> He thought all was lost when he saw his face. When he saw his scar and he was concentrating on this scar, but he didn't concentrate on what his life can be. So that is when his mother said to him that he is still the same person

Furthermore, as a form of parental support, the emotional support provided by the mother for her son in the video clip was evident in participant D's response, who noticed both the physical presence of the mother at the hospital and her encouraging words of support: *"When the mother come visited in the hospital…Then he told the boy that, he must not worry. Everything's gonna be fine"* [sic]. These sentiments were also echoed by participant E who commented on the mother and the son at bedtime: *"And when his mother tuck him into bed also and when he was feeling down his mummy was always there to tell him that he will be okay".*

Furthermore, participant F reiterated the importance of the mother's encouraging and hope-instilling role through the support that she offered to her boy:

> Because his mother is very important because it was his mother that told him that everything's gonna be fine… you need that support system, especially from the mother…because his mother told him constantly that you are no different, you are the same person, loves you, you will come right… you gonna come right you gonna survive this [sic]

Additionally, participant K noted the educational value of the video clip: *"in that video I saw that woman [mother of boy] she encourage his son about accident… and I learn a lot because I told my son that we love him and that he is going to be okay"* [sic].

Moreover, shifting the focus onto family members other than primary caregivers, participants also noticed in the video clip that the boy's family members were also a source of support for him. For example, participant C (who was the aunt of the child brought to the hospital), reiterated how important the supportive role is that a family plays for the child:

> If family doesn't support the child, who is going to support the child? A stranger is not just gonna come along, and say 'look here boy, you need to, to step up or… everything is going to be fine.' No, the child wants the family members, aunties or uncles or siblings to assure him or 'look everything is really okay, we are here for you. You are to us, you are our child, you are our brother or our sister. Doesn't matter the outer look… It matters inside here' [*sic*]

Participant C further mentioned that a lack of emotional support from family can be detrimental to a child in several ways:

> And if you don't have the support of a family, they don't bring across that even love… or just to show you love and say 'look I'm here for you if you need me. I'm here for you'. If it doesn't come forth, the child is going to feel like nobody cares about me… and look how I look, and I just wanna give up and the child is gonna fail at school, the child is not gonna be interested in playing with his friends or going out or socializing with uh, uh someone

Participant M suggested that family support is important to have as they will offer unconditional acceptance, particularly in this situation where a burn injury occurred:

> But the first support you will get is from his family like the video clip said… family will always accept you for who you are even if you burn in your face and will not throw you away… your brothers your sisters your family will always be there

Some participants expressed thoughts around the support from family members from a personal perspective. Participant J spoke of how through the encouragement offered by family members could distil a sense of hope: *"I do get support from my family because they tell that I just shouldn't lose hope, that she is going to be fine"* [sic]. For participant D, the support shown by family members can reassure the child burn survivor that everything will be fine again: *"If she doesn't get the support from the other family members, she will think that there is something wrong with her… otherwise, if everyone shows the support then everything is gonna be fine"* [sic].

The role of parents is instrumental in the ongoing recovery process of a child that has experienced a burn injury. For instance, Piira et al. (2005) discuss the potential benefits of caregivers being present during medical procedures, such as decreasing separation anxiety, having child cooperation increased and helping caregivers feel useful through their supportive role. Egberts et al. (2018) suggest that it may be beneficial for both child and caregiver when caregivers are present during burn wound care procedures, despite it being a potentially distressing experience. Additionally, it was suggested that when caregivers are present during wound care procedures caregivers felt more in control which allowed them to better cope with the distressing situation. Furthermore, the presence of caregivers during wound care reassured their children that they could depend on their caregivers and that they were in a safe place. However, van Niekerk et al. (2020) assert that, in addition to caregivers providing physical support by being present, caregivers should also show unconditional emotional support, to offer comfort and assurance of the future.

However, having both father and mother as caregivers present and supportive in the life of their child with a burn injury may prove to be a challenge. According to the South African General Household Survey (StatsSA, 2021), over 40 percent of children in South Africa were living with only their mother, that only about five percent of children lived with their father, and that close to 20 percent children lived with neither parent. Several gender studies conducted within the South African context have attested to the fact that many children grow up fatherless and what those consequences are (Freeks, 2017; Hatch & Posel, 2018; Padi et al., 2014; Posel & Devey, 2006; Ratele et al., 2012).

Despite the overwhelming evidence that fathers are less likely to be involved in their children's lives, the role of a father nevertheless remains important, particularly in sick children. For example, Funk et al. (2020) suggested that fathers can help their ill child by jointly deciding where to seek care, mobilising resources in seeking appropriate care and physically going with the child to a health facility.

Even though many reasons contribute to the fatherlessness experienced in South Africa, mothers continue to remain the primary caregiver for their children. In this study, only three caregivers were fathers. Nine caregivers were mothers, and another caregiver was an aunt who had assumed the primary caregiver role. Therefore, the terms ‘caregivers’ is most preferably used since the recognition is that extended families often take physical, emotional, and financial care for children that are not necessarily biologically their own, but still family.

A nuclear family has traditionally been defined as consisting of one couple and their child dependents, as well as living independently from extended family (Kendall, 2011). However, this traditional way of understanding the make-up of families has since changed over time in South Africa, with families now consisting of single mothers, guardians, non-

related caregivers, same-sex partners as well as polygamous relationships (Makiwane et al., 2017).

Moreover, an extended family includes those who are grandparents, aunts, uncles, or cousins (Lamanna & Riedman, 2012). These family members may need to fulfil a host of roles, including looking after children, financial assistance, and emotional support. Other studies have indicated that grandparents often assist primary caregivers of children who had sustained burn injuries, too, by providing emotional, psychological, and instrumental support to children who were at home whilst the mother would be at the hospital (Ravindran et al., 2013a, 2013b). Another study indicated that grandparents found the task of dealing with the child's pain as challenging (Rimmer et al., 2015). Foster et al. (2019) specifically note that parents felt emotionally supported by their extended family following a paediatric burn injury. Thus, the role that extended family play in supporting children, specifically with burn injuries, can serve to be pivotal in the outcome of the child's burn recovery (Bayuo & Wong, 2021).

Moreover, the sibling dynamics after a burn injury appears to be an important aspect of a positive outcome for the child burn survivor. For instance, a study that focused on the perceptions of their burn-related injured sibling's body image, reported that non-injured siblings still felt emotionally close to their injured sibling (Lehna, 2015). Other findings in that study highlighted the importance of recognizing the injured sibling as normal and continuing to engage in family activities. This process, known as normalisation, refers to establishing a daily routine that is central to the promotion of age-appropriate activities that is necessary for minimizing the consequences of a chronic illness, of which a burn injury would be (Lehna, 2010). Examples of this type of normalisation include play and going back to school, of which all contribute to carrying on with life as normal as possible post-burn.

Finally, another dimension of relational support that was discussed among participants pertaining to the video clip, was the support that the boy received from his friends. Caregivers unanimously agreed that support offered from friends was important post-burn injury. Participant N noted that the encouragement that the boy in the video clip received from his friend reminded the boy that just as he had survived his burn injury, so will he overcome his own burn injury: *"He even encouraged that one that was injured…to give that person the strength so that he can see that even me, I did pass this thing… I did go through this. And then even you, you can be fine"*. Participant F echoed similar thoughts, which emphasised that through friendship, the boy in the video clip became more resilient:

> Friends is also very important… because children love to play so in the video clip I saw the friend that he have also support him…and help him go through with to help him to expose himself and go out with a friend… because of his friend he could get through the situation

There was a specific point in the video clip that the boy is seen to be encouraged by his friend in the hospital. Based on this scene, participant M said that it was important for the boy to have heard those words from that friend as it gave the boy as a sense of belonging: *"At first he was in the hospital and a kid came to him and talk to him 'my friend, don't worry, I also burn but we are together, you are my friend, we stand in the same thing…"*. Participant M further noted that the friend from the hospital was able to accept the boy for who the boy was because he himself had endured the same pain and similar injury and could therefore relate to the boy with unconditional acceptance and positive regard:

> That friend that he met in the hospital he was also burns and so he also understand the pain he went through so obviously he was going to accept him for he was… he wasn't going to look at the burn in his face, his hair or whatever, he is going to know him for

> the person that he is… but he is going to be that friend to help him to go into the world and just be free again.

However, participant A questioned whether the role of friends would always be positive: *"children don't always have that supportive friend… what if the child looks at that and feel that they don't have that schoolteacher or friends…and then who are they going to lean on?"*. This lack of friend support was also noted by participant C: *"Even children can be very nasty. They look at you, they know you didn't look like that, but still they will make fun of you"*.

Finally, some participants recalled their own experiences that were positive where their children experienced friend support after their injury, and what that support meant for their them. For instance, having her child feel welcomed by his school friends was a sense of relief for participant K: *"because even now they're not criticizing my son, even the children his friends they are so happy to see him 'our friend is back!"*. Additionally, participant H noted how important friendship was for her daughter and spoke of the importance of body image for girls. For participant H's daughter, the caring and encouraging role of friendship that her daughter experienced by her friends seemed to have boosted her daughter's self-confidence:

> Oh no, it's massive for her. It's absolutely massive for her… especially on the physical aspect because she is a girl also… you know, so if girls want to look pretty, or walk a certain way ya so… but when her friends have that 'no, that looks nice' or 'oh, that looks cool' because they are that supportive it's really important for her because it boosts her confidence… because then for her it's like 'it's fine, there's nothing wrong with me

A systematic review that assessed the impact that burns injuries had on body image showed that lower levels of body image in females were negatively correlated with higher

total body surface area percentages (Cleary et al., 2020). Another study on body dissatisfaction also found that female burn patients were more prone to psychological distress than male patients (Thombs et al., 2007). These findings may have to do with several reasons such as biological responses, self-concepts as well as cognitive, emotional and neurohormonal factors (Dekel & van Niekerk, 2018). However, the role and value of friendship during a time of turmoil is crucial. For example, Orr et al. (1989) reported higher levels of self-esteem and lower levels of feeling depressed in burn-injured adolescents when they felt supported by their friends. Furthermore, children burn survivors may feel more hopeful about their situation and the future when they feel that they are supported and that they are not alone in their situation (Barnum et al., 1998).

4.3.2 Subtheme 2: Professional Support

In addition to the importance of family and friend support, participants also responded to how professional support was captured in the video clip. Of the 13 participants in this study, nine indicated that school support was important to them. Specifically, participant C noticed in the video clip how the boy was supported at school, which she considered particularly important:

> So I think that is when he, he received the support at school where acceptance is then is really the order of the day. So I think there is also where he realized that he is still the same person… And that is when he was resilient *[sic]*

Participant N also took note of the school support that the boy in the video received and inferred the importance of how teachers can help children with injuries feel a sense of belonging at school:

> When he go back to school the teachers the way they supported him even though he was like afraid to just face the world, face the teachers, how are they going to

do…they teachers they did help him much… but there was support, from teachers yes *[sic]*

However, participant B stressed the significant role that school plays in the lives of children, and not having this type of support structure will negatively impact the child: *"It is very important [school support], because if you don't get any support the child can drop out of school… Education is important"*.

Moreover, the importance of support school was reinforced through the participants' own experiences. Participant H detailed such an experience concerning her daughter at her school:

> With the teachers I look at her at school 'okay, uhm… I'm going to give you this exercise to do instead of that exercise to do' so that makes a massive difference… she had a sports day a week or two ago and obviously we had this situation with the foot and her coach actually ran with her on field… and so all the other kids are running alone and her coach took her and ran with her… it was extremely important for her

When asked what this extent of support shown by the teacher meant for her daughter, participant H stated that it had a profound impact on her daughter's sense of self-esteem: *"I think that of 'I'm not a failure…I'm still a warrior…I got this… I can do it', because she's a very big downer sometimes like 'I can't' is her thing…so that was a lot for her"*.

However, in drawing on their own experiences some participants also questioned the accuracy of this portrayal. Several participants revealed personal challenges that they had experienced when it came to receiving from support from school. Participant E recalled feeling anxious about her child going back to school:

> I was thinking about my child going back to school and I feel it so in my heart not the same thing but I wonder how he's gonna be with the other children and ever time he's gonna come back what he's gonna tell me [sic]

Participant J noted, with sadness, that her child was often teased at school: *"every time she goes to school, she comes telling me that there is a child teasing her in class or even outside … there's no really support"*. Similarly, participant K also noted with distress that her son's school was not willing to aid her child:

> but there's the only thing that hurt me so much… he didn't get school because I think they saw his situation of the hands and they didn't tell me because one of the teachers ask me why you don't go to social worker to ask him to find a special school for him because the hands is not gonna work

Additionally, after watching the video clip, participant A was critical of the video clip's overly positive slant by suggesting that school support is not always as what it should be:

> but what about the school? What about other extra mural activities? … like they all need to be onboard… they all need to know how to treat someone that looks different, that has been through a traumatic experience and that doesn't happen… it's difficult to get that kind of message out… because it's no point watching this video and the child goes to school and has got an abusive teacher, like a verbally abusive teacher… the child is gonna… ya, it's not going to work *[sic]*

The attendance of school is an important academic milestone for any child to reach. Not only do children gain academic knowledge about the world around them, but also acquire social interaction skills with friends. When re-integration does take place, it may mean that some psychological preparatory work needs to be done since any visible scarring or disfigurement might be frightening for peers and teachers (Pan et al., 2018).

Additionally, upon returning to school, children that have survived burn injuries may experience additional challenges compared to their non-injured peers. For example, a study conducted by Kazis et al. (2016) considered the recovery curves for children that suffered a

burn injury. In that study, a significant improvement was observed in domains of play, language, gross motor skills, pain and itching as well as worry/concern with the first four years after the burn injury. However, the study found that not all child burn survivors performed as well as their non-injured peers on play and gross motor skills. This may suggest that whilst this cohort needs satisfactory performance on an academic level. So, too, do they have to deal with added setbacks, making the recovery process more difficult and frustrating (McGarry et al., 2014; Pan et al., 2018).

Furthermore, some children with burn injuries may also experience stigma through bullying because of their sustained burn injuries, which may compound high stress levels experienced by the child at school (Lehna, 2013). The role of teachers is therefore an important mitigating factor between the reintegration of the child going back into the school and facilitating both the academic and social dynamics (Wilson et al., 2014). However, Pan et al. (2018) have noted some teachers may find it difficult to fulfil such a facilitating role due to their feelings about the situation, the child's well-being and whether they feel competent enough to manage the situation itself. Despite the levels of competency in managing a burn survivor student, Blakeney (1994) suggests that this level of perceived competency has more to do with whether the teachers can cope with all the demands that come with teaching a child burn survivor. However, Arshad et al. (2015) suggest that educated teachers on burn injuries may help those teachers feel more confident in their role.

Finally, the last type of support that emerged from the data was the importance of support provided by medical staff such as doctors and nurses. Based on the video clip, participants recalled seeing support shown to the boy from the medical staff and regarded this also as important. Participant C noted that the boy was encouraged by the medical staff: *"the nurses and the doctors and especially the nurses coming and telling him that everything will*

be fine. He's still the same person, there's nothing wrong with him… Mustn't look at the scar".

This sense of encouragement, that was interwoven with hope, was also noticed by participant N in the video clip:

> Because every day they told him that he's gonna be fine, yes! Even the nurses they did support him too much… they did…and help him too not see that's nothing… they make him feel that he's going to be fine

Participant D noted that the doctor in the video clip made the boy feel comfortable in the hospital: *"I think it's important, because he* [doctor] *made the child to be comfortable, to come to hospital"*. This idea was also picked up by participant M and added that the nurses also made the boy feel safe:

> The caring of the nurses and the staff and the way they help the kid he was actually feeling very safe because he knows the people help him and do want to help him and not just because it's their job but because they have a heart of helping kids… that's the part that stands out for me

Some participants, after seeing the video clip, related some of their own experiences of their interaction with medical staff:

> Like the doctor that did the thing on her foot, the gentleness, like it's not just a matter of 'ag [filler word suggesting irritation or annoyance] you're a burns patient, carry on with life'… even with the nurses, the absolute care of 'don't worry, we've got you… it's okay, it's not going to hurt' all of these things, you know… like playing with her while playing with her, obviously it's a first for her so I mean, you don't want to just 'ah let's do this quickly'… the playing, the gentle talking, it was very important for her *[sic]* Participant H

> But anything that stood out for me [from the video clip] was the aspect medical staff … here they are making us feeling comfortable and they are also telling us not to worry that things are going to be just fine. So, I would say the most special was the medical staff support for me *[sic]* Participant J

> Because the time I saw him he was lying unconscious when I see him, I lost hope…I don't think he's gonna survive, but the doctors gave him that he's gonna be survive because he is a brave boy… and the medical people give him good medicine and gonna give him everything and you gonna save him. That's why I trust medical support because that's my boy *[sic]* participant K

Another aspect concerning medical support was that medical staff should be honest regarding the prognosis of a burn injury. To this end, participant F felt that it was important for the doctors to 'tell it like it is' and not give false hope:

> Because they can't give the child false hope… something good is happening and it's not… the doctor must tell the child that it won't heal in a week's time… try and do this and do that… so that is important…to be honest and tell the child to not look out for something that won't happen

Participant J postulated that simply being encouraged by doctors is not always enough. For her, transparency regarding the severity of the injury is also important*: "what I would say I would have liked to hear the doctors say you are burnt so much or something like that instead of just saying you're going to be fine, you're going to be fine"*. This in turn would promote a greater sense of trust and hope in the medical staff for participant J: *"It will give me more hope to know that she is fine… it will tell me that she really is going to be fine because I was told that she burnt this much and I will believe even more"*.

One of the primary roles of doctors and nurses is to provide medical care for a burn survivor. Upon admission, medical staff would usually manage the burn injury by following a specified burn protocol, depending on the severity (Gauglitz & Williams, 2022). Such burn protocol may include, but is not limited to, pain control, antimicrobial therapy, nutritional support, burn wound debridement, as well as psychiatric support in long-term care. Moreover, depending on the severity of the burn injury, doctors may also have to perform surgery (Jeschke et al., 2020). Nurses are instrumental throughout the burn recovery process and are present at every stage of recovery. Nurses are often particularly involved in changing dress wounds, which is often a very painful and traumatic experience for the burn survivor (delli Santi & Borgognone, 2019; Hollinworth & Collier, 2000).

Even though medical staff are responsible for the physical healing and recovery (such as surgical interventions and wound care) of a burn injury, the psychological components also remain important (Butler, 2013). Nursing staff not only assist burn patients with physical care but also provide emotional support (Butler, 2013). Burn survivors are in direct contact with nursing staff which situates nurses in a unique position to also offer psychological support.

Thus, the empathy shown by nurses and doctors can mean a great deal to burn survivors by being a constant source of hope, support, and encouragement. For instance, the emotionally supportive role that medical staff play for burn survivors throughout the journey of recovery has shown to bolster resilience in those burn survivors (van Niekerk et al., 2020). Nurses also have the unique opportunity to minister not only to the physical needs of burn survivors but also psychologically such as providing them with hope (Barnett et al., 2017).

4.4 Ecological Systems Theory

The Ecological Systems Theory (Bronfenbrenner, 2005) was useful as a framework in this research study for understanding the role of psychosocial resilience within the field of

burn injuries. Within this study, the microsystem and the mesosystem aided in contextualising the findings of this study as they demonstrated the type of bi-directional interactions between the child burn survivor and its social structures. Most importantly, the EST also demonstrated how parents appraised the various interlinking social structures that bolster resilience in paediatric burn survivors. For example, participants revealed that through the influences of caregivers, friends, school and medical professionals, a child burn survivor's levels of resilience may be bolstered. This renewed sense of resilience within the child may result in being able to accept themselves after a traumatic burn injury has occurred, as well as feeling more about the future.

Moreover, participants also took note of other interactions in the video clip that occurred between the boy and his microsystem. For example, it was noted by participants that because the boy in the video clip had friends who brought him his schoolwork, the boy was able to catch up with his schoolwork and progress well scholastically. Additionally, some participants mentioned how the boy was encouraged by his friend in the hospital that also had sustained a burn injury. The dynamics of this new-found friendship bolstered the confidence of the boy and ultimately made his reintegration into school easier.

However, participants also brought up the fact that school peers can also hurt the child through teasing, staring, and laughing. This interaction may negatively affect the psychological well-being of the child which may impact school performance. Thus, it is important for schoolteachers to firstly be knowledgeable about the implications of burn injuries on children and secondly, how to mitigate any negativity surrounding the interactions between child burn survivors and school peers.

Furthermore, the relationship between the child and medical staff was also important, and indicative how also at the microsystem level, these two systems influence each other. For

instance, medical staff influence the relationship between themselves and the child in two ways. The first way is through the direct physical care that they provide, such as wound debridement and wound dressings. Such care often leads to significant physical healing which in turn helps the child live as normally as possible before the accident. Secondly, medical staff are also able to instil a sense of hope in the child by offering words of encouragement and showing unconditional support. These interactions may increase the level of well-being in the child and become more optimistic about life going forward.

Additionally, some participants also stated that they had received support from God (through their spirituality) and through religious institutions such as going to church. Past literature has shown that spirituality and religiosity are important aspects of subjective well-being (Lifshitz et al., 2019). Where spirituality was found to be a positive contributing factor to subjective well-being, it served to be a positive moderating effect amidst stressors (Simmons et al., 2018). Furthermore, it has also been noted that the role of spirituality has served to play an important positive role in burn survivors (Jibeen et al., 2018). Thus, the relationship between parents and church members may contribute to caregivers feeling more hopeful about their child's situation and therefore be able to continue to provide words of encouragement and hopefulness for the child.

Finally, at the mesosystem level, the relationships between these various structures themselves are considered. For example, parents not only seek out physical care for their child from medical staff but also knowledge of burn injuries. In turn, medical staff can educate caregivers about the burn injuries such as talking about both risk and protective factors.

Furthermore, medical staff can play a vital role in the academic progress of the child with the collaboration of the child's school. For example, burn centres can implement

academic support programmes for children who must remain in the hospital for an extended period due to the severity of their burn injuries. This collaboration would directly impact the child as it will help the child not only recover physically from their wounds but also remain academically on track as far as possible.

In conclusion, this chapter presented the findings of this study which were contextualised with literature. Three themes and two subthemes were extracted from the interviews. In each interview, parents were asked to watch a short video clip that portrayed the journey of recovery of a young boy that had sustained a burn injury. After watching the video clip caregivers were asked to provide an appraisal of the video clip.

The first theme discussed the importance of self-acceptance for burn survivors, certain challenges that hinder self-acceptance and what can be done to increase self-acceptance for burn survivors. The second theme demonstrated that hope, as part of resilience, mattered for posttraumatic growth. The third, and final theme, revealed that psychosocial support mattered in journey of recovery from a burn injury. Additionally, two types of psychosocial support were important for parents and their children: relational support and professional support. Caregivers stated that within relational support family and friend support mattered, whereas within professional support medical staff and school support mattered.

Finally, the EST contextualised the perceptions of the video clip that were given by the participants. It was evident that a child burn survivor's microsystem had the greatest level of influence through which resilience can be bolstered.

CHAPTER 5: CONCLUSION

A burn injury is one of the most painful injuries that a person can sustain. Burn injuries often leave permanent scarring behind. Burn injuries do not only cause physical damage to one's body, but also inflict a great deal of psychological distress for the burn survivor. Younger children may be more prone to sustaining burn injuries due to the developmental stage that they are in. Consequently, children often sustain burn injuries from hot liquids such as pulling a kettle accidentally onto themselves, or through direct contact with hot surfaces such as stoves or being exposed to open flames. These injuries often necessitate hospitalisation for medical care. However, these burn injuries often result in psychosocial challenges for the child burn survivor and can set them back in every facet of their lives.

As demonstrated in this research study, several burn injury interventions have been incorporated into treatment plans for burn survivors recovering from their burn experience. Some interventions come in the form of burn camps, where children meet up with other burn survivors and learn new ways of coping with their physical injuries, as well as learning to cope psychologically. Other interventions incorporate various techniques that aim to distract children from the pain experienced during wound dressings. However, psychosocial interventions that specifically focus on bolstering resilience in paediatric burn survivors, are few.

For this reason, the aim of this study explored parents' responses to a psychosocially resilience-themed multimedia burn intervention (van Niekerk et al., 2019), to ascertain whether this intervention distilled a sense of resilience. The findings revealed that after watching the video clip, parents expressed feeling encouraged after they had seen messages of hope portrayed in the video clip. Additionally, parents also attested to the importance of hope from their own subjective experiences. Moreover, parents also noticed the important

roles that psychosocial support structures play for child burn survivors whilst on the road to recovery.

Caregivers mentioned that such support structures included family, friends, school, and medical staff, all of which were depicted in the video clip. These support structures, together with messages of self-acceptance, hope and strength, were also said to be important in their own lives and that of their children. Additionally, caregivers also asserted that God also played in an important part as being a source of hope and strength for them as caregivers and for their child. Although this nuanced finding was not explicitly depicted in the video clip, spirituality is also an important avenue through which resilience can be bolstered.

Overall, caregivers found that the multimedia intervention is able to distil a sense of resilience in children burn survivors through messages self-acceptance, hope and support, which are tenets of psychosocial resilience. The findings of this study also align with resilience literature in that resilience can be bolstered through social support structures. According to the Ecological Systems Theory (Bronfenbrenner, 2005), these social support structures (family, friends, school, and medical staff) are located within the microsystem, which is closest the child. Therefore, it is through these interactions, between the support structures and the child, that resilience can be bolstered within the child and thus lead to posttraumatic growth.

5.1 Strengths and Limitations

This research study has both strengths and limitations. A strength of this research study is that it adopted a qualitative research approach that used face-to-face interviews. This allowed the researcher to gain an in-depth understanding regarding the thoughts and feelings of caregivers concerning the messages that were portrayed in the video clip. Because this study

is inherently exploratory, the researcher was able to notice certain cues during the interviews that helped enhance the richness and depth of the findings.

However, this research study also includes some limitations. Firstly, data collection was only conducted in the English language. This limitation meant that some caregivers could not participate in the study as they were more comfortable in a language other than English, and one that the researcher could not meaningfully understand. This may have inadvertently led to a perceived sense of participant bias, of which future research in this field can remedy with translators.

Secondly, another limitation pertained to the general lack of time the researcher had with each participant. Because participants had been at the hospital for hours before the researcher had arrived at the hospital for interviews, had resulted in participants already feeling fatigued throughout the interviews. This led to some interviews feeling rushed and may have had more richness and depth to them had there been more time with participants and them feeling less fatigued.

Third and lastly, concerning the intervention itself, some participants felt that the video clip was portrayed too idealistically. This was evident in the responses by some participants who particularly questioned whether the type of support that was seen offered in the video clip reflected what occurred in real life. Some participants shared that they did not receive certain types of support as the video clip showed, such as support from school and medical staff. Some participants were also concerned about children with burn injuries being shown the video clip but not receiving such support in real life, particularly from friends.

5.2 Recommendations

This thesis concludes with several recommendations for future research within the burn injury field.

Firstly, it is recommended that teachers and friends become more knowledgeable about burn injuries through participation in burn reintegration programmes. This can assist them to become more supportive and sensitive towards children with burn injuries.

Secondly, future research within the burns field should ensure that more languages are included so that more groups and cultures are represented.

Thirdly, in addition to the physical role that nurses play in the journey of recovery of burn survivors, the psychological role is often an understated one. Thus, future research could address this aspect, which in turn would contribute to the knowledge base regarding burn interventions that specifically incorporate psychosocial resilience.

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UNIVERSITY OF THE WESTERN CAPE

DEPARTMENT OF PSYCHOLOGY

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2283/2453, Fax: 27 21-959 3515

E-mail: 3871661@myuwc.ac.za

APPENDIX A: INFORMATION SHEET (English)

Appendix B: Inligtingsblad (Afrikaans)

UNIVERSITEIT VAN DIE WES-KAAP

DEPARTMENT OF PSYCHOLOGY

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2283/2453, Fax: 27 21-959 3515

E-pos: 3871661@myuwc.ac.za

APPENDIX B: INFORMASIE BLAD (Afrikaans)

Waaroor Gaan Hierdie Studie?

Dit is 'n navorsingsprojek wat deur Wayne Peter van Tonder aan die Universiteit van Wes-Kaap gedoen word. Ons nooi u uit om deel te neem aan hierdie navorsingsprojek omdat u 'n ouer van 'n kind is wat 'n brandwond opgedoen het. Die doel van hierdie navorsingsprojek is om 'n beter begrip te hê van die verband tussen brandbeserings, 'n multimedia-siftingsmaatstaf en veerkragtigheid.

Wat Word Daar Verwag van My?

As u instem om deel te neem, sal u gevra word om 'n onderhoud met die navorser te hou oor u gedagtes oor die kort videogreep wat u gekyk het, spesifiek of u dink dat dit 'n gevoel van veerkragtigheid by u kind sal veroorsaak wat brandwonde opgedoen het.

Sal My Deelname aan Hierdie Study Vertroulik Gehou Word?

Die navorsers beoog om u identiteit en die aard van u bydrae te beskerm. Om u anonimiteit te verseker, sal die onderhoud u naam verander na 'n skuilnaam (d.w.s. 'Deelnemer A') en sal dit nie inligting bevat wat u persoonlik kan identifiseer nie. Om u vertroulikheid te verseker, word voltooide toestemmingsvorms en vraelyste in 'n geslote laai gestoor en elektroniese navorsingswerkstukke word op 'n wagwoordbeskermde persoonlike rekenaar geberg. Na voltooiing van die ondersoek sal alle rekords vernietig word. As ons 'n verslag of artikel oor hierdie navorsingsprojek skryf, sal u identiteit beskerm word.

In ooreenstemming met wetlike vereistes en / of professionele standaarde, sal ons die toepaslike individue en / of owerhede se inligting bekend maak wat onder ons aandag kom rakende kindermishandeling of verwaarlosing of moontlike skade aan u of ander. In hierdie geval sal ons u inlig dat ons vertroulikheid moet verbreek om ons wettige verantwoordelikheid na te kom om aan die aangewese owerhede.

Wat is die Risiko's van Hierdie Navorsing?

Daar kan 'n paar risiko's wees as gevolg van deelname aan hierdie navorsingstudie (bv. Om ongemaklik met vrae te voel). Alle menslike interaksies en om oor self of ander te praat, is 'n paar hoeveelheid risiko. Nietemin sal ek sulke risiko's verminder en sal ek dadelik optree om u te help as u sielkundige ongemak ervaar tydens u onderhoud in hierdie studie. Waar nodig, sal 'n toepaslike professionele persoon verwys word vir verdere hulp of ingryping. Laastens kan u te eniger tyd met die studie stop, sonder dat u enige gevolge daarvoor het.

Wat is die Voordele van Hierdie Navorsing?

Alhoewel daar geen direkte voordele van hierdie navorsing vir u inhou nie, kan die resultate die ondersoeker help om meer te wete te kom oor veerkragtigheid ten opsigte van blootstelling aan ontstellende lewenservarings, en mense se reaksie daarop. Ons hoop dat ander mense in die toekoms ook voordeel kan trek uit hierdie studie deur 'n beter begrip van brandwondbeserings (veral by kinders), veerkragtigheid en multimedia-siftingsmaatreëls te meet wat daarop gemik is om veerkragtigheid te verleen.

Moet ek in Hierdie Navorsing Deelneem, en Mag Ek Enige Tyd Onttrek?

U deelname aan hierdie navorsing is heeltemal vrywillig. U kan kies om glad nie deel te neem nie. As u besluit om aan hierdie navorsing deel te neem, kan u op enige tydstip ophou deelneem. As u besluit om nie aan hierdie studie deel te neem nie, of as u op enige tydstip ophou om deel te neem, sal u nie gepenaliseer word nie.

Wat as Ek Vrae Het?

Hierdie navorsing word gedoen deur Wayne van Tonder, 'n meestersgraad in sielkunde van die Departement Sielkunde aan die Universiteit van Wes-Kaap. As u enige vrae het oor die navorsingstudie self, kontak Wayne, e-pos: 3871661@uwc.ac.za.

As u enige vrae het rakende hierdie studie en u regte as deelnemer aan die navorsing, of as u probleme wat u ondervind het rakende die studie wil rapporteer, kontak:

Meester's Student

Wayne van Tonder

Department of Psychology

University of the Western Cape

Private Bag X17
Cape

Bellville 7535

082-558-7143

3871661@myuwc.ac.za

Supervisor

Professor Rashid Ahmed

Department of Psychology

University of the Western Cape

Private Bag X17

Bellville 7535

021 959 3096/07188999

rasahmed@uwc.ac.za

Co-Research Supervisor: Institute for Social and Health Sciences, SAMRC
Prof Ashley van Niekerk
Medical Research Council of South Africa
Bellville 7535
ashley.vanniekerk@mrc.ac.za

Co-Research Supervisor: Department of Psychology
Mr Brendon Faroa

University of the Western Cape
Private Bag X17
Bellville 7535
bfaroa@uwc.ac.za

Hierdie navorsing is goedgekeur deur die Universiteit van Wes-Kaapse se Biomediese Navorsingsetiekkomitee

UWK Navorsingskantoor

Research-ethics@uwc.ac.za

Tel: 021 959 2988

UNIVERSITY OF THE WESTERN CAPE

DEPARTMENT OF PSYCHOLOGY

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 3096/2286 Fax: 27 21-959 3515

E-mail: 3871661@myuwc.ac.za

APPENDIX C: INFORMED CONSENT FORM (English)

UNIVERSITY OF THE WESTERN CAPE

DEPARTMENT OF PSYCHOLOGY

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 3096/2286 Fax: 27 21-959 3515

E-mail: 3871661@myuwc.ac.za

APPENDIX D: VRYWARINGS VORM (Afrikaans)

Projektitel: Versorgers se persepsie van 'n psigososiaal-georiënteerde veerkragtigheid-gebaseerde multimedia brand-intervensie

Die studie is vir my beskryf in 'n taal wat ek verstaan. My vrae oor die studie is beantwoord. Ek verstaan wat my deelname sal behels en ek stem in om uit eie keuse en vrye wil deel te neem. Ek verstaan dat my identiteit aan niemand bekend gemaak sal word nie. Ek verstaan dat ek my te eniger tyd van die studie mag onttrek sonder om 'n rede daarvoor te gee en sonder vrees vir negatiewe gevolge of verlies van voordele.

Hierdie navorsingsprojek behels die oudio-opname tydens die onderhoud. Dit word gedoen sodat die navorser 'n akkurate weergawe het van die inligting wat u deel en die data akkuraat kan analiseer en nie net uit die geheue nie. Die oudio-opname sal deur die navorser getranskribeer word. Die klanklêer word op 'n rekenaar met 'n wagwoord gebêre in 'n beveiligde vouer.

_____ Ek stem in om tydens die deelname aan hierdie studie oudio te neem.

_____ Ek stem nie in om tydens my deelname aan hierdie studie 'n oudio-opname te neem nie.

Deelnemer se naam ……..

Deelnemer se handtekening…… **Datum……**

APPENDIX E: INTERVIEW GUIDE (English)

University of the Western Cape

DEPARTMENT OF PSYCHOLOGY
Private Bag X 17, Bellville 7535, South Africa, Telephone: (021) 959-2283/2453
Fax: (021) 959-3515 Telex: 52 6661

UNIVERSITY of the
WESTERN CAPE

FACULTY OF COMMUNITY HEALTH SCIENCES

1) As a caregiver, what has your experience been from watching the video?
2) How have you been coping with your child's burns-related injuries?
3) Did you learn anything new from this video that you did not know before?
4) Do you think that this video distills a message of resilience?
5) If not, what do you think can be done to do so?
6) Do you think that your child will feel resilient, or more resilient, after watching this video?
7) Have your cultural beliefs helped you in any way in coping with your child's burn injury?
8) Have your religious beliefs helped you in any way in coping with your child's burn injury?
9) Do you think it is worthwhile to share this video to other parents and/or caregivers that are in a similar position as what you are?
10) Is there anything else that you would like to add that you feel that was not asked or touched on?

APPENDIX F: INTERVIEW GUIDE (Afrikaans)

University of the Western Cape

DEPARTMENT OF PSYCHOLOGY
Private Bag X 17, Bellville 7535, South Africa, Telephone: (021) 959-2283/2453
Fax: (021) 959-3515 Telex: 52 6661

UNIVERSITY of the WESTERN CAPE

FACULTY OF COMMUNITY HEALTH SCIENCES

1. Wat was u ervaring as ‘n ouer toe u die video gekyk het?

2. Hoe hanteer u so ver u kind se brand verwante beserings?

3. Het u iets nuuts geleer uit hierdie video wat u nie vantevore geken het nie?

4. Dink u dat hierdie video 'n boodskap van veerkragtigheid distilleer?

5. Indien nie, wat dink u kan u doen om dit te doen?

6. Dink u dat u kind veerkragtig of veerkragtiger sal voel na dat u kind na hierdie video gekyk het?

7. Het u kulturele oortuigings u op enige manier gehelp om die brandwond van u kind te hanteer?

8. Het u geloofsoortuigings u op enige manier gehelp om die brandwond van u kind te hanteer?

9. Dink u dat dit die moeite werd is om hierdie video aan ander ouers en / of versorgers te deel wat in 'n soortgelyke posisie is as wat u is?

10. Is daar iets anders wat u wil byvoeg dat u voel dat u nie gevra of aangeraak is nie?

APPENDIX G: University of the Western Cape Ethics Approval Letter

UNIVERSITY of the WESTERN CAPE

60 YEARS of hope, action & knowledge

19 November 2020

Mr WP van Tonder
Psychology
Faculty of Community and Health Sciences

Ethics Reference Number: BM20/8/21

Project Title: Parents' Perception of a Burns Intervention Video

Approval Period: 19 November 2020 – 19 November 2023

I hereby certify that the Biomedical Science Research Ethics Committee of the University of the Western Cape approved the scientific methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report annually by 30 November for the duration of the project.

Permission to conduct the study must be submitted to BMREC for record-keeping.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

Director: Research Development
University of the Western Cape
Private Bag X 17
Bellville 7535
Republic of South Africa
Tel: +27 21 959 4111
Email: research-ethics@uwc.ac.za

NHREC Registration Number: BMREC-130416-050

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

APPENDIX H: University of Cape Town Ethics Approval Letter

UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences
Human Research Ethics Committee

Room G50- Old Main Building
Groote Schuur Hospital
Observatory 7925
Telephone [021] 406 6492
Email: hrec-submissions@uct.ac.za
Website: www.health.uct.ac.za/fhs/research/humanethics/forms

25 June 2021

HREC REF: 332/2021

Prof R Ahmed
Department of Psychology
University of Western Cape
Email: rasahmed@uwc.ac.za
Student: 3871661@myuwc.ac.za

Dear Prof Ahmed

PROJECT TITLE: PARENTS' PERCEPTION OF A BURNS INTERVENTION VIDEO-MASTERS' CANDIDATE-MR WAYNE VAN TONDER

Thank you for your response letter, addressing the issues raised by the Faculty of Health Sciences Human Research Ethics Committee (HREC).

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

This approval is subject to strict adherence to the HREC recommendations regarding research involving human participants during COVID -19, dated 17 March 2020 & 06 July 2020.

Approval is granted for one year until the 30 June 2022.

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.
(Forms can be found on our website: www.health.uct.ac.za/fhs/research/humanethics/forms)

The HREC acknowledge that the student: Wayne van Tonder will also be involved in this study.

Please quote the HREC REF 332/2021 in all your correspondence.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please note that for all studies approved by the HREC, the principal investigator **must** obtain appropriate institutional approval, where necessary, before the research may occur.

HREC/REF 332/2021sa

Yours sincerely

PROFESSOR M BLOCKMAN
CHAIRPERSON, FACULTY OF HEALTH SCIENCES HUMAN RESEARCH ETHICS COMMITTEE
Federal Wide Assurance Number: FWA00001637.
Institutional Review Board (IRB) number: IRB00001938
NHREC-registration number: REC-210208-007

This serves to confirm that the University of Cape Town Human Research Ethics Committee complies to the Ethics Standards for Clinical Research with a new drug in patients, based on the Medical Research Council (MRC-SA), Food and Drug Administration (FDA-USA), International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use: Good Clinical Practice (ICH GCP), South African Good Clinical Practice Guidelines (DoH 2006), based on the Association of the British Pharmaceutical Industry Guidelines (ABPI), and Declaration of Helsinki (2013) guidelines. The Human Research Ethics Committee granting this approval is in compliance with the ICH Harmonised Tripartite Guidelines E6: Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95) and FDA Code Federal Regulation Part 50, 56 and 312.

HREC/REF 332/2021sa

APPENDIX I: Red Cross War Memorial Children's Hospital Ethics Approval Letter

Western Cape Government
Health

DR T KERBELKER
Acting Manager: Medical Services
Red Cross War Memorial Children's Hospital
Email: Tamara.Kerbelker@westerncape.gov.za
Tel: +27 21 658 5383 Fax: +27 21 658 5006/5166

06 July 2021

Mr W van Tonder
Department of Psychology
University of the Western Cape

Dear Mr van Tonder,

RESEARCH: RXH: RCC 283 / WC_202106_053

PROJECT TITLE: PARENTS' PERCEPTION OF A BURNS INTERVENTION VIDEO

It is a pleasure to inform you that the hospital Research Review Committee has approved your application to conduct above-mentioned study at Red Cross War Memorial Children's Hospital.

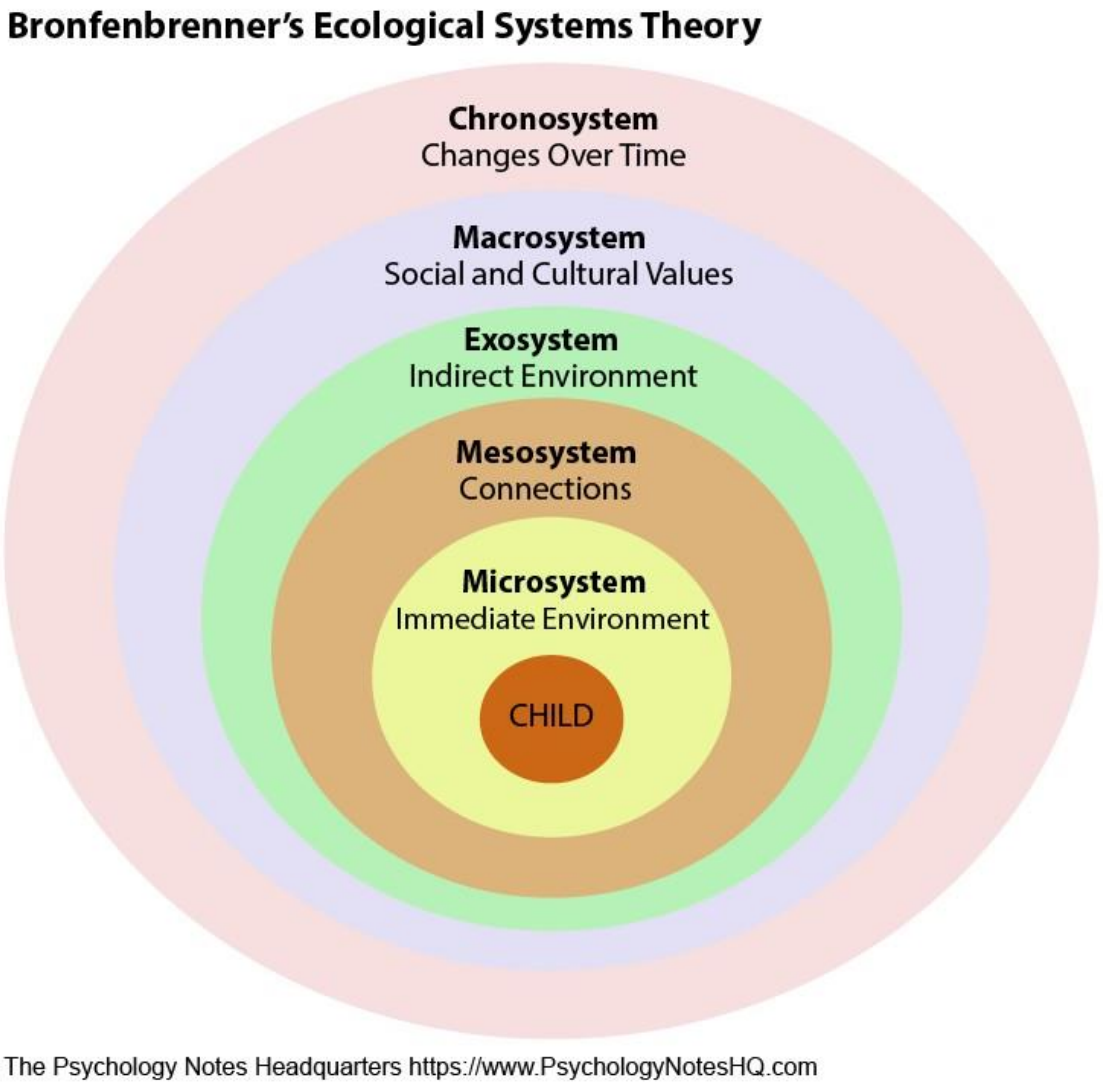
Kindly note that this approval is subject to strict adherence to the HREC recommendations regarding research involving participants during COVID-19, dated 17 March 2020 (UCT HREC notice attached).

Yours sincerely,

DR T KERBELKER
ACTING MANAGER: MEDICAL SERVICES

FIGURE 1

Bronfenbrenner's Ecological Systems Theory



Note. From "Bronfenbrenner's Ecological Systems Theory". Adapted from "Psychologynoteshq" by Psychological Notes Headquarters, "2020, retrieved from https://www.psychologynoteshq.com/bronfenbrenner-ecological-theory/".