



A PHENOMENOLOGICAL STUDY ON PEOPLE WITH PHYSICAL CHANGES CAUSED BY BURN INJURY

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ABSTRACT

Not only do burns cause damage physically but also they have significant impacts in psychological, social and spiritual changes of the sufferers. The burnt wounds after effect on the appearance can cause various challenges; including emotional disturbance, low self-esteem, and limited social interactions. The study aims to understand patients' burnt wound experiences, especially in the face-change appearance, as well as how they adapt with the mentioned condition. The study applied was incorporating the qualitative and phenomenological approaches. The data collection was then collected through deep interview sessions with seven respondents who have experienced the change in their appearance due to burnt wounds. After then, the data analysis was acquired through the Colaizzi method in order to identify the actual themes. Six themes established from the study: coping mechanism adaptation, acceptance and adaptation, acquiring social support, sources of assistance, lessons learnt, limited motor function and psychiatric illnesses. Changes in appearance consequence of burnt wounds impacted on various aspects to patients' aspects of life. Effective coping strategies and adequate social support contributes to patients' ability to adapt with their condition.

Keywords: burn; change appearance; experience

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INTRODUCTION

Burn injuries are one of the significant health challenges for low- and middle-income countries. Burn-related injuries pose a major global public health challenge, resulting in around 180,000 deaths annually. Most of these take place in nations with low to middle incomes, and nearly sixty-six percent happen in the WHO African and South-East Asia regions (WHO, 2023). Burn injuries are among the leading causes of disability-adjusted life years (DALY) lost in low- and middle-income countries (WHO, 2023). Estimates indicate that disability-adjusted life years will increase from 11,517,819 in 2030 to 14,144,178 in 2050, representing an 18.6% rise. This burden is largely concentrated in South Asia, with the number of cases projected to reach 1,627,305 in 2050, as well as in Sub-Saharan Africa, where the number of cases is projected to increase to 3,850,835 (Hauc et al., 2026).

Burn injuries cause permanent physical damage. These long-term effects often haunt sufferers throughout their lives (Surme & Aydın Akbuga, 2023). Burns can result from thermal injuries caused by hot liquids, direct exposure to hot objects, prolonged heat exposure, or electrical injuries, where the severity depends on the type of current, duration of contact, and the path the current takes

through the body. Chemical injuries depend on the concentration, quantity, duration of contact, the mechanism of action of the chemical involved, while radiation injuries are caused by alpha (α), beta (β), and gamma (γ) rays. However, they are high-energy particles with a high Sv (sievert) value and can cause extensive tissue damage if swallowed or inhaled (Zwierello et al., 2023). The long-term effects of burns, particularly physical changes in appearance, affect patients' lives in various aspects. Psychologically, patients may experience depression (Soedjana et al., 2024). Daily life activities can cause psychological distress among burn trauma survivors. Patients are often eager to return home, but they may not anticipate the new challenges presented by a previously familiar environment in the context of their new physical and psychological limitations (Chokshi et al., 2022). Based on this, researchers have not yet found any specific studies on the experiences of patients who have undergone physical changes due to burns. Therefore, this study objective were to understand patients' burnt wound experiences, especially in the face-change appearance, as well as how they adapt with the mentioned condition.

METHOD

This study has used a phenomenological approach to determine the experience of burn patients in dealing with physical changes due to burns, carried out by coding, categorization process to form a theme. After describing or interpreting the findings and obtaining a complete written description of the phenomenon obtained, the researchers used a more naturalistic approach in data collection. The in-depth interview method was chosen as the main technique in gathering information from the informants. The population determined in this study were patients who experienced burns and changes in appearance. The research sample was selected based on inclusion criteria and limited by exclusion criteria. Individual survivors who experienced changes in appearance due to burns but were not under hospital treatment will be included as research respondents. Individuals who are not willing to be respondents, cannot speak Indonesian, have mental disorders, have other complications so that they are still under burn treatment at the Hospital will not be involved in this study. In qualitative research there is no set sample size, but the research process will be considered complete after the data reaches saturation. The method for sampling uses the snowball method, which is a chain sampling from one participant to another (Afiyanti & Rachmawati, 2022). Subsequent participants were selected based on information proposed and appointed by previous respondents by considering the suitability of the inclusion and exclusion criteria. Researchers conducted analysis by documenting data from in-depth interviews and field notes on patients' experiences of physical changes due to burns. Interview documentation was conducted by playing recordings, which were then transcribed verbatim. These transcripts were then combined with existing field notes to produce a comprehensive transcript document. The accuracy of the transcripts was evaluated by re-listening to the interviews and reading the transcripts repeatedly to ensure consistency with the research data. The data interpretation process involved analysis at the data extraction stage by creating codes, forming categories and themes from these codes, and organizing the themes and categories into broader sections that illustrate the researcher's developed description of the topic. Data interpretation was also based on the researcher's ideas, connecting various perspectives on the subject or the final stage of data analysis. This research protocol has been reviewed and approved by the Nursing Research Ethics Committee, Faculty of Nursing Science, University of Muhammadiyah Jakarta Indonesia No. 1506/F.9-UMJ/X/2024.

RESULT

Changes due to burns consist of three main themes and nine sub-themes.

Theme 1: Movement Disorders: These physical changes were identified through disorders of the skin tissue (integument), musculoskeletal disorders, and changes in energy levels. Participants who experienced musculoskeletal disorders complained of pain in the area affected by burns, stiffness in certain parts of the body. This is in accordance with the following participant statements:

(P1): "*Kesulitan berdiri dan berjalan karena kaki bengkak serta lutut sulit diluruskan*". (P2): "*Merasa malu dan sulit menerima kondisi yang dialami*". (P3): "*Mengalami kesulitan dalam*

beraktivitas sehari-hari". (P4): "Kaki masih gatal meskipun sudah lebih dari setahun." (P5): "Kedua tangan belum sepenuhnya normal untuk menggenggam". (P6): "Mengalami luka bakar di wajah dan tangan sekitar 30%". (P7): "Luka bakar di tangan dan wajah menyebabkan kesulitan beraktivitas". Participants experienced loss of body function due to physical changes after burns. This is illustrated by the following participant statements:

(P1): "...susah bergerak, jadi lebih banyak duduk...", (P5): "...kadang-kadang masih bisa aktivitas, tapi terbatas...", (P6): "...malas gerak, cepat lelah...", (P7): "...jarang aktivitas berat, nggak kuat, sekarang udah kurang aktif, nggak kayak dulu..."

Participants experienced significant changes in their skin condition due to burns. This is illustrated by the following participant statements:

(P6): "...saya mengalami luka bakar di bagian wajah dan tangan sekitar 30%...", (P7): "...saya terkena luka bakar di kedua tangan dan sebagian wajah, membuat saya sulit melakukan aktivitas...". Some participants experienced limitations in body functions due to the burns they suffered. This is illustrated by the following participant statements:

(P1): "...kesulitan itu tidak bisa berdiri, cuma yang begitu di kursi roda aja...", (P2): "...terus cara genggam, terus pegang atau apa gitu itu juga masih kaku sih...", (P5): "...kedua tangan saya itu untuk memegang masih kurang normal, untuk genggam kayak memegang gelas ataupun apa masih belum sempurna lah..."

Theme 2: Psychological Problems: Psychological changes include feeling ashamed, unstable emotions, suicidal plans, fear of keloids, family conditions, feelings of regret, trauma, decreased self-esteem, feeling inferior, anxiety about the future, loss of hope. Psychological changes due to burns make participants feel ashamed. This is illustrated by the following statement:

(P1): Iya saya merasa sudah luka bakar saya merasa kulit saya yang awal tidak ada lagi, makanya saya malu untuk keluar pakai celana pendek. Iya saya merasa sudah luka bakar saya merasa kulit saya yang awal tidak ada lagi, makanya saya malu untuk keluar pakai celana pendek. (P2): "...saya nggak mau keluar rumah, takut orang lihat...", Ya dulu itu sempat malu ya malu ya dulu sempat malu soalnya kan dulu juga masih belum apa ya belum bisa menerima sih lebih tepatnya belum bisa menerima dengan keadaan. (P3): Ya bedanya, saya sekarang kalau keluar-keluar ke mana ini jadi harus pakai jaket itu tutupan kepala... (P6): "...saya jadi minder kalau ketemu orang banyak...". Participants experienced unstable emotional changes due to the burns they experienced. This is illustrated by the following participant statements:

(P1): "...kayaknya tersinggung gitu, cepet bete...", (P3): "...emosi terus...", (P5): "...emosi terus gampang marah...", (P6): "...suka gampang marah...", (P7): "...kita gampang kesinggung...". Some participants experienced severe psychological stress to the point of thinking about ending their lives. This is illustrated by the following statement:

(P4): ...sempat kepikiran, buat apa hidup kalau begini..., (P7): ...rasanya pengen nyerah aja...". Participants were concerned about the appearance of keloids on their scars. This is illustrated by the following statements:

(P3): ...takut bekasnya makin tebal, jadi jelek..., (P6): ...nggak mau keloid, takut tambah parah...". Some participants felt anxious because their condition affected their families. This is illustrated by the following statement:

(P2): "Tidak ingin menyusahkan keluarga tetapi tidak bisa berbuat apa-apa", (P5): "Anak-anak ikut kepikiran dan merasa kasihan." (p2) "Merasa malu dan sulit menerima keadaan..." (P3) "Saat keluar rumah harus memakai jaket dan penutup kepala"

Theme 3: Adaptation of Coping Mechanisms: Some participants tried to control their emotions so as not to be easily offended or influenced by other people's negative comments. This is illustrated by the following participant statements:

(P1): "...saya cuma anggap ya biasa aja, saya bilang itu orang gila yang berbicara, lalu saya ketik, saya bilang semoga kalian sehat-sehat...", (P6): "...saya menerima kenyataan sejak awal kejadian...".

Participants tried to find information to understand their condition and find solutions for burn recovery. This is illustrated by the following statement:

(P1): "... Saya punya teman teman disini, mereka juga sama itu kak suci juga sudah kenal sama mereka dan kita juga punya ngobrol sama sama dengan kasus ini saya tanya, keloid itu kayak gimana?" (P7): "...saya mulai menggunakan krim dan terapi laser untuk mengurangi bekas luka di kulit saya...".

Some participants chose to cover their burns to feel more confident in interacting with others. This is illustrated by the following participant statements:

(P1) " Iya. Kayak saya mungkin keluar atau mungkin duduk dibawah itu tidak bisa pakai celana pendek, pakai sarung kaki, celana Panjang..." (P3): ...ya harus pakai jaket ini, gitu...l, (P5) : —...masih pakai lengan panjang aja sih...".

Some participants drew closer to God as a form of acceptance and a way to cope with their condition. This is illustrated by the following participant statements:

(P1): "... sholat pengajian saya putar sholat"(P4): ...Alhamdulillah udah tidak ada rasa sakit, toh udah bisa beraktivitas, sholat..."

Theme 4: The Reality of Health Status Acceptance: This process of acceptance is reflected in the wound aspect, the psychological aspect, and the self-motivation they build to continue their lives. Participants feel comfortable and calm because the burns they experience do not involve sensitive or vital areas, so they find it easier to accept reality. This is illustrated by the following statement:

(P1): ...saya tenang cuma disini, tidak di wajah, tidak kena tangan, tidak kena punggung, tidak kena kemaluan dan lain-lain..."

The acceptance process carried out by participants is related to the psychological aspect, where they try not to be depressed by their condition, accept it sincerely, and avoid stress due to burns. This is illustrated by the following statement:

(P2): ...iya harus ikhlas, kalau nggak bisa ikhlas jadi tekanan batin, nanti dikatain sampai kepikiran sampai stress...", (P5):...ibaratnya ini musibah ya harus dijalani, ya pasti di balik musibah pasti ada sesuatu yang lebih indah lah yang Allah ciptakan buat kita..."

Self-motivation is built by participants to keep moving forward and be grateful for their lives, despite facing difficulties. This is reflected in the following statement:

(P3):...pokoknya yang paling besar itu bersyukur, itu Bu saya masiAlhamdulillah masih diberi hidup karena banyak yang lebih dari saya...", (P4): jadi saya mau melakukan aktivitas apa aja masih bisa...", (P6):...setiap hari saya semakin terbiasa dengan kondisi baru ini...", (P7): saya merasa sangat bersyukur masih bisa hidup dan memiliki keluarga yang mendukung saya..."

Theme 5: Seeking for Social Support: Social support greatly influenced participants' recovery both emotionally and practically, obtained from family, non-family and workplace. They felt supported and appreciated in the recovery process. This is reflected in the following statement:

(P1):...terus dengan doa keluarga, hubungan orang tua, sehingga saya berjuang sampai sekarang...", (P2): ...yang paling banyak support tuh ya dari keluarga ya, terutama dari ibu sih...", (P3):...istri menerima sih, istri menerima ya udah, qodarullah takdir dari Allah begitupun..."

Selain keluarga, partisipan juga mendapatkan dukungan dari temanteman dan tenaga medis, yang membantu mereka merasa diterima dan diberdayakan dalam proses pemulihan. Hal ini terlihat dari pernyataan berikut:

(P4):...perawatnya itu kekeluargaan seperti keluarga, untuk ngobrol, curhat, terus segala macam, jadi kita sepertinya merasa punya keluarga baru sih, jadi support systemnya juga bisa memberikan kesembuhan lebih cepat...", (P6):...teman-teman mendukung saya, mereka tidak memperlakukan saya berbeda...", (P7):...saya mendapatkan dukungan dari tenaga medis yang sangat sabar dalam merawat saya..."

Supports also came from the workplace, indicating the importance of the professional environment in supporting participants' recovery and adaptation. This is reflected in the following statements:

(P3) owner perusahaan juga support total untuk kami semua sih", (P5) : —...owner perusahaan juga support total untuk kami semua sih..."

Theme 6: Forms of Support: The form of support provided included various positive behaviors that helped participants feel stronger and able to undergo the healing process. This is manifested in the following statements:

(P1): "...terus dia bilang berusaha obat, jaga kesehatan, jaga makan, lah lain-lain lah, hehehe..." (P2): "...tetap semangat, tetap pengobatannya, jangan sampai menyerah gitu...", (P3): "...orang tua sama yang ngerawat saya...", (P4): "...salah satu wali santri tempat sekolah anak saya juga gitu, itu dia punya teman dokter bedah plastik di RSPP jadi di calling...", (P6): "...perusahaan mendukung penuh sampai saya pulih..."

Theme 7: Lesson Learned: The burns experienced by the participants brought wisdom and valuable life lessons, including new insights, both from personal experiences and from spiritual ones that strengthened them. The experiences felt by the participants provided valuable lessons about the importance of being careful in living everyday life and working. This is reflected in the following statement:

(P1): "...sebagai pelajaran buat saya untuk berhati-hati lagi...", (P7): "...saya merasa bahwa kejadian ini mengajarkan saya untuk lebih berhati-hati dalam bekerja..."

Spiritually, this incident teaches us about sincerity of accepting destiny and understanding that every event has its own purpose and wisdom. This is reflected in the following statement:

(P2): "...hal positif yang saya dapatkan itu bisa belajar ikhlas...", (P5): "...kalau menurut saya sih ya skenario Allah itu luar biasa...", (P6): "...saya ingin berbagi pengalaman ini agar orang lain lebih berhati-hati...". The wisdom gained from this strengthened the participants' determination to be more careful and accept every fate with sincerity, and to want to share their experiences with others to prevent similar incidents.

DISCUSSION

This study provides new information on the impact of changes in appearance on the lives of burn patients and sees how participants live their lives after experiencing changes.

Theme 1: Movement Disorder

Physiologically, the limitations of movement experienced by burn patients can be explained through the concept of contracture and hypermetabolism. Contractures play a major role in altering the lives of burn survivors and increasing healthcare expenses. These contractures, which are scars that restrict range of motion (ROM), can cause pain, impair functionality, change one's appearance, lead to disabilities, and diminish quality of life (Fanstone & Price, 2024). This is exacerbated by a prolonged inflammatory process that causes fibrosis and stiffness in the joints, adding that burn patients experience hypermetabolism which causes muscle protein degradation, leading to muscle wasting which further worsens mobility. Muscle wasting affects burn patients both immediately and

over time following their injury. A reduction of 10% to 15% in lean body mass results in higher infection rates, slower wound healing, and diminished muscle strength and function. This significantly raises morbidity and mortality rates and impacts daily activities and quality of life (Disseldorp et al., 2011; Dombrecht et al., 2023; Jeschke et al., 2011).

Theme 2: Psychological Problems

Burn patients also experience significant psychological distress due to changes in their bodies. Many patients feel embarrassed by their changing physical condition, especially if the wounds occur in areas that are easily visible such as the face and hands. This feeling makes them reluctant to appear in public and prefer to cover their bodies with long clothes or other accessories. Some patients even avoid social interactions for fear of getting attention or comments from others. Individuals demonstrated behaviors such as avoiding eye contact, displaying surprise, and experiencing feelings of pity and embarrassment when encountering burn survivors. These behaviors resulted in adverse outcomes, including social isolation, loneliness, and diminished opportunities for interpersonal relationships with peers for burn survivors (Farzan et al., 2023). Some patients admitted to feeling hopeless and experiencing great emotional stress to the point of wanting to end their lives. Psychological disorders such as depression, *post-traumatic stress disorder* (PTSD), and social anxiety are often found in burn patients due to changes in appearance and physical limitations (Ali, 2022), chronic pain experienced by patients can worsen their psychological condition, causing prolonged anxiety and significant emotional stress (Soedjana et al., 2024). Fear of wound conditions is also one of the factors that worsens the psychological condition of patients (Vania, 2024). Disability resulting from burn injuries, particularly due to scars, can last for many years or even extend over decades, representing a significant challenge to the quality of life for the affected person. Scarring that occurs following burns may lead to physical limitations and alterations that have a profound impact on the individual's everyday activities and social engagement (IlaydaYe,silyurt & Kendirkiran, 2024).

Theme 3: Adaptation coping mechanisms

In dealing with these changes, patients develop various coping strategies to reduce stress and improve their quality of life. The most frequently used coping mechanisms include holding back and stabilizing emotions, accepting fate, seeking information related to wound care, covering wounds, and strengthening spiritual aspects. Throughout every phase of recovery, patients experienced noticeable psychological impacts from their burns. Initially, the injuries led to emotional distress such as worry and anxiety for the patients, while family members, especially parents, faced feelings of anxiety and guilt. As time progressed, patients continued to report psychological challenges, including difficulties with sleep and experiencing flashbacks (Hoffmann et al., 2023).

Feelings of anxiety, inferiority, and fear of social reactions often arise due to changes in their appearance. To overcome this, patients try to control their emotions so as not to be further burdened. Some patients try not to think too much about other people's comments, while others try to distract themselves by doing certain activities. A variety of maladaptive coping mechanisms were outlined as efforts to handle emotions and thoughts. Among these were thought suppression, distraction, avoidance, and positive thinking, all aimed at regulating emotions and thoughts (Taylor-bennett et al., 2024).

In addition to managing emotions, patients also strengthen themselves by accepting their condition as part of destiny or a test of life. This acceptance is a widely used coping mechanism because it helps patients adapt more easily to the changes that occur. Some patients believe that the burns they experience are part of a warning or a test of life that must be faced sincerely. With this belief, they can reduce psychological stress and feel calmer in living their daily lives. Actively addressing problems and employing a positive reframing strategy, rather than resorting to avoidant coping

techniques, is linked to enhanced quality of life and fewer depressive symptoms. This highlights the importance of adaptive coping in the recovery journey (Shokre et al., 2024). In addition to managing emotions and accepting their condition, many patients actively seek information related to burn care. They seek out medical treatments that can help speed recovery, physical therapy that can improve mobility, and skin care products that can reduce scars. They obtain this information from medical personnel, the internet, and other patients who have had similar experiences. This strategy is included in problem-focused coping, where individuals try to overcome problems by finding concrete solutions. Patients who have access to information are more likely to feel more confident in dealing with their physical changes and are more prepared to undergo the necessary treatment (Zusandy et.al., 2024).

Theme 4: Acceptance and Adaptation

The patient's ability to accept and adapt to their condition is greatly influenced by various factors, such as the extent of the wound, social support, and their psychological condition. Patients with minor burns tend to adapt more easily because of their minimal physical limitations (Kamran, 2021). They can still carry out daily activities without many obstacles and have a faster healing process compared to patients with extensive burns. This makes them more confident in returning to their routines more quickly (Zusandy et.al., 2024). In the adaptation process, self-acceptance is one of the key factors that determines how patients deal with their condition. Some patients stated that they tried to accept their condition sincerely, even though at first, they had difficulty dealing with the physical changes that occurred. Feelings of shame, inferiority, and even fear of social reactions often appear in the early stages of recovery. Patients who have wounds on visible parts of the body, such as the face and hands, usually have a harder time accepting their condition than patients who have wounds on parts of the body covered by clothing. However, over time, patients begin to accept their condition and try to continue living their lives with optimism. This acceptance process does not happen instantly, but through different emotional stages, starting from rejection, sadness, to finally accepting the existing reality (Arga et. al, 2024). Several patients stated that they felt grateful because the burns they experienced were not more severe and could still be healed. They compared their condition with other patients who experienced wider or more severe injuries, thus fostering feelings of gratitude for what they still had. Identified coping mechanisms encompassed expressing gratitude, employing humor, and formulating plans. The abrupt nature of the traumatic incident, along with the intensity and site of the burn injury, can affect the degree of *pasca-trauma* that patients undergo (Kazemi-sufi, 2024). Self-motivation is also one aspect that encourages patients to continue to adapt to their condition. Patients who are highly motivated tend to recover faster because they have the drive to return to normal life. Some patients stated that they still want to do daily activities without relying too much on the help of others. The desire to be independent is one of the factors that drives them to continue trying to undergo therapy and care for their burns. Many therefore have an interest in recovering burn patients to a level of independence in activities of daily living

(ADL), optimising quality of life and minimising socio economic burdens. Functional independence constitutes the ability to care for oneself or perform meaningful activities. Pre-burn employment, worker's compensation, and the absence of self-blame have been identified as positive predictors of re-employment (Jawad et al., 2024). In addition to internal factors, social support also plays an important role in helping patients accept and adapt to their condition. Emotional support from those closest to them helps patients feel more accepted and reduces feelings of shame or inferiority due to the burns they experience. In addition, social support is fundamental to effective rehabilitation, offering emotional, informational, and tangible assistance to burn survivors. Family members, friends, healthcare professionals, and support groups collectively aid the recovery process by promoting a sense of belonging and mitigating feelings of isolation (R et al., 2024).

Theme 5: Seeking Social Support

The presence of people who provide attention, motivation, and assistance with wound care ensures that patients receive good nutrition, which can make it easier for them to accept their condition and increase their enthusiasm for continuing treatment. Social support can come from family, medical personnel, friends, partners, and even the workplace. Each form of support plays a unique role in helping patients through the difficult times caused by their burns (Kamran, 2021). The presence of parents who are always ready to accompany patients makes them feel less alone and more confident in facing the challenges that arise during recovery (Zusandy et al., 2024). For married patients, the support of a partner, whether husband or wife, is invaluable. Partners play a role not only as companions during medical care but also as motivators and mental support for patients. When patients experience difficulties in carrying out activities, partners are often ready to help, whether with household chores, wound care, or encouraging the patient to continue hoping for recovery (Arga et al., 2024). In addition to their immediate family, patients also receive support from medical personnel, especially nurses who care for them during their recovery. Nurses are not only tasked with providing medical care but also as a source of psychological support for patients. Patients often feel anxious about the changes occurring in their bodies due to burns. In this situation, friendly nurses who provide clear explanations about wound care and demonstrate concern can provide a sense of security and comfort for patients. Phases of recovery, the involvement of significant others during the recovery process, the establishment of a therapeutic relationship, and low-threshold access to healthcare professionals are important (Thambithurai et al., 2024). In addition to support from medical personnel, patients also receive assistance from friends, partners, and even people they have just met. Emotional support is not only obtained from friends and partners, but also from strangers, from those who accompany them during their recovery. This allows them to feel accepted in their social environment, rather than isolated or shunned because of their condition. Meanwhile, some patients also acknowledge receiving attention and support from new people, such as fellow patients in the hospital or burn survivor communities. Interacting with individuals who have had similar experiences can provide a sense of comfort and a deeper understanding of their condition (Hasanah et al. 2023). In addition to individual support, support from work institutions also plays a crucial role in the recovery process for burn patients, especially for those who are still actively working. Patients often worry about how their workplace will respond to their condition after a burn injury. Some patients receive support from their companies in the form of more flexible work policies, financial assistance, or moral support from coworkers. This support provides patients with a sense of reassurance that they still have a place in their workplace, preventing them from feeling like they have lost their professional identity due to their condition. Patients who receive support from their environment tend to have lower levels of anxiety and are more optimistic, confident, and adapt more easily to new environments. Conversely, patients who lack social support are more susceptible to stress, feelings of isolation, and even depression. Without encouragement from those around them, patients may feel helpless and lose hope for recovery (Hasanah et al, 2023). Therefore, the role of family, friends, medical personnel, and work institutions is crucial in providing support for burn patients. This support takes the form of physical support, attention, moral encouragement, and acceptance of the patient's condition. With support, burn patients adapt more quickly to themselves and their social environment, retain hope, and can live their lives with greater confidence and optimism.

Theme 6: Forms of support

Patients who receive attention and support from family, friends, medical personnel, and the community tend to be more motivated to undergo treatment and adjust to their new condition. This support not only helps speed up medical recovery but also provides emotional comfort so that patients feel less alone in facing the challenges they experience. The form of support that patients receive varies greatly, from reminding them to seek treatment to help them meet their needs during the recovery period. One of the main forms of support that patients feel is being reminded to seek treatment. Some feel that their injuries are not so severe that they do not need intensive medical attention, while others experience anxiety related to treatment procedures that may be painful or

costly. In this condition, support from their family, partners, and friends becomes very important. Parents, for example, often play a major role in ensuring that their children who have burns continue to undergo treatment in a disciplined manner. Not only do they remind them to go to the doctor or hospital, but also help in understanding the treatment procedures, explain the importance of follow-up therapy, and provide emotional support so that patients are not afraid to undergo the healing process. Likewise, for patients who are married, their partners are often the figures who encourage them to continue undergoing treatment regularly. Attention from partners can be in the form of taking patients to the hospital, accompanying them during the treatment process, or simply providing encouragement so that they remain optimistic about their recovery (Zusandy et al., 2024). In addition to family, medical personnel also play a major role in reminding patients to continue their treatment. Nurses and doctors are not only tasked with treating patients' wounds but also providing education on the importance of adhering to the recommended treatment and therapy schedule. Several patients expressed that they felt more confident in undergoing treatment when they received a clear explanation from medical personnel regarding the stages of recovery that they had to undergo. Also, several social communities also play a role in reminding patients to continue their treatment by providing information on burn treatment, proper treatment methods, and motivation for burn survivors so that they do not feel isolated. Parents, partners, and siblings often help by providing food, helping patients move around, and ensuring that they have a comfortable environment to undergo the recovery period. Some patients who experience severe burns even need full assistance in carrying out daily activities, such as dressing, changing bandages, or simply doing simple activities such as sitting and lying down comfortably. Therefore, social support is not only a form of concern, but also a key factor in the success of the recovery process for burn patients.

Theme 7: Lessons Learned

One of the greatest lessons learned by patients is to be more careful in living their daily lives. Many patients realize that before experiencing burns, they often ignore safety factors in various activities, such as cooking without paying attention to safety, working without appropriate personal protective equipment, or being less careful when handling objects that have a high risk of causing injury. After experiencing burns, they become more vigilant and pay more attention to safety aspects in every action they take. This awareness is not only applied to themselves, but also to the people around them. Some patients even share their experiences with family and friends as a form of warning so that others are more careful and do not experience similar incidents. In addition, this experience also teaches patients to be more patient in facing the recovery process. Burns take a long time to heal, and during that period, patients must undergo various medical procedures that may cause discomfort or pain. Some patients feel frustrated because of the physical limitations they experience, but over time, they learn that patience is the main key in the healing process. They realize that not everything can be fixed immediately in a short time and that patience in undergoing therapy and medical care will bring better results. Thus, this experience trains them to become mentally stronger individuals and better able to control their emotions when facing difficult situations. In addition to patience, patients also learn to accept the trials they experience. At first, some patients may feel angry or disappointed with their condition, especially if the burns they experience cause significant physical changes. However, over time, they begin to accept the situation as part of the journey of life that must be lived. Promoting a positive mindset, with an emphasis on cultivating optimism and resilience, is crucial for sustained psychosocial well-being (Shokre et al., 2024). In this process of acceptance, many patients see the events they experience as part of the destiny that has been determined for them. They realize that everything that happens in life has a reason and a lesson behind it. This belief helps them to be calmer in facing their condition and not to continue to blame the situation. Awareness of the importance of safety, patience in facing the recovery process, sincerity in accepting trials, and the understanding that everything that happens is part of God's destiny are the main lessons they get from this experience.

CONCLUSION

This study revealed that patients who experience changes in appearance due to burns face a variety of physical, psychological, social, and spiritual challenges. These changes impact their quality of life, particularly in aspects of mobility, self-image, and social relationships.

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