

CHAPTER 5

CONCLUSION AND RECOMMENDATION

The descriptive study was conducted for the purpose of describing the stressors and stress appraisal as well as coping among burned patients at pre-discharge phase. Data collection was done during November 1998 to January 1999 in Changsha, Hunan, P.R. China. Sixty subjects participated in this study. Instrument used for data collection was questionnaire that included three parts: demographic data record form, the SAS, and the MJCS. Major the implications for nursing, limitations, and recommendations are presented in this chapter.

Findings and conclusion

From the study, the following conclusions were made.

1. The overall, personal, and environmental means of the stressor among burned patients were 19.97 (SD=5.08), 13.33 (SD=3.26), and 6.63 (SD=2.65), respectively.
2. The overall, personal, and environmental means of the stress appraisal among burned patients were 2.05 (SD=0.53), 2.13 (SD=0.56), and 1.89 (SD=0.58), respectively.
3. Majority of the group (34, 56.7%) had stress

appraisal equal to or more than mean of the stress appraisal of the group.

4. Disfigured appearance, uncertainty regarding outcome of the treatment, and inability to take care of everyday responsibility were the top three most of stress appraisal toward personal stressors whereas prejudice and discrimination from others, current situation, and having not enough time with their families were the top three of stress appraisal towards environmental stressors

5. All of the burned patient used both of coping strategies. Nevertheless, majority of the group (49, 81.7%) used problem-focused coping strategy more than emotion-focused coping strategy.

Implication of findings

Implications for nursing practice

The findings make nurses aware of stressor and stress appraisal among adult burned patients at discharge and suggests that nurses should pay more attention to both personal and environmental stressors. It is essential to initiate program to provide information and coping strategies for burned patients. Special concern should be put on a variety of possible problems at different times particularly covering the common concern of the group such

as disfigurement, uncertainty regarding outcome of the treatment, pain, itching, prejudice and discrimination.

The understanding of coping strategies used by adult burned patients provides suggestions for the appropriate care of the group of patients. Based on the finding regarding coping in this study, a caution must be extended that problem-focused coping is not "better" or more "effective" coping in itself. Nursing interventions should not be directed at the promotion of only problem-focused coping until a better understanding of the relationships between the person and environment is thoroughly determined. Emotion-focused coping is a necessary part of coping; all coping strategies must be considered as a sum-total package to determine the influence of coping on a particular transaction. A balance between problem-solving and emotion-regulating approaches may be necessary to promote wellness-oriented coping in the long run. Nurses should have holistic view in assessing patients' conditions and pay more attention to patients' appraisal of stressors as well as the resources available to facilitate them to develop wellness-oriented coping.

Implications for nursing education

The findings of this study added the information about stressor, stress appraisal, and coping of burned

patients. It helps nursing students in getting better understanding regarding stress and coping among the group of adult chinese burned patients.

Implications for nursing research

The result of the study provided a baseline information for further research of stressor, stress appraisal, and coping among adult burned patients. It may inspire other nurse researcher to further explore stress and coping among adult burned patients in different periods of hospitalization and rehabilitation and to explore other unknown factors influencing the stress and coping strategy of adult burned hospitalized patients.

Limitations

The subjects in this study were recruited from only three teaching hospitals of Hunan Medical University, and the sample size was small. The study was done during the subjects' hospitalization at the pre-discharge phase. Thus, the generalization was restricted. The trust relationship was not ensured. The emotion-focused coping strategy might be underestimated.

Recommendations

Some recommendations need to be considered for future study.

1. Longitudinal repeated study of stress and coping since after injury to fully recovering is needed to further explore the stress appraisal and coping among burned patients at different points of time.

2. Factors influencing the stress appraisal and coping of burned patients such as age, extent and depth of burns, and location of burns need to be further explored.