



# “To Assess The Effectiveness Of REBT (Rational Emotive Behavior Therapy) On Psychological Problems Of Post Burn Client Admitted At Burn Ward Of PRH Loni Bk”

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## Abstract

**Background of study:** Burn injuries are devastating traumatic experiences which place a large amount of strain on a prrson’s psychological status. Due to improvement in morbidity rates in relation to burn victims, more and survivors are force to make mental alteration to their body image anxiety and depression are the most commonly observed psychological effects. Often physical issues are addressed but psychological issues were neglected. This study was conducted mainly focusing on psychological issues of burn client. **Objectives:** 1.To assess the psychological problem in post burn client in control group. 2.To assess the effectiveness of rational emotive behavior therapy in experimental group compare to control group. 3.To find out correlation between psychological problems of post burn client. 4.To find association of psychological problems of post burn client with sociodemographic and clinical variables. **Material and methods:** true experimental study with post test desing with control group evaluative approach, conducted at burn ward of Dr. VVP PRH Loni Bk on 20 burn patients. **Result:** Two sample t - test for the effectiveness of rational emotive behaviour therapy in comparison to control group, for anxiety the t-value is 5.45 , for deprsssion t- value was 5.78 and disturb body image t-value was 2.29 and for anxiety, depression and disturb body image p- value is<.00001. this shows that result was significant at  $p < .05$ .

**conclusion:** rational emotive behavior therapy was found effective in reduction of psychological issues of burn patient.

**Keywords:** Rational Emotive Behavior Therapy, effectiveness, psychological problems and burn clients.

## I. INTRODUCTION

Damage to the skin or other body parts caused by extreme heat, flame, contact with heated objects, or chemicals. Burn depth is generally categorized as first, second, or third degree. The treatment of burns depends on the depth, area, and location of the burn, as well as additional factors, such as material that may be burned onto or into the skin.<sup>1</sup>

A burn occurs when heat, chemicals, sunlight, electricity or radiation damages skin tissue. Most burns happen accidentally. There are different degrees of burns. Your healthcare provider determines the seriousness (degree) of a burn based on the depth of the burn and the amount of affected skin. Burns can be painful. Left untreated, a burn can lead to infection. Close to half a million people go to the emergency department every year with burn injuries. Children are at high risk for accidental burns. Every day, more than 300 children receive emergency treatment for burn injuries. Accidental burns can happen to anyone, although children, teenagers and older people are most at risk. These age groups are more prone to burn injuries from cooking, such as spilling a boiling pan of water onto skin. Children and teens are also more likely to mess around with lighters, matches and fireworks or get sunburns.<sup>2</sup>

Globally, a total of 8,955,228 new cases (95% UI 6,820,977–11157666cases) of burns were identified in 2019, which is almost evenly split between men and women, and most of the new cases were concentrated in the 10–19-year age group.<sup>3</sup>

The estimated annual burn incidence in India is approximately 6-7 million per year. The high incidence is attributed to illiteracy, poverty and low level safety consciousness in the population. The situation becomes further grim due to the absence of organized burn care at primary and secondary health care level. But the silver lining is that 90% of burn injuries are preventable.<sup>4</sup>

Burn injuries were most common in the age group of 41-60 years. The male to female ratio was 0.65: 1. Most of the burn incident took place in rural area (73%) and rest (27%) in urban area. Most of the mode of burn injury (88.7%) were accidental burns, 8.2% had alleged history of suicide and in rest 3.1% homicide was suspected. Mortality ratio was 33.30% and 66.70% of patients got discharged from the hospital.<sup>5</sup>

Psychological complications of burns include depression, post-traumatic stress disorder, anxiety, sleep disturbance, phobias, guilt, suicidal thoughts and personality changes. Physiological complications include scarring, contractures, pain, muscle wasting and hypothermia; other complications include infections. This review revealed a scarcity of literature regarding the prevalence and impact of long-term complications in post-burn patients.<sup>6</sup>

The acute phase of recovery focusses on restorative care, but patients continue to undergo painful treatments. As patients become more alert during this phase, they face these procedures with less sedation. Also, patients are more aware of the physical and psychological impact of their injuries. Depression, Anxiety, Sleep disturbance, Pain, Grief, Premorbid psychopathology Patients with pre-existing psychopathology typically cope with hospitalization through previously established dysfunctional and disruptive strategies. The most common premorbid psychiatric diagnoses are depression, personality disorders, and substance misuse. Prior psychopathology can have an adverse impact on outcomes, including longer hospitalizations and the development of more serious psychopathologies after injury.<sup>7</sup>

Rational emotive behavior therapy (REBT) is a type of cognitive behavioral therapy (CBT) developed by psychologist Albert Ellis. REBT is an action-oriented approach that's focused on helping people deal with irrational beliefs and learn how to manage their emotions, thoughts, and behaviors in a healthier, more realistic way. According to REBT, our cognition, emotions, and behavior are connected. In order to understand the impact of events and

situations that people encounter throughout life, it's essential to look at the beliefs people hold about these experiences and the emotions that arise as a result of those beliefs. The main goal of REBT is to help people respond rationally to situations that would typically cause stress, depression, or other negative feelings. When faced with this type of situation in the future, the emotionally healthy response would be to realize that it is not realistic to expect success in every endeavor. All you can do is learn from the situation and move on.<sup>8</sup>

Rational Emotive Behavior Therapy REBT is a psychotherapeutic approach developed by Albert Ellis in 1955. Pronounced as the first form of cognitive behaviour therapy (David, Szentagotai, Eva, & Macavei, 2005), one's cognitions, emotions, and behaviours are central in the development and maintenance of psychological.<sup>9</sup>

### **Problem of statement**

To assess the effectiveness of REBT (Rational Emotive Behavior Therapy) on psychological problems of post burn client admitted at burn ward of PRH Loni Bk

### **Objectives**

1. To assess the psychological problem in post burn client in control group.
2. To assess the effectiveness of rational emotive behaviour therapy in experimental group compare to control group.
3. To find out correlation between psychological problems of post burn client.
4. To find association of psychological problems of post burn client with sociodemographic and clinical variables.

### **Hypothesis**

**H<sub>1</sub>**- There will be significant reduction in psychological problems of post burn client in experimental group as compared to control group.

**H<sub>01</sub>**- There will be no significant reduction in psychological problems of post burn client in experimental group as compared to control group.

**H<sub>2</sub>**-There will be significant association of psychological problem with their socio demographic and clinical variables.

**H<sub>02</sub>**-There will be no significant association of psychological problem with their socio demographic and clinical variables.

## **II. Methodology**

### **Research Design and Approach**

The experimental research design with only post-test with control group and approach Quantitative evaluative was used for present study.

**Research Study Setting:** The study was conducted at burn ward of Dr. Vittalrao Vikhe Patil Pravra Rural Hospital Loni Bk.

**Sample :** The sample selected for present study comprised of who are post burn client admitted at burn ward of PRH Loni Bk, who will fulfill the sampling criteria.

**Sampling Technique:** The sequential sampling was used for the present study.

**Experimental Group:** Even number burn sample was included in experimental group and they will get sessions of REBT. (2,4,6,8,10,12,14,16,18 and 20)

**Control Group:** odd number patient was included in control group they will get routine treatment. (1,3,5,7,9,11,13,15,17, and 19)

**Sample Size:** Sample size universal sampling from data collection during three months of data collection periods.

**Inclusion and exclusion criteria:**

**Inclusion criteria:** The burn clients who are

1. Above the age of 18 years.
2. 25-60% of burn injury.
3. Willing to participate with informed consent.
4. Able to follow and willing to undergo rational emotive behaviour therapy.
5. Understand and speak Marathi.

**Exclusion criteria: The burn who are;**

1. Having co-morbid medical illness.
2. Diagnosed of psychiatric disorder and neurotic disorder.
3. Acutely ill and unable to respond to tool.

**Development of The Tool:**

**Tools:**

With reference to present study, questioner was used to assess the psychological problem in post burn client.

**Section A: Socio demographic variables:** Age, gender, religion, marital status, types of family, income, occupation, education and presence of substance use.

**Clinical characteristics -** Type of burn, degree of burn, percentage of burn, site of burn, cause of burn, associated illness and immunization.

**Section B: Psychological problems**

**Perceived Body appearance:** Body appearance will be assessed by Satisfaction with Appearance Scale (SWAP), given by Lawrence (1998). It is 14 item scale. Each item score from 1-7, strongly agrees to strongly disagree.

**Anxiety and Depression:** To assess Anxiety and Depression Hospital Anxiety and Depression Scale will be used. It was developed by Zigmond and Snaith (1983).

### **Data Collection Procedure:**

#### **1) Ethical Aspects:**

**a) Ethical Clearance:** Proposal will be presented before Institutional Ethics Committee and Institutional Research Committee of Smt. SEVP CON, Loni and ethical clearance will be obtained.

**b) Permission from Concerned Authority:** Written permission was obtained from Medical Superintendent of the P.R.H. Loni

**c) Informed Written Consent:** Explanations regarding study and its objectives was given to study subjects. Subjects will be assured for anonymity and confidentiality of data given by them. Written consent was obtained for participation in the study.

#### **3)Interventions:**

**I. Experimental group:** Rational Emotive Behavior Therapy

**II. Control group:** Routine treatment for control group patients.

**3)Post-test:** Post-test was conducted after 1 months of REBT interventions

**Data analysis :** Descriptive and inferential statistics was for data analysis. The collected data was organized and tabulated by using descriptive statistics included mean, frequency, mean percentage and standard deviation. The inferential statistics included t test and chi square test. 't' test was used to test the effectiveness and chi – square was used to test association between selected social demographic and clinical variable with psychological problem.

### **III. Result**

#### **I Assessment of sociodemographic characteristics of burn client.**

The majority of study participants 5 (50%) and 4 (40%) respectively from experimental and control group belongs to 18-29 years. majority of study participants 8 (80%) and 6 (60%) respectively from experimental and control group belongs to male. majority of study participants 5(50%) and 4(40%) and from experimental and control group belongs to primary education. majority of study participants 5 (50%) and 3(30%) respectively from experimental and control group belongs to farmer category of occupation. majority of study participants in experimental group and control group 7(70%) and 2 (20%) family income. majority of study participants 8(80%) and 5(50%) respectively from experimental and control group belongs to Hindu religion category. majority of study participants 7 (70%) and 9 (90%) respectively from experimental and control group were to married. majority of study participants 5 (50%) and 8 (80%) respectively from experimental and control group belongs to nuclear type family. majority of study

participants 10 (100%) and 10 (100%) respectively from experimental and control group belongs to rural area, because they are resident in rural area.

## II Assessment of Clinical characteristics of burn client.

majority of study participants 6(60%) and 8(80%) respectively from experimental and control group belongs to the thermal burn. majority of study participants 6(60%) and 4(40%) respectively from experimental and control group had 2<sup>nd</sup> degree burn. majority of study participants 8 (80%) and 5(50%) respectively from experimental group and control group belongs to upper site waist burn. majority of study participants 10(100%) and 10(100%)respectively from experimental group and control group belongs to accidental burn. majority of study participants 5 (50%) and 10 (100%) respectively from experimental and control group burn takes place at in home.majority of study participants 10 (10%) and 4 (40%) respectively from experimental group and control group belongs to no any co-morbid illness.majority of study participants 5(50%) and 6(60%) respectively from experimental group and control group using tobacco. majority of study participants 5(50%) and 3 (30%) respectively from experimental group and control group had surgical debridement.majority of study participants 10(10%) respectively from experimental and control group belongs to tetanus vaccine.

### Section :-II To assess the psychological problem in post burn client.

**Table no. 1 Overall assessment of anxitey, depression and disturb body image among post burn client in control group.**

n=20

Sr. no	Variable	Mini - maxi Score	Mean	SD
1	Anxiety	0-21	13.6	±1.57
2	Depression	0-21	12.7	±0.82
3	Disturb Body image	0-98	36.7	±6.32

Above table no.1 shows that overall assessment of anxitey, depression and Disturb body image among the post burn client. mean score of anxiety, depression and disturn body image was 13.6±1.57, 12.7±0.82 and 36.7±6.32 respectively.

**Section:-III To find out effectiveness of REBT on psychological problems in experimental group in comparisan to control group.**

n=20

Sr. no	Variable	Mini - maxi Score	Experimental group		Control group	
			Mean	SD	Mean	SD
1	Anxiety	0-21	9.1	±2.07	13.6	±1.57
2	Depression	0-21	9.7	±1.41	12.7	±0.82
3	Disturb body image	0-98	36.6	±5.54	36.7	±6.32

Above table no.2 shows that overall level of anxitey, depression, disturb body image among post burn client. experimental group mean score of anxitey, depression and disturb body image was  $9.1 \pm 2.07$ ,  $9.7 \pm 1.41$  and  $36.6 \pm 5.54$  respectively. and control group mean score of anxitey, depression, disturb body image was  $13.6 \pm 1.57$ ,  $2.7 \pm 0.82$  and  $36.7 \pm 6.32$  respectively. .

**Table no. 4 To find effectiveness of Rational Emotive Behaviour Therapy among post burn client on anxitey, depression and disturb body image by t – paired test.**

n=20

Sr.no	Variable	t-Paired Test Calculated Value	t-Paired Test Table Value	Degree Of Freedom
1	Anxiety	5.45	1.72	19
2	Depression	5.78		
3	Disturb body image	2.29		

Above table no.3 shows, hypothesis testing at 95 level of significance and 5% error. Above table value shows that Rational Emotive Behaviour Therapy among post burn client are found effectiveness in improving Anxiety, depression and disturb body image. t- paired test calculated value of anxiety, depression and disturb body image are greater than t- paired test value.

Hence, accept the research hypothesis and reject the null hypothesis. Rational Emotive Behaviour Therapy was found effective in redusing psychological problems of burn clients.

**Objectives –IV : To find out co-relation between psychological problems in post burn clients.**

n=20

Sr. No	Variables	Co-relation
1	Anxiety and depression	0.01
2	Anxiety and disturb body image	0.51
3	Depression and disturb body image	0.24

Above table no. 4 shows that co- relation between psychological problems of post burn client. The co- relation score for anxiety and depression was  $r=0.34$ , anxiety and disturb body image was  $r=0.51$ , it hows that they were mildly positively co- related whereas depression and disturb body image was  $r=0.24$  that shows that they were moderatory positively perfectly co-releted.

**Objective no :-V To find out association of psychological problems with selected demographic and clinical variable.**

**Association of Anxiety with selected demographic and clinical variable.**

The association of anxiety score of experimental group does not having significant association with socio-demographic and clinical variables of post burn clients.

**Association of depression with selected demographic and clinical variable.**

The association of depression score of experimental group does not having significant association with socio-demographic and clinical variables of post burn clients.

**To find out association of disturb body image with selected demographic and clinical variable. (Factor – 1) , (Factor – II), (Factor – III) , (Factor – IV)**

The association of disturb body image (Factor – 1) , (Factor – II), (Factor – III) , (Factor – IV) score of experimental group does not having significant association with socio- demographic and clinical variables of post burn clients.

#### **IV. DISCUSSION**

Two sample t - test for the effectiveness of rational emotive behaviour therapy in comparison to control group , for anxiety the t-value is 5.45 , for deprsssion t- value was 5.78 and disturb body image t-value was 2.29 and for anxiety, depression and disturb body image p- value is  $<.00001$ . this shows that result was significant at  $p <.05$ .

This shows that result was significant at  $p <.05$ . This shows that rational emotive behavior therapy was effective in reduction of anxiety, depression and disturb body image in experimental group as compare to control group.



This findings were supported by conducted by Mr. Eknath Gawade where 100% post burn clients normal anxiety and 40% with mean score ( 14 ±1.15) had abnormal depression as compared to 100% post burn clients had normal depression with post-test mean score of (1.8 ±0.8).

## V. CONCLUSION

This findings of study show that in burn client we often address the psychological issues always neglected which are equally important in all round of care of patients. Anxiety , depression and disturb body image are common psychological issues in burn clients. Rational emotive behaviour therapy counselling was effective in reduction of anxiety, depression and disturb body image. there is need to provide proper psychological care in all burn units.

The people who are affected with burn injury suffered from psychological problems. The scores for psychological problems were intensity of psychological problems. facial and other socially visible burn injuries increase the intensity of psychological problems. the rational emotive behaviour therapy implement on post burn clients was found to be effective to a greater extent in overcoming and adjusting to psychological problems psychological problems were having significant co-relation with each other.

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