The continued reduction in mortality in burn survivors increases the relevance of quality-of-life issues for burn survivors and highlights the importance of understanding the psychosocial factors influencing long-term adjustment.1–3 Factors cited as influencing the psychosocial adjustment of burn survivors have included preinjury psychiatric history,4 coping strategies,5 pain, depression, anxiety, and social support.2,6–8 Though psychosocial difficulties are relatively transient and short-lived for many,2,9 approximately one quarter of survivors continue to experience psychosocial challenges well past the first year after injury.10 These challenges can include depression,11,12 physical difficulties, somatic complaints,13 and body image distress.14 Given the potential for long-term negative consequences after burn injuries, there is value in developing interventions directed at improving outcomes. Social support has been identified as a significant factor associated with general health outcomes,15 adjustment to injury and disability,16,17 and is regarded as an effective coping strategy.8,18–20 In fact, Muangman et al21 found that two factors were related to burn survival: the size of the burn and the presence of social support.

Peer support groups have been shown to promote adjustment among many different patient populations, such as breast cancer survivors,22 human immunodeficiency virus–positive men,23 patients with melanoma,24 and individuals with spinal cord injuries.25 Chedekel and Tolia26 reported that adolescent burn survivors in a burn survivor support group
recount benefiting from meeting others with similar experiences, processing those shared experiences, expressing feelings, and learning new coping skills. Similarly, inpatient peer support/peer consultation for burn survivors has shown to be appraised as valuable and effective. Williams et al reported that burn patients felt peer consultants approached them in an appropriate manner, answered questions, and provided useful support and information. Additionally, in the burn survivor population, survivors have identified experiences of loss, gain, adaptation/copeing with change, and developing relationships with others as being central to their recovery; however, peer support has not been specifically explored.

The purpose of this exploratory study was to better understand the psychosocial recovery needs of burn survivors and the role of peer support groups, and to describe the experiences of those individuals by performing a series of guided qualitative interviews. Overall, there is a paucity of literature on the personal experiences of burn support group members, the members’ perceived benefits of group participation, and the meaning the survivors make of the support they receive. Given the lack of this type of qualitative inquiry we set to explore how participants make meaning of their experiences (ie, understand, or perceive the influence of experiences) in a burn survivor support group. When we better understand the impact of support groups, group facilitators can promote a more effective and supportive group experience.

**METHODS**

Qualitative methodology was employed to investigate and explore the experiences of burn survivors in a support group. Given the research question and small sample size, an exploratory study was found to be most appropriate as this methodology allows for in-depth understanding of the participants’ experiences. Exploratory methodology has been used to gain familiarity with particular phenomena and to develop an understanding of personal concepts and theories that are then used to direct further inspection in larger studies. This methodology is common with small sample sizes. The purpose of the present research was to discover and capture individual perspectives through analyses of participants’ descriptions and self-reports. This approach draws from grounded theory methods and reflects other exploratory studies in the health psychology literature.

**Participants and Recruitment**

This study was conducted using a pre-existing burn survivor support group at a large university hospital after obtaining approval from the institutional review board. Participants comprised a nonrandom, purposive, convenience sample. Inclusion criteria consisted of self-identification as a burn survivor and to be either a current or past attendee of the burn support group. To ensure depth of experience, additional inclusion criteria included active group participation for at least 6 months, and attendance for at least six group meetings. At the time of this study, group size was estimated to be between 30 and 50 people because objective group membership data had not been previously collected. Not all members attend every group and the estimated group size was generated by group facilitators and reflected the number of unique individuals who had attended the group within the previous calendar year. From the total estimated group population, those who met the inclusion criteria were invited to participate by email and personal invitation during three monthly support group meetings. For those eligible and willing to participate, interviews continued after obtaining written informed consent. A total of six eligible burn survivors elected to participate. Confidentiality was ensured through the assignment of a unique identifying number that replaced participants’ names on transcripts.

Key informant interviews were conducted to better understand the physical and psychosocial demands of burn recovery and burn care. Informants included multidisciplinary burn care staff familiar with the physical and psychosocial demands of burn recovery and burn care. Interviewees from related disciplines such as nursing, physical therapy, occupational therapy, case management, medicine/surgery, and psychology were included. Ultimately, six interviewees were recruited through a snowball sampling approach. This is a nonprobability sampling technique that is used by qualitative researchers to identify potential subjects. The initial informants suggest other participants who meet the eligibility criteria and who could potentially contribute to the study. In these cases, guided interviews were designed to explore the policy and procedures regarding burn support groups and psychosocial burn care (eg, the structure, function, and goals of a support group).

To provide further triangulation of data, the support group was observed after completing the interviews with the support group members. During observation, attention was given to the predominant issues highlighted by the interviews (eg, structure,
support group resources, and supportive behaviors). Because the support group included members who did not participate in the individual interviews, observation occurred after receiving informed consent from all group participants.

Data Collection and Analysis
The interview guide was informed by the literature and designed to reflect broad topic domains including the perception and appraisal of support and supportive behaviors. See Appendix 1 for a copy of the interview guide. The interview guide was designed to be flexible to the participant responses, providing participants the opportunity to expand on their answers if they desired.35

Each interview completed by the principal investigator was digitally recorded and transcribed. A content analysis, common in qualitative research,36 was performed to identify emergent categories and to describe trends from the coded interview responses.37 This approach, based on grounded theory methodology, includes development of codes and concepts from a close reading of the transcribed interviews, and the subsequent formation of categories that are determined to best support the data.31,38 Participant quotations are then selected to illus- trate each category.31

The results of transcribed interviews were initially refined through the organization of data, which comprised significant participant statements. The initial 12 primary thematic codes were reduced to four overarching categorical themes through a process of noting overlapping, relating, or contradictory themes, and contextualizing those themes within a framework informed by the literature.35 These themes were then incorporated into a comprehensive summary. Triangulation of data, a method used by qualitative researchers to check and establish validity in their studies by analyzing a research question from multiple perspectives to search for convergence of themes,39 was used to impart rigor to the analyses.40 Specifically, justification of the themes was provided by the data triangulation from key informant interviews as well as group observations. In this process, the insight gained from the group participants was compared with the information gleaned from key informant interviews and group observations. The validity of the themes was supported by content overlap between these different sources of information. In addition, credibility and trustworthiness were enhanced through the implementation of principal elements of qualitative research such as routine clarification of researcher bias and peer debriefing, also known as research reflexivity.35,39 Similarly, dependability was demonstrated with a clear audit trail, highlighting decisions made during data collection and analyses.

RESULTS
The in-depth semistructured interviews were conducted between October 2010 and June 2011. Participants (N = 6) were self-identified burn survivors participating in an ongoing burn support group. The following descriptive data characterize the study sample. Participants consisted of three men and three women whose ages ranged from 29 to 55 (mean age 44 years). Length of group involvement ranged from 6 months to 18 years (mean: 6.1 years). Two interviewees had been attending the group for 6 to 12 months, one for less than 3 years, two for 5 to 10 years, and one interviewee had been attending the group for longer than 10 years. The source of the participants’ injuries varied and included workplace accidents, home fire/explosions, and contact burns. Four were in partnered relationships, and two were single. Of the group members interviewed, three attended the support group with their family members. Educational achievement varied: one participant was a high-school graduate, two attended college, two had earned a college degree, and one participant had postgraduate academic study. Three participants worked full-time, one was unemployed, and two were receiving disability benefits. Additionally, two of the participants traveled for more than 1 hour to attend the group meeting. Demographic data for all participants are summarized in Table 1.

Interview of key informants were also conducted between October 2010 and January 2011. Participants (N = 6) consisted of various burn care professionals, including a physical therapist, occupational therapist, psychologist, surgeon, burn intensive care unit nurse manager, and an outreach coordinator. The framework that emerged from the data analysis, and accompanying illustrative quotes, are shown in Table 2. The quotations presented are illustrative of the themes that were derived from the content analysis and care was taken to ensure that even

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sex</th>
<th>Age Range</th>
<th>Time in Group (yr)</th>
<th>TBSA (%)</th>
</tr>
</thead>
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<td>1</td>
<td>Male</td>
<td>31–40</td>
<td>≥10</td>
<td>90</td>
</tr>
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<td>Female</td>
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</tr>
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<td>16</td>
</tr>
<tr>
<td>4</td>
<td>Female</td>
<td>31–40</td>
<td>1–3</td>
<td>87</td>
</tr>
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<td>Male</td>
<td>31–40</td>
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<tr>
<td>6</td>
<td>Male</td>
<td>41–50</td>
<td>&lt;1</td>
<td>45</td>
</tr>
</tbody>
</table>
dissenting opinion was represented. Quotations that best illustrated each theme and that were most representative of the way individuals spoke about that theme were selected.31 Using the language of these group members highlights the meaning that these events and experiences had for the participants.41 The experiences within the group coalesced into four main themes: acceptance of self, perspective change, value of community, and reciprocity.

**Theme 1: Acceptance of Self**

**Acceptance and Identity Mastery.** In response to being asked to describe how the support group influenced their life and/or recovery, five of the six participants described the group’s influence on developing an identity that incorporated being a burn survivor. Participants described the identity challenge a burn injury can create:

> For me it was more about finding your place as a burn survivor . . . It's just I didn't feel like [my burn] had a place in the world. What kind of hope was there for me? Was I disabled forever? Could I have a job? . . . My needs were hope and finding myself in the beginning, wanting to know what other survivors were like. (Participant 5)

Participants also described the process of learning about themselves, growing in self-acceptance, and of the “journey” of discovering their identity as a burn survivor:

> [In the group] you come a little closer to yourself and you are not so foreign, your body isn’t as foreign. (Participant 6)

**Self-Narrative Exploration.** In the process of acceptance and identity mastery, when participants were asked about the practice of sharing their experiences, the telling of their story was identified as being pivotal to a new acceptance of self:

> When reliving it and going back through it . . . and that's healing, to be able to go back through the pain and the suffering and to say, look where I am now. Look how much better I am now. (Participant 2)

**Theme 2: Perspective Change**

**Recovery Perspective Change.** When asked “How did your experience of the group change as time went on?” all the participants confirmed and elaborated on how their perspective(s) regarding the burn injury and recovery had changed throughout the course of their involvement in the support group. The process of internalization of agency or locus of control was reflected in many of their responses:

> I was like “poor me, why did this happen?” That was me. And so it’s changed because I don’t feel so much that way anymore, because I see other injuries, I see other people . . . and you know, I’m pretty lucky . . . You know your life can still go on and that’s the biggest thing I got out of it . . . my perspective changed. (Participant 1)

**Hopefulness.** A growing sense of hope was a common change in perspective voiced by participants. This hopefulness was often experienced within the first few group meetings and a number of the key informants also noted the importance of this element. As illustrated by the following participants and key informant, hopefulness was often described as viewing the burn injury differently:

> And for the survivors to come in and see, okay, there’s hope for me . . . if I try hard enough or if I try, there’s a chance for me too to get to that point. (Participant 2)
It was] seeing that, the light at the end of the tunnel. (Participant 4)

It also gives them a sense of hope because you know, we usually have people who are much farther along, who are, who have been in their likes. (Key Informant)

Learning New Coping Skills. Finally, perspective change was reportedly influenced by the acquisition of new skills and knowledge through group experiences.

I like it when [group members] share stories of what was hard for them to get through and what was easy, what they did in certain circumstances. Like the fact that people stare at you, you know, that’s just something you’ve got to get used to. (Participant 3)

In interviewing the group leader, a stated goal was to establish new coping skills for the group members. One of the functions of the group was described as “a way that when [burn survivors] kind of hit the brick wall down the road that there would be a place for them to have that, so that they don’t stop where they are.” Another key informant discussed the role of learning new skills early on in the recovery process:

A lot of their concerns are immediate concerns about healing, concerns about infection . . . I think especially when people first start going to group, that’s what they are talking about. (Key Informant)

Theme 3: Value of Community

Normalization of Experience. When asked to describe the support offered by the group, a theme of community, family, and acceptance by others emerged among the responses of four of the six participants. Often the survivors talked about not feeling alone in their challenges, and a sense of normalization was highlighted:

It’s nice to know that you’re not the only burn survivor in the world. There’s other people out there and . . . everybody wants to know that there’s somebody out there like them. (Participant 4)

Normalization of experience was also an area of discussion with the key informants when they too were asked to describe the support they saw or experienced in the group.

It’s so helpful I think to sit with somebody who has been through the same trouble that they have been through. I don’t think anyone else on the planet—if you are not a burn survivor—I don’t think that you have any idea of some of these things that you have to go through as far as pain and healing. (Key Informant)

Establishment of Community. Sharing experiences promoted the feeling of community, highlighting the importance of relationships:

It’s what we have all gone through, the fears of dying at one point . . . you share some unique things or feelings or pain . . . there is a shared experience there . . . it’s kind of acknowledgement like a brotherhood or a family, but it’s a very unique thing. (Participant 6)

This sense of community or family was repeatedly described, with reference to feelings of fellowship with other group members. This theme was also frequently supported by the key informants, as they believed that the relationships were paramount in the group’s success.

So I think community, being a member of the burn community, is important, and I think the group provides a role in the relationships that form. (Key Informant)

Learning From Others. In response to questions about the support received from the group, the opportunity to learn from others was cited as being most influential. Many of the participants expressed their experience of witnessing other survivors’ recovery journeys:

When I met him, he really kind of changed my life. Just seeing him and how he relates to people, how he carries himself, how just successful he’s been in his burn injury. (Participant 1)

When asked about their views and experiences of the support group, key informants also talked about the perceived value of learning from other survivors:

Having that kind of person who has gone through their same injury and now they see that, I can get through this, I can recover. (Key Informant)

Theme 4: Reciprocity

Giving Back to Other Survivors. Through the process of recovery four of the six participants commented on how meaningful it was to give back to other survivors. Typically this sense of giving back, or offering support, was reported by the members with longer group involvement as well as by those relatively new to the group:
It was a relief. It made me feel good that I could actually help someone, contribute. I hit my year mark and it was like, wow, you know, I can help! (Participant 3)

Group leaders also presented views on the role of giving back:

Some people get to a point where the continuation of their process in the burn injury is to help others’ education and tell their story. (Key Informant)

Providing Support. Responding to “What has your experience been throughout your time in the group?” the participants who had been engaged in the group for a number of years discussed how their needs in the group had changed from needing support from others to offering support to others:

There is an importance for us [long-term group members] to go back because now we need to listen. That person needs someone to tell this to...it’s a little bit of encouraging them, but that’s asking them some questions and making them feel comfortable talking. (Participant 5)

DISCUSSION

By using exploratory qualitative methodology this study explored how some members of a burn survivor support group came to make meaning of their experiences related to their injuries, their recovery journey, and their participation in the support group. There has been very little research examining the perceptions of support reported by individuals who attend burn survivor support groups. Understanding the experiences and perspectives of the individuals who are the focus of social support interventions will strengthen the ability of practitioners to address their needs in that forum. While generalizations are limited, an especially important use of this type of qualitative study is to develop an understanding of the concepts and theories held by the small population of interest. This lived-experience perspective adds to an existing literature that has demonstrated the efficacy of support groups as a psychosocial intervention. Additionally, the mechanisms of support group facilitated psychosocial adjustment are better explained with these personal experiences. Across participant and key informant interviews, themes emerged that characterize the experiences of these support group participants. Support groups and other interventions that capitalize on these themes can catalyze psychosocial growth and recovery after burn injury survival.

Overall, these interviews portrayed the burn survivor support group to be both a positive experience and a process that facilitated psychosocial recovery for the participants interviewed. Many interviewees discussed changes in their recovery perspective and finding their identity as a burn survivor. Within this supportive community, participants were able to work to incorporate their burn injury into their overall identity. Self-acceptance was an important aspect of psychosocial recovery and this identity work. This process was supported by a variety of group dynamics. Interviewees highlighted the importance of addressing tangible concerns and sharing coping strategies (eg, itch management, responding to stares), as well as telling their survival story and providing support to each other.

By discussing personal challenges and successes with others, group members engaged in many adaptive coping strategies. As a psychosocial intervention, and when thoughtfully implemented, approaching difficulties or challenges (such as discussing them in a group) can lead to increased life satisfaction, growth, and meaning making. This was a prominent objective of many of the hospital staff that attended the group, and it seemed to be foundational to the self-acceptance and recovery-oriented perspective changes that occurred.

Mirroring many of the experiences reported by these survivors, the posttraumatic growth (PTG) literature suggests that major life crises, including medical and/or physical trauma, can serve as a catalyst for the development of positive psychological change. There has been a convergence of research on the relationships among PTG, coping, adjustment to trauma, and social support. Similar to the findings from the experiences of these support group members, the study by Prati and Pietrantoni highlighted how social support, self-acceptance, reappraisal coping, and the continued seeking of support are associated with psychological growth. These themes were reflected by the experiences of the survivors interviewed. Many aspects of the group promoted growth, including the encouragement of adaptive coping strategies, narrative work (ie, the telling and reforming of their survival and recovery stories), and emotional expression. As a result, participants reported the additional benefits of improved stress management, hopefulness, positive self-image, and increased self-care, all of which are also reported by the PTG literature.

When examining the ways a group can foster such growth, the qualities of the group format are of upmost importance because adjustment, development of a new story, and identity integration and reformation often occur within a social context.
Here, group members described the group process as allowing them space to identify and explore the changes in their lives. Ultimately many found it meaningful to encourage psychosocial recovery for others. For some, the support group provided a space for the translation of their growth into advocacy for others and supporting similar processes in their recovery journeys. In these instances, the support group provided a medium to transition the focus from their own recovery to a guiding, supportive role in the recovery of others.

Clinical Implications
These rich narrative findings can help support group leaders facilitate psychological growth and adjustment for burn injury survivors. Group leaders have the important task of establishing a safe and comfortable environment so that participants can form meaningful and supportive relationships. Askay and Magyar-Russell described how group engagement is largely contingent upon elements such as security, safety, and stabilized distress. For example, group features such as food and informal socialization time were observed during group observations (recorded observation; Denver, May 26, 2011) and were reported to have added to the sense of community.

From the thematic analysis of interviews it was suggested that a variable format, such as alternating lectures/topics with an open-format group, might meet the educational needs of the attendees while also promoting the emotional support and relationship functions an open format provides. For example, it seems that those in the earlier stages of recovery may benefit from the educational and problem-solving aspects of the group in their management of postdischarge difficulties. Ultimately, an open format allows people to attend the group as needed and provides structure to promote adaptive coping strategies. Also, with an open format the more “senior” group members held a unique role in facilitating the group through modeling, encouragement, and providing support (recorded observation; Denver, April 27, 2011). Finally, as one interviewee put it, the primary goal of a support group is to “get people in the room.” Unpredictable attendance was the biggest complaint of the interviewees and key informants. It is important to address barriers to attendance (eg, location, meeting dates) and to have robust advertising and recruitment efforts.

Limitations of the Present Study
Given the exploratory nature of this study, including the small sample size and limited demographic representation, further exploration in a larger sample is warranted. Also, because interviews are inherently social, information that participants are more comfortable expressing in the social domain was more likely to be elicited. Additionally, there are some limitations inherent to the small sample size. The sample limits the applicability of the recorded sentiments to other group members here as well as the generalizability of those sentiments to other burn support groups. The willingness of these interviewees to participate may reflect their inherently favorable impressions of the group, which could account for the limited dissenting opinions reflected in these data. The relatively small study sample to overall group size ratio also limits the generalizations made. A longer period of data collection period may result in a larger interview sample. In addition to participant willingness, personality traits, injury characteristics, support systems, and other demographic variables all influence the degree to which an individual seeks out and attends or benefits from support groups.

Finally, in qualitative research there is the possibility of introducing researcher bias where narrative responses are interpreted with preconceived assumptions despite the triangulation of data. Despite these limitations, this research provides direction for continued inquiry in the areas of acceptance of self, perspective change, value of community, and reciprocity.

CONCLUSION
This exploratory qualitative study highlights the experiences of a small sample of burn survivor support group members. The burn survivors interviewed reported that the support group was instrumental to their psychosocial adjustment and growth. This psychosocial intervention provided a setting for individuals to make meaning of their burn injury. By learning adaptive coping strategies and telling their stories, the group facilitated a process of self-acceptance, identity mastery, and provided hope for continued growth and recovery. The group format balanced education about coping strategies and injury with opportunities for socializing and relationship building. This structure ultimately allowed for identity exploration and the development of meaningful relationships. Overall, social connectedness and relationships as well as growth after adversity were key themes in the meaning made in this support group. As a product of other group elements such as structure and safety, the cohesive sense of community grew. This then set the stage for meaningful connections and adaptive psychosocial recovery after burn injury. These conclusions both
validate the importance of this programming and provide direction for the continued exploration of the role of support groups in survivor recoveries.

ACKNOWLEDGMENTS

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REFERENCES


APPENDIX 1

Support Group Participant Interview Guide
Nature of injury:
Cause:

TBSA: __________________
Inpatient hospital duration: ___________________
Access to resources:
Other services received/receiving (support groups, professionals, etc.)
Support group basics:
When started: ___________________
Frequency of attendance: ___________________
Last date of attendance: ___________________

PERCEPTION OF SUPPORT/GROUP (did it exist, how did their experience align with function set by facilitator)
PS1. Briefly describe your experiences of the burn support group.
Probe: To what extent did you feel supported by the members?
Probe: To what extent did you feel that you provided support?
Probe: What has your experience been throughout your time in the group? (Beginning member vs “veteran.”)

PS2. Did the group provide you an opportunity to grow and learn from the experience? In what way(s)? In what way(s) did this not happen?
Probe: Where did that happen?
Probe: When did that happen?
Probe: Where there changes that occurred in your life that you were able to talk about in group? If so, describe.

APPRAISALS OF SUPPORT/GROUP
AS1. Describe how the support group affected your life/recovery (Does the support group make a difference?—difference/aspects)
Probe: What was your experience of how the support group affected your recovery?
Probe: Do you think the group had a positive, negative, or neutral impact?
Probe: What was it like to share your experiences with other people in similar situations?
Probe: To what extent did your experience in the group affect other aspects of your life?

AS2. How did your experience of the group change as time went on? (Will depend on when they began attending— but anchor points of 6 months, 1 year, 2+ years or using a timeline approach: first time, second, third, etc.)
Probe: Did your experience of the burn support group change as time went on? If so, when did that happen?
Probe: (If attended group in beginning of recovery) What was your experience of the group in the beginning stages of your recovery?
Probe: Has your perspective on your recovery changed, looking back at your first months/years of life after your burn?

CHARACTERISTICS OF SUPPORT/GROUP (styles of support, coping, etc.)

CS1. Describe what specific aspects of the support group you found beneficial.
Probes:
- What aspects were most helpful at the beginning?
- How did this change for you, as you moved away from date of injury?
- Were there certain aspects of the group you found most helpful? Describe.
- What was not helpful?

CS2. How would you describe the support offered by the group?
- What were your perspectives on the other people in the group (what did you like about what they offered?) **Don’t want specific names**
- Can you describe the relationships you had with the other members?

CS3. If you were designing or facilitating a group for burn survivors and could do anything when doing so, what would it look like?
- How would it be different and/or similar to your experiences?
- What factors did you not enjoy/find helpful about the burn support group?
- Were there aspects of your recovery that were important, yet not addressed by the support group? Could these be a part of a support group? **Is there anything that I didn’t ask that you believe would be helpful for me to know?**

Other
- Other1: What was your experience of feelings or mood change in the group?
- Other2: What kind of relief did you find from the group? To what extent?
- Other3: Did you feel that the group made any immediate relief or changes?

APPENDIX 2

Key Informant Interview Guide
1. What is your role in burn care?
2. Do you have experience in the support group? If so, in what regard?
   - a. How long have you done ____________?

Function
1. In your words, what is /should be the intended function of the/a support group?
2. What influenced/influences your perspective on what that function should be?
3. What influence do you observe, or hope, that the group has on member psychosocial adaptation/adjustment?

Structure
1. Define the structure of the group (or what the “optimal” structure would look like).
2. What does/should a “typical” group look like?
   - a. What is the/your reasoning for this structure?
3. What are the intended benefits of the structure? (Why do you choose a psychoeducational format vs process?)

Goals
1. What do you imagine are the benefits of the attending the/a support group?
2. What do you hope that the participants get/should get from attending the/a group?
3. How would you define the preferred outcome of attending the/a group?