

*Ministry of Higher Education
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University of Babylon
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Assessment of Psychological Distress among Burns Patients in Imam Sadiq Teaching Hospital

Graduation project

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

((وَنُنزِّلُ مِنَ الْقُرْآنِ مَا هُوَ شِفَاءٌ وَرَحْمَةٌ لِّلْمُؤْمِنِينَ وَلَا يَزِيدُ الظَّالِمِينَ إِلَّا خَسَارًا))

صِدْقَةُ اللَّهِ الْعَظِيمَةِ

الآية ٨٢

سورة الاسراء

الإهداء

الى والدي ووالدتي برا بهما

كان إهدائي اليوم (ابي، امي) : أنتم وهبتموني الحياة والأمل والنشأة على شغف
الاطلاع والمعرفة لأبي الفضل في كل شيء ول أمي التي يعجز اللسان عن شكرها
التي رفع الله شأنها وجعل الجنة تحت أقدامها الى نبع الحب والحنان والقلب الدافئ
والحضان الآمن (والدتي الغالية) الى نسائم قلبي سندي في حياتي أخوتي وأخواتي
والى الدكتور المحترم (امير صلاح الدين) الذي لم يبخل بمساعدتي يوما ما الى كل
من شجعني وساندني ووقف الى جانبي الى كل من ترقب سقوطي وفشلي بفضلهم

استجمعت قوتي

اليكم جميعا أهدي عملي

شكر وتقدير

الشكر والثناء لله عز وجل اولا على نعمة الصبر والقوة على انجاز العمل، فَلَلهُ الحمد على هذه النعم .لا بد لنا ونحن نخطو خطواتنا الأخيرة في الحياة الجامعية من وقفة تعود الى أعوام قضيناها في رحاب الجامعة مع أساتذتنا الكرام الذين قدموا لنا الكثير باذلين جهودا كبيرة في بناء جيل الغد.. وبكل ما تعلمته من كلمات الشكر والثناء، وبكل ما ورد من كلمات تقدير في علوم اللغة العربية، اتقدم بالشكر والتقدير الى مشرفي الفاضل (الدكتور امير صلاح الدين) الذي تفضل بإشرافه على هذا البحث ولكل ما قدمه لي من دعم وتوجيه وإرشاد لإتمام هذا العمل على ما هو عليه فله أسمى عبارات الثناء والتقدير .وسوف أدعو الله العظيم أن يجعل كل جهودك المضنية في ميزان حسناتك ، وأن يجعلك دائما دكتورا معطاءً ومتميزاً

Abstract

Background: Psychological distress is a set of painful mental and physical symptoms that are associated with normal fluctuations of mood in most people. In some cases, however, psychological distress may indicate the beginning of major depressive disorder, anxiety disorder, schizophrenia, somatization disorder, or a variety of other clinical conditions. Burn injuries and their subsequent treatment cause one of the most excruciating forms of pain imaginable.

Objectives: The purpose of the study to assess the psychological distress among Burns patients in Imam Sadiq Teaching hospital, and find out the relationship between psychological distress among burns patients with their socio- demographic characteristics.

Methodology: Descriptive design was carried throughout the present study to assess " the psychological distress among burns patients in Imam Sadiq Teaching hospital " among patients attending in Imam Sadiq teaching hospital from the period of 15 th October 2022 to 1 st April 2023. A non- probability (convenience sample) had been consisted of (40) patients of both gender who attending Imam Sadiq Teaching Hospitals have been selected to obtain represent and accurate data

Results: The results of the study indicate that the patients have moderate level of psychological distress. Most of participants are female, between the age group of (15-30), most of them have second degree burn in upper extremities, and most of them were married, graduated from college.

Conclusion and Recommendation: Despite the difference between participants in burning degree, site, length of hospital stay, and educational levels. Patients with burns have the same level of psychological distress.

Difference in their ages and gender affecting their levels of psychological distress. Young patients are complaining from psychological distress more than older. Female patients are complaining from psychological distress more than male. Because the burns is a very stressful situation that lead to psychological disorders for those who are complaining from it especially young and female patients. This study recommended that Nurses and other healthcare professionals working in burns units should be engaged in programs to increase their knowledge and attitudes toward this problem, Increase numbers of nurses working in this unit because of nursing shortage. Researchers recommend further studies targeting the subject of psychological distress and comparing the results with different healthcare settings.

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Chapter One
Introduction

Chapter One

1.1 Introduction

Psychological distress is a set of painful mental and physical symptoms that are associated with normal fluctuations of mood in most people. In some cases, however, psychological distress may indicate the beginning of major depressive disorder, anxiety disorder, schizophrenia, somatization disorder, or a variety of other clinical conditions. It is thought to be what is assessed by many putative self-report measures of depression and anxiety. an unpleasant experience of an emotional, psychological, social, or spiritual nature that interferes with the ability to cope. It extends along a continuum, from common normal feelings of vulnerability, sadness, and fears, to problems that are disabling, such as true depression, anxiety, panic, and feeling isolated or in a spiritual crisis. Psychological distress happens when you are faced with stressors that you are unable to cope with. These stressors could be traumatic experiences, major life events, everyday stressors such as workplace stress, family stress, relationships, and health issues (Li et.al, 2021).

Burn injuries and their subsequent treatment cause one of the most excruciating forms of pain imaginable. The psychological aspects of burn injury have been researched in different parts of the world, producing different outcomes. Studies have shown that greater levels of acute pain are associated with negative long-term psychological effects such as acute stress disorder, depression, suicidal ideation, and post-traumatic stress disorder for as long as 2 years after the initial burn injury (Dalal, et all., 2010).

In the acute phase of burn injuries, there is a large focus on physical recovery. Along with wound healing and with the stabilization of the physical

condition comes the realization that scars may be permanent and that appearance has changed. Facing this change may elicit feelings of grief and diminished body and self-esteem (Loey, 2020).

1.2. The importance of study

Burn injuries are frequent and disabling problems in most areas of the world, resulting in approximately 1 million emergency department visits, 50,000 hospital admissions, and a 5% mortality rate in the United States (US) . Psychological distress is among the most frequent and debilitating complications post burn injury. Stress disorders and depression are prevalent. For example, acute stress disorder (ASD) has been reported in 18% to 26% in Greek , US , and Dutch. Posttraumatic stress disorder (PTSD) has been observed in one third of Japanese and US 3 and 6 months post burn. Body image dissatisfaction appears common in patients with burn injuries. Sleep disturbances occur frequently among in-patients with burns . Furthermore, many adult Swedish and US burn survivors continue to report nightmares (30% to 43%) and insomnia (37%) between 1 and 11 years post burn (Fauerbach, et al., 2020).

Burns are a major cause of morbidity and mortality worldwide and an important public health problem in Iraq. Burns remain a major public health problem in Basra, especially in children, and require sustained multidisciplinary action for their prevention and management. Improving hospital records and computerizing them is essential for better assessment and follow-up of burn care practices (Al-Shamsi and Othman, 2017).

Burn injuries are associated with extreme stress and affect psychological and physical aspects of patients' health. Depression is a major result of burn injury which affect recovery and rehabilitation of burn injury patients.

Depression affects 83.3% of burn Injured Patients admitted to specialized burn hospital in Baghdad, Iraq (Abdul Razaq et al., 2021).

1.3 Objectives of the study

- 1- To identify the socio-demographic characteristics of the study sample
- 2- To assess the psychological distress among Burns patients in Imam Sadiq Teaching hospital.
- 3- To find out the relationship between psychological distress among burns patients with their socio- demographic characteristics.



Chapter Two
Methodology

Chapter Two

Methodology

This chapter presents the research process and design which were used in this study ; it includes the research design, administrative arrangements, the setting of the study, the sample of the study, the study instrument, the rating and scoring system, the validity of the questionnaire ,the method of data collection and statistical data analysis

2.1 :Design of the Study

Descriptive design was carried throughout the present study to assess " the psychological distress among burns patients in Imam Sadiq Teaching hospital " among patients attending in Imam Sadiq teaching hospital from the period of 15 th October 2022 to 1 st April 2023.

2.2:Setting of the Study

In order to obtain valid and comprehensive data, The current study was conducted in Babylon province at Imam Sadiq Teaching hospital.

2.3: Ethical Considerations

Patients with burns were asked for a voluntary participation. After they agree to be a part of the study, they were informed about the purpose, benefits, and procedures of the study. To maintain patients' confidentiality, they were received anonymously questionnaire and informed that their information would be used for research purpose only.

2.4: Sample of the study

A non- probability (convenience sample) had been consisted of (40) patients of both gender who attending Imam Sadiq Teaching Hospitals have been selected to obtain represent and accurate data

2.5: The Study Instrument

A questionnaire is adopted and developed after completing literature review and review the articles which were related to this field. The final study instrument consists of two parts:

Part I: Demographic Information

This part was presented in a demographic data sheet which was comprised of different items which included socio-demographic data sheets consisting of many items categorized as general information about participants such as: (gender, age, marital status, the education level, date of admission to the hospital, burning degree, burn site)

Part II: Psychological distress among patients with burns

It was adopted and developed from related literature, which composed of (10) items measured in 5- points (All the time, Most of the time, Sometimes, Little of time, None of time).

2.6. Validity of the Questionnaire

The validity of the questionnaire means making sure that it will measure what it was prepared to measure, as is meant by honesty (the questionnaire's inclusion of all the elements that must be included in the analysis on the one hand, and the clarity of its paragraphs and vocabulary on the other, so that it is understandable to everyone who uses it.

In order to test the validity of the questionnaire, the instrument was presented to 10 experts in different fields to make it more valid. Experts were requested to provide their views and suggestions on each of the items of the study questionnaire in term of its linguistic appropriateness, its association with the dimension of study variables it was assigned to and its suitability for the study population context.

The experts responses indicated that minor changes should be done to some items and it's were made according to their suggestions , then the final draft was completed to be ready for conducting the study.

2.7 :Rating Scores

In order to statistically analyze the score rating includes the following:

For psychological distress among patients with burns

1 × for none of time

2 × for little of time

3 × for sometimes

4 × for most of the time

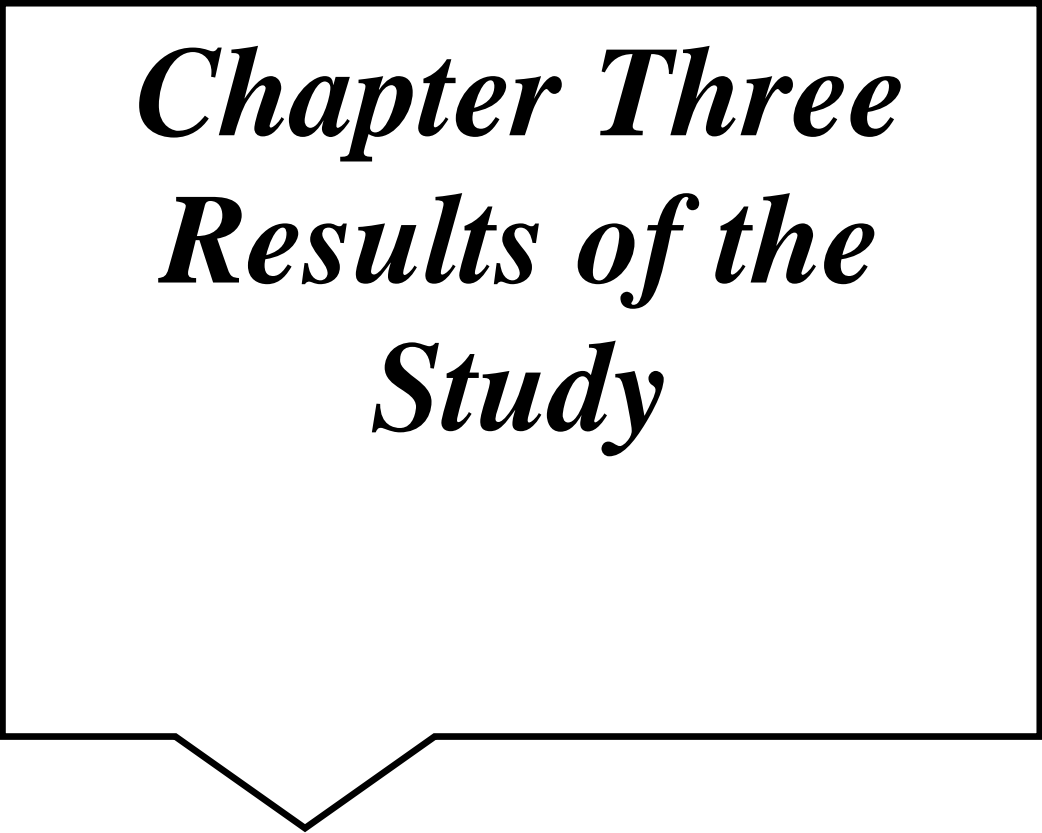
5 × for all the time

2.8: Data Collection

Data were collected by utilizing the adopted and developed questionnaire and by means of self-report technique in burns unit of "Imam Sadiq Teaching Hospital" by using of Arabic version of the questionnaire to achieve the subjects of the study. The data collection process had been carried out from Dec 12th 2022 until Feb 21th 2023. Each patient had to take approximately (4_6) minutes to respond.

2.9: Statistical Analysis

The data of the present study are analyzed through the usage of statistical package of social sciences (SPSS) version 24.



Chapter Three
Results of the
Study

Chapter Three

Results of the Study

The finding of data analysis systematically in figures and tables, which are corresponded with the objectives of the study as follows:

Table 1: Distribution of study sample related to demographical characteristics

Variables		Frequency	Percent
Age	15-30 years	31	77.5%
	31-45 years	6	15%
	46-60 years	3	7.5%
	Total	40	100%
Gender	male	15	37.5%
	female	25	62.5%
	Total	40	100%
Marital status	single	21	52.5%
	married	18	45%
	Divorced	1	2.5%
	Total	40	100%
Number of children	no there	24	60%
	1-2 child	9	22.5%
	3-4 child	7	17.5%
	Total	40	100%
The educational level	Does not read or write	2	5%
	read and write	6	15%
	Elementary	3	7.5%
	Intermediate	2	5%
	preparatory	3	7.5%
	college	24	60%
	Total	40	100%
Date of admission to the hospital	a few days ago	31	77.5%
	a long time ago	9	22.5%
	Total	40	100%
Burning degree	first degree	14	35%
	second degree	20	50%

	third degree	6	15%
	Total	40	100%
Burn site	Upper extremities	20	50%
	Lower extremities	12	30%
	half body	4	10%
	whole body	4	10%
	Total	40	100%

This table demonstrated the demographical characteristics of the study sample, the results recorded that most of the study sample (77.5 %) were between the age group (15-30) years old, regarding gender most of the participants (62.5%) were female, related to educational status most of the study sample (60%) were college students or graduated from college, with regard to marital status this table shows that the most participants (52.5%) were single, (77.5%) from them were newly admitted to the burs unit. Most of those patients (50%) has second-degree burns, and most of them (50%) were complaining of upper extremities burns.

Table 2: Distribution related to psychological distress among burns patients

Items	Response	Frequency	Percent	Mean	Level
In the past 4 weeks, about how often did you feel tired out for no good reason?	None of time	5	12.5%	2.85	Moderate
	Little of time	4	10%		
	Sometime	14	35%		
	Most of time	6	15%		
	All the time	11	27.5%		
	Total	40	100%		
In the past 4 weeks, about how often did you feel nervous?	None of time	2	5.0	2.90	Moderate
	Little of time	10	25.0		
	Sometime	12	30.0		
	Most of time	10	25.0		
	All the time	6	15.0		
	Total	40	100.0		
In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?	None of time	6	15.0	2.77	Moderate
	Little of time	12	30.0		
	Sometime	12	30.0		
	Most of time	5	12.5		
	All the time	5	12.5		
	Total	40	100.0		
In the past 4 weeks, about how often did you feel hopeless?	None of time	10	25.0	2.85	Moderate
	Little of time	7	17.5		
	Sometime	10	25.0		
	Most of time	5	12.5		
	All the time	8	20.0		
	Total	40	100.0		
In the past 4 weeks, about how often did you feel restless or fidgety?	None of time	7	17.5	2.62	Moderate
	Little of time	14	35.0		
	Sometime	10	25.0		
	Most of time	5	12.5		
	All the time	4	10.0		
	Total	40	100.0		
In the past 4 weeks, about how often did you feel so restless you could not sit still?	None of time	3	7.5	3.35	Moderate
	Little of time	11	27.5		
	Sometime	7	17.5		
	Most of time	7	17.5		
	All the time	12	30.0		
	Total	40	100.0		
In the past 4 weeks, about how often did	None of time	7	17.5	2.75	Moderate
	Little of time	8	20.0		

you feel depressed?	Sometime	16	40.0		
	Most of time	6	15.0		
	All the time	3	7.5		
	Total	40	100.0		
In the past 4 weeks, about how often did you feel that everything was an effort?	None of time	4	10.0	3	Moderate
	Little of time	10	25.0		
	Sometime	15	37.5		
	Most of time	4	10.0		
	All the time	7	17.5		
	Total	40	100.0		
In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?	None of time	6	15.0	2.82	Moderate
	Little of time	10	25.0		
	Sometime	15	37.5		
	Most of time	3	7.5		
	All the time	6	15.0		
	Total	40	100.0		
In the past 4 weeks, about how often did you feel worthless?	None of time	26	65.0	1.75	Mild
	Little of time	8	20.0		
	Most of time	2	5.0		
	All the time	4	10.0		
	Total	40	100.0		
Overall mean				2.76	Moderate

Mild level (1-2.60), moderate level =(2.61-4,20) , sever level =(4,21-5)

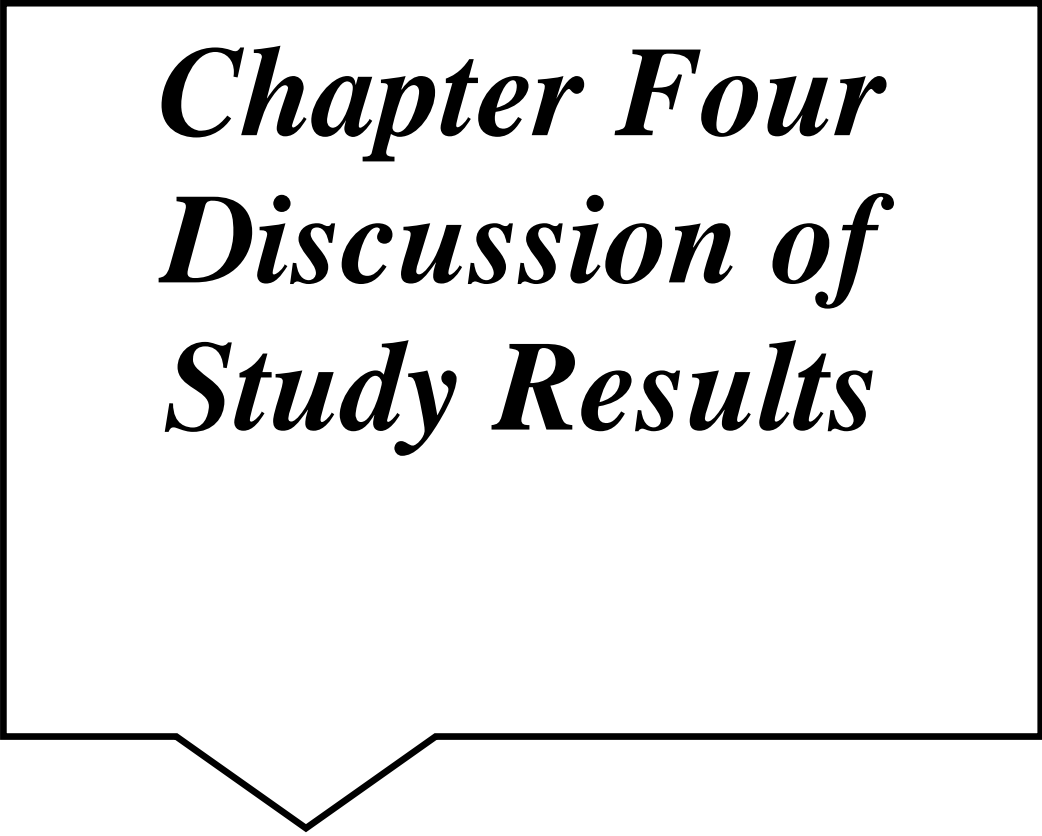
This table demonstrated the level of psychological distress among patients with burns. All items from (1-9) recorded moderate levels of psychological distress, while the item (10) recorded mild level. In general there was moderate levels of psychological distress with the mean of (2.76).

Table (3): The relationship between psychological distress among burns patients with their socio- demographic characteristics.

No	Parameters	Chi square value	DF	Significance
1	psychological distress	38.401 ^a	40	.038
	Age			
2	psychological distress	27.200 ^a	20	.016
	Gender			
3	psychological distress	42.931 ^a	40	.347
	Marital status			
4	psychological distress	51.037 ^a	40	.113
	Number of children			
5	psychological distress	104.111 ^a	100	.369
	The educational level			
6	psychological distress	17.252 ^a	20	.637
	Date of admission to the hospital			
7	psychological distress	46.584 ^a	40	.220
	Burning degree			
8	psychological distress	70.267 ^a	60	.171
	Burning site			

P. probability ≤ 0.05

This table shows the relationship between the level of psychological distress with regard socio-demographical characteristics (age, gender, marital status, educational level, date of admission, burning degree, and burning site) . There is a significant relationship between psychological distress and age with the p. value of 0.038. Psychological distress increased with young patients. There is a significant relationship between psychological distress and gender in the p. value of 0.016. Female gender was complaining from Psychological distress more than male.



Chapter Four
Discussion of
Study Results

Chapter Four

Results of the nurses attitudes toward family involvement in nursing care are discussed in this chapter. For the purpose of the study, the main findings will be discussed in details under the following headings:

4.1. The Study Sample Demographical Characteristics:

4.1.1 Age

Regarding the demographical characteristics of the study sample, The results recorded that most of the study sample (77.5 %) were between the age group (15-30) years old, these finding congruent with another study conducted by (Park, 2008;) that recorded most of participants were between 18–29 years, while the study is incongruent with (Marcharia, 2013; Tabassum et.al, 2009; Fauerbach et.al, 2018). They found that most of patients are 40 years and older.

4.1.2 Gender

In respect to the gender, most of the participants in the current study (62.5%) were female, this result is not come in the same line with (Wallis, 2006; Marcharia, 2013; Fauerbach et.al, 2018) that recorded most of the participants were male.

4.1.3 Marital Status

With regard to marital status, most of participants (52.5%) were single, this finding is incongruent with another study conducted by (Palmu, 2010; Kshirsagar and Deshmukh, 2020). They found that most of the participants were married.

4.1.4 Level of Education

Related to educational status most of the study sample (60%) were college students or graduated from college, this finding is incongruent with another studies conducted by (Wallis, 2006; Marcharia, 2013). They recorded that most of participants were not graduated from primary school.

4.1.5 Burn degree

The results recorded (77.5%) from them were newly admitted to the burs unit. Most of those patients (50%) has second-degree burns, this finding is congruent with the study conducted by (Park, 2008) recorded (63.6%) of patients with second degree, most of them (50%) were complaining of upper extremities burns.

4.2. Level of psychological distress among patients with burns

Concerning the level of psychological distress among patients with burns. In general there was moderate levels of psychological distress with. this finding is incongruent with another study conducted by (Wallis, H., 2006; Marcharia, 2013) that recorded a high level of emotional distress and depression in their participants . While the studies done by (Fauerbach, 2005; Loehr, 2022; Kshirsagar and Deshmukh, 2020) were congruent with the current study. They found that the burns patients was complaining from moderate level of psychological distress during hospitalization and there was a highly relevant prognostic factors for the course of rehabilitation.

4.3. the relationship between the level of psychological distress with regard socio-demographical characteristics

There is a significant relationship between psychological distress and age. Psychological distress increased with young patients. This result is incongruent with (Palmu, 2010; Marcharia, 2013; Weishman et.al, 2001). They found that

there was no relationship between psychological distress and age. There is a significant relationship between psychological distress and gender. Female gender was complaining from Psychological distress more than male, this finding is congruent with another study conducted by (Palmu, 2010; Masood et.al, 2015). female patients were complained from psychological distress more than males in response to burn injury.



Chapter Five
Conclusions &
Recommendations

Chapter Five

Conclusions and Recommendations

5.1. Conclusions:

In light of the results discussion and their interpretations, our study concludes that:

The recent study aims to assess the level of psychological distress among patient with burns. On the basis of the overall, the current findings revealed that there is moderate level of psychological distress.

Despite the difference between participants in burning degree, site, length of hospital stay, and educational levels. Patients with burns have the same level of psychological distress.

Difference in their ages and gender affecting their levels of psychological distress. Young patients are complaining from psychological distress more than older. Female patients are complaining from psychological distress more than male.

5.2. Recommendations:

According to the findings and stated conclusions, the following could be recommended for future work:

1. Because the burns is a very stressful situation that lead to psychological disorders for those who are complaining from it especially young and female patients. Nurses and other healthcare professionals working in burns units should be engaged in programs to increase their knowledge and attitudes toward this problem.
2. Increase numbers of nurses working in this unit because of nursing shortage.
3. Researchers recommend further studies targeting the subject of psychological distress and comparing the results with different healthcare settings.

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عزيزي المشارك...

يروم الباحثون الى دراسة) تقييم الضغوط النفسية لدى مرضى الحروق بمستشفى الإمام الصادق التعليمي). وبما أن مشاركتكم في هذه الدراسة ذات قيمة كبيرة، فالرجاء اختيار الإجابة التي تحدد ما تشعر به بالفعل، علماً أنه لا توجد إجابة صحيحة وأخرى خاطئة، وانما اجاباتكم تعد صحيحة - فقط - طالما تعبر عن حقيقة شعورك تجاه ما تحمله العبارة. لاتضع أكثر من علامة أمام عبارة واحدة مع التأكد من عدم ترك أي عبارة بدون إجابة، علماً ان الاستبانة بدون اسم وسوف نتعامل مع أجابتك بخصوصية وسرية مطلقة وتستعمل الاستبانة لغرض البحث العلمي فقط....

الجزء الاول : المعلومات الاجتماعية الديموغرافية

١- العمر :

٢- الجنس : ذكر انثى

٣- الحالة الاجتماعية :

اعزب

متزوج

مطلق

أرمل

٤- عدد الأطفال

٥- المستوى التعليمي: لا يقرأ ولا يكتب يقرأ ويكتب ابتدائية

متوسطة اعدادية كلية

٦- تاريخ الدخول الى المستشفى :

- قبل عدة أيام منذ مدة طويلة
- ٧- درجة الحرق: أولى ثانية ثالثة
- ٨- موقع الحرق: أطراف عليا أطراف سفلى
- نصف الجسم كل الجسم

مقياس كيسلر للاضطراب النفسي (١٠ فقرات)

ت	الفقرات	دائما	غالبا	أحيانا	قليلا	أبدا
١	في الاسبوع الاربعة الماضية كم مرة شعرت بالتعب دون سبب وجيه؟					
٢	في الاسبوع الاربعة الماضية كم مرة شعرت فيها بالتوتر ؟					
٣	في الاسبوع الاربعة الماضية كم مرة شعرت بالتوتر لدرجة انه لا يوجد شي يمكن ان يهدئك ؟					
٤	في الاسبوع الاربعة الماضية كم مرة شعرت بالياس ؟					
٥	في الاسبوع الاربعة الماضية كم مرة شعرت فيها بالقلق لدرجة انك لم تستطيع الجلوس بهدوء؟					
٦	في الاسبوع الاربعة الماضية كم مرة شعرت ان كل شي كان متعبا ؟					
٧	في الاسبوع الاربعة الماضية كم مرة شعرت بالتململ وعدم الاستقرار؟					
٨	في الاسبوع الاربعة الماضية كم مرة شعرت بالاكنتاب ؟					
٩	في الاسبوع الاربعة الماضية كم مرة شعرت فيها بالحزن الشديد بحيث لم يكن هناك مايسعدك؟					
١٠	في الاسبوع الاربعة الماضية كم مرة شعرت بأنك عديم القيمة ؟					

Psychological Distress Among Patients with Burns at Imam- Sadiq Teaching Hospital

Dear participant

The information issued about you will be strictly confidential and will only be used for the purpose of scientific research only.. So you can express your opinion with all seriousness and credibility.

Part I: Socio-demographic Information

1. Age years

2. Gender

Male

Female

3. Marital status

Single

Married

Divorced

Widower

4. Number of children

5. The educational level:

Does not read or write Reads and writes Elementary

Intermediate preparatory College

6. Date of admission to the hospital:

Several days ago a long time ago

7. Burning degree: First Second Third

8. Burn site: Upper extremities Lower extremities

half body whole body

Kessler Psychological Distress Scale (K10)

List	Paragraph	All the time	Most of time	Sometime	Little of time	None of time
1	In the past 4 weeks, about how often did you feel tired out for no good reason?					
2	In the past 4 weeks, about how often did you feel nervous?					
3	In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?					
4	In the past 4 weeks, about how often did you feel hopeless?					
5	In the past 4 weeks, about how often did you feel restless or fidgety?					
6	In the past 4 weeks, about how often did you feel so restless you could not sit still?					
7	In the past 4 weeks, about how often did you feel depressed?					
8	In the past 4 weeks, about how often did you feel that everything was an effort?					
9	In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?					
10	In the past 4 weeks, about how often did you feel worthless?					

Appendix (B)

Administrative Approval

Ministry of Higher Education and Scientific Research
جامعة البصرة
وزارة التعليم العالي والبحث العلمي

University of Babylon
College of Nursing
جامعة بابل
كلية التمريض
شعبة الشؤون العلمية

العدد: ٤٥٨٨
التاريخ: ٢٠٢٢/١٢/١٤

Ref. No. :
Date: / /

(استئثار الطاقة النظيفة ملقحا هو التقييم المستعملة)
٤٥٨٨
مستشفى الامام الصادق ع التعلني
م / تسهيل محمه
١٤/١٢/٢٠٢٢
تحية طيبة -

يطلب لنا حسن التواصل معكم ورجي تفضلكم بالموافقة على تسهيل محمه طلبة كليتنا المدرجة اسفلهم
انفاه لغرض جمع عينات مجتمه الموسوم (assessment the psychological distress among burns patients in imam sadiq teaching hospital)
(تقييم الضغوط النفسية لدى مرضى الحروق بمستشفى الامام الصادق)

١- عدى حمزة سليم
٢- هادي كاظم جبر
٣- ياسين رحيم اسماعيل

شاكرين تعاونكم معنا ... مع الاحترام ..

أ.د. نهاد محمد قاسم
معاون العميد للشؤون العلمية والدراسات العليا
٢٠٢٢/١٢/١٤

نسخة منه الى //

- مكتب السيد العميد المحترم للتفضل بالاطلاع مع الاحترام
- شعبة الشؤون العلمية مع الاوليات
- الصادر

رعية التعليم العالي
للهياد اللازم

www.uobabylon.edu.iq

E-mail:nursing@uobabylon.edu.iq

07711632208 وطني
009647711632208 الفاني

قائمة بأسماء السادة خبراء التحكيم
على استمارة الاستبيان

ت	اسم الخبير	اللقب العلمي	الشهادة	محل العمل
١.	د. سحر أدهم علي	استاذ	دكتوراه تمريض البالغين	كلية التمريض /جامعة بابل
٢.	د. سلمى كاظم جهاد	أستاذ	دكتوراه تمريض صحة المجتمع	كلية التمريض /جامعة بابل
٣.	د. وفاء محمد أمين	أستاذ مساعد	دكتوراه تمريض النسائية والتوليد	كلية التمريض /جامعة بابل
٤.	د. علي أحمد كاظم	مدرس	دكتوراه تمريض الصحة النفسية والعقلية	كلية التمريض /جامعة بابل
٥.	د. محمد طالب عبد	مدرس	دكتوراه تمريض الأطفال	كلية التمريض /جامعة بابل
٦.	د. مريم عبد الكريم لعبيبي	مدرس	دكتوراه تمريض النسائية والتوليد	كلية التمريض /جامعة بابل
٧.	م.م علي فاضل عبيد	مدرس مساعد	ماجستير تمريض الأطفال	كلية التمريض /جامعة بابل
٨.	م.م زينب عبد الأمير	مدرس مساعد	ماجستير تمريض النسائية والتوليد	كلية التمريض /جامعة بابل
٩.	م.م مها أحمد كاظم	مدرس مساعد	ماجستير تمريض الأطفال	كلية التمريض /جامعة بابل
١٠.	م.م زمن أحمد حريفش	مدرس مساعد	ماجستير تمريض الصحة النفسية والعقلية	كلية التمريض /جامعة بابل

الخلاصة

الخلفية: الضيق النفسي هو مجموعة من الأعراض العقلية والجسدية المؤلمة التي ترتبط بالتقلبات الطبيعية للمزاج لدى معظم الناس. ومع ذلك ، في بعض الحالات ، قد يشير الضيق النفسي إلى بداية اضطراب اكتئابي كبير ، اضطراب القلق ، انفصام الشخصية ، أو مجموعة متنوعة من الحالات السريرية الأخرى. تسبب إصابات الحروق وعلاجها اللاحق أحد أكثر أشكال الألم التي يمكن تخيلها حزناً

الأهداف: تهدف الدراسة إلى تقييم الضغوط النفسية لدى مرضى الحروق في مستشفى الإمام الصادق التعليمي ، ومعرفة العلاقة بين الضغوط النفسية لدى مرضى الحروق مع بعض خصائصهم الاجتماعية والديموغرافية.

المنهجية: تم تنفيذ التصميم الوصفي خلال هذه الدراسة لتقييم "الضائقة النفسية بين مرضى الحروق في مستشفى الإمام الصادق التعليمي" للمدة من ١٥ أكتوبر ٢٠٢٢ إلى ١ أبريل ٢٠٢٣. غير احتمالية (عينة ملائمة) من (٤٠) مريض من كلا الجنسين تم اختيارهم من مستشفى الإمام الصادق التعليمي للحصول على بيانات دقيقة.

النتائج: تشير نتائج الدراسة إلى أن المرضى يعانون من ضائقة نفسية متوسطة. معظم المشاركين من الإناث ، تتراوح أعمارهم بين (١٥-٣٠) ، ومعظمهم لديهم حروق من الدرجة الثانية في الأطراف العلوية ، ومعظمهم متزوجون ، طلاب وخريجين من الكلية.

الاستنتاج والتوصيات: على الرغم من الاختلاف بين المشاركين في درجة الحرق ، والموقع ، ومدة الإقامة في المستشفى ، والمستويات التعليمية. يعاني مرضى الحروق من نفس المستوى من الضيق النفسي. يؤثر الاختلاف في أعمارهم وجنسهم على مستويات الضيق النفسي لديهم. يشكو المرضى الصغار من ضائقة نفسية أكثر من كبار السن. المرضى الإناث يشكون من ضائقة نفسية أكثر من الذكور. لأن الحروق حالة مرهقة للغاية تؤدي إلى اضطرابات نفسية لمن يشتكي منها خاصة المرضى الصغار والنساء. أوصت هذه الدراسة بضرورة إشراك الممرضين وغيرهم من

المتخصصين في الرعاية الصحية العاملين في وحدات الحروق في برامج لزيادة معرفتهم ومواقفهم تجاه هذه المشكلة ، وزيادة عدد الممرضين العاملين في هذه الوحدة . يوصي الباحثون بإجراء مزيد من الدراسات التي تستهدف موضوع الضيق النفسي ومقارنة النتائج مع إعدادات الرعاية الصحية المختلفة.



وزارة التعليم العالي والبحث العلمي

جامعة بابل

كلية التمريض

تقييم الضغوط النفسية لدى مرضى الحروق في مستشفى
الامام الصادق (ع) التعليمي

تقدم به الطلاب
هدى حمزة حلیم
هادي كاظم جبر
ياسين رحيم اسماعيل

هو جزء من متطلبات نيل شهادة البكالوريوس في علوم التمريض

بإشراف الدكتور

أمير صلاح الدين

شوال ١٤٤٥ هـ

نيسان ٢٠٢٣ م