Received: March 23, 2023 | **Accepted:** June 19, 2023 | **First published:** June 25, 2023

OPEN ACCESS

Journal of Nursing Reports in Clinical Practice

Volume 2, Issue 1, 2024

eISSN: 2980-9711

Journal homepage: https://www.jnursrcp.com

Correspondence

Social support against suicide in burn survivors: A vital but overlooked protective factor

Akbar Zare-Kaseb [a] | Amir Mohammad Beigee [b] | Amin Doustahadi [b] | Maryam Shahabi [b] | Mohammad Javad Ghazanfari [a*]

a. Department of Medical-Surgical Nursing, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran
b. Department of Medicine, Tehran University of Medical Sciences, Tehran, Iran

***Corresponding author(s):** Mohammad Javad Ghazanfari (MSc), Department of Medical-Surgical Nursing, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran.
Email: javad.ghazanfari12@gmail.com
https://doi.org/10.32598/JNRCP.23.14

To the Editor

Suicide is one of the leading causes of death in the United States, with more than 20 suicide attempts for every suicide death, causing significant suffering and a financial burden [1, 2]. Individuals with chronic health conditions, particularly those experiencing chronic pain, are at a higher risk of developing suicidal ideation and behavior, including attempted suicide [2]. Due to the nature of their injuries, the extensive rehabilitation period, and the psychological and physical ramifications, burn victims may be at a disproportionately elevated risk of developing suicidal tendencies and psychiatric comorbidities [3-5]. Sustaining a burn injury is often a distressing and traumatic experience that can result in high rates of post-traumatic stress disorder, which may persist for years after the initial injury. In addition, caring for burn injuries often involves extended hospitalization and painful procedures, including multiple surgeries and wound debridement [6]. The painful procedures used in treating burn wounds, such as numerous surgeries, wound debridement, and mobilization, can prolong hospital stays and cause extra trauma [7-10]. Burn survivors have a protracted rehabilitation process even after being released from acute care [5, 11]. The recuperation process after a burn injury typically involves adapting to physical constraints and alterations in body image and appearance, which can cause emotional anguish [4, 12]. Although burn survivors have some suicide risk factors, few studies on resiliency or other protective variables [13]; one of the most effective preventive factors for suicide is social support and social connections. Individuals who have experienced burn injuries may encounter obstacles in obtaining and retaining social support due to physical changes and visible scarring, which can result in social isolation due to emotions such as self-consciousness, shame, and exclusion [14]. Only research on young burn survivors has examined the relationship between social support and suicide risk, and this relationship has been interpreted as perceived familial closeness [15-17]. Despite the fact that burn patients often report feelings of loneliness and social isolation, no research studies have investigated whether these factors are linked to suicidality in burn survivors.

Overall, despite the critical role of social support in preventing suicide in burn survivors, few researchers have addressed this issue. Thus, it is advisable to conduct evidence-based investigations into the impact of social support on the suicidal tendencies of individuals who have suffered burn injuries.

Acknowledgements

Not applicable.

Authors' contributions

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work: AZK, AMB, AD, MS, MJG; Drafting the work or revising it critically for important intellectual content: AZK, AMB, AD, MS, MJG; Final approval of the version to be published: AZK, AMB, AD, MS, MJG; Agreement to be accountable for all aspects of

the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved: AZK, AMB, AD, MS, MJG.

Funding

Self-funded.

Ethics approval and consent to participate

Not applicable.

Competing interests

We do not have potential conflicts of interest with respect to the research, authorship, and publication of this article.

Using artificial intelligent chatbots

None.

References

1. Heron MP. Deaths: leading causes for 2015. *Natl Vital Stat Rep*. 2017;66(5):1-76.
2. Racine M. Chronic pain and suicide risk: A comprehensive review. *Prog Neuropsychopharmacol Biol Psychiatry*. 2018;87(Pt B):269-280.
3. Takasi P, Falakdami A, Mollaei A, Mehrabi H, Ghazanfari M, Mobayen M, et al. Dissatisfaction or slight satisfaction with life in burn patients: A rising cause for concern of the world's burn community. *Burns*. 2022;48(8):2000-2002.
4. Mehrabi A, Falakdami A, Mollaei A, Takasi P, Vajargah PG, Jafari H, et al. A systematic review of self-esteem and related factors among burns patients. *Ann Med Surg*. 2022;84:104811.
5. Zolfagharzadeh H, Esfandiari M, Otaghsara SMT, Mohebbi A, Zeydi AE, Zare-Kaseb A, et al. How to Manage Ongoing Post-Discharge Challenges of Burn Survivors. *Burns*. 2023;49(5):1229-1230.
6. Lerman SF, Sylvester S, Hultman CS, Caffrey JA. Suicidality after burn injuries: a systematic review. *J Burn Care Res*. 2021;42(3):357-364.
7. Norouzkhani N, Ghazanfari MJ, Falakdami A, Takasi P, Mollaei A, Vajargah PG, et al. Implementation of telemedicine for burns management: challenges and opportunities. *Burns*. 2023;49(2):482-484.
8. Hosseini SJ, Firooz M, Norouzkhani N, Mehrabian F, Jafaraghaee F, Mobayen M, et al. Age group as a predictor of the effect of virtual reality on pain management in burn retain--> patientsretain-->. *Burns*. 2022;49(3):730-732.
9. Norouzkhani N, Arani RC, Mehrabi H, Toolaroud PB, Vajargah PG, Mollaei A, et al. Effect of virtual reality-based interventions on pain during wound Care in Burn Patients; a systematic review and meta-analysis. *Arch Acad Emerg Med*. 2022;10(1):e84.
10. Zabihi MR, Akhoondian M, Tajik MH, Mastalizadeh A, Mobayen M, Karkhah S. Burns as a risk factor for glioblastoma. *Burns*. 2023;49(1):236-241.
11. Dadkhah-Tehrani M, Hajialibeigloo R, Zare-Kaseb A, Zeydi AE, Ghazanfari MJ. The effectiveness of therapeutic art making in burn care. *Burns*. 2022;49(5):1225-1226.
12. Zare-Kaseb A, Hajialibeigloo R, Dadkhah-Tehrani M, Otaghsara SMT, Zeydi AE, Ghazanfari MJ. Role of Mindfulness in Improving Psychological Well-being of Burn Survivors. *Burns*. 2022;49(4):984-985.
13. McClatchey K, Murray J, Chouliara Z, Rowat A. Protective factors of suicide and suicidal behavior relevant to emergency healthcare settings: a systematic review and narrative synthesis of post-2007 reviews. *Arch Suicide Res*. 2019;23(3):411-427.
14. Martin L, Byrnes M, McGarry S, Rea S, Wood F. Social challenges of visible scarring after severe burn: a qualitative analysis. *Burns*. 2017;43(1):76-83.
15. Blakeney P, Herndon D, Desai M, Beard S, Wales-Scale P. Long-term psychosocial adjustment following burn injury. *J Burn Care Rehabil*. 1988;9(6):661-665.
16. Blakeney P, Portman S, Rutan R. Familial values as factors influencing long-term psychological adjustment of children after severe burn injury. *J Burn Care Rehabil*. 1990;11(5):472-475.
17. Rosenberg L, Robert R, Thomas C, Holzer III CE, Blakeney P, Meyer III WJ. Assessing potential suicide risk of young adults burned as children. *J Burn Care Res*. 2006;27(6):779-785.

How to cite this article: Zare-Kaseb A, Beigee AM, Doustahadi A, Shahabi M, Ghazanfari MJ. Social support against suicide in burn survivors: A vital but overlooked protective factor. *J Nurs Rep Clin Pract*. 2024;2(1):45-46. https://doi.org/10.32598/JNRCP.23.14.