

PSYCHOLOGICAL HEALTH AND COPING STRATEGIES AMONG FAMILY CAREGIVERS OF BURN PATIENTS

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ABSTRACT

Background: The burns patient suffered from a numerous of difficulties ranging from severe physical discomfort to psychological trauma, all of which have a negative impact on the care receiver and a bad influence on the caregiver's mental health. **Aim:** To assess psychological health and coping strategies among family caregivers of burn patients. **Subjects and method: Design:** A descriptive cross-sectional design was used. **Subjects:** A convenient sample of 70 family caregivers attending with their patients. **Setting:** the study was conducted at burn clinic (management discharge) of al-Salam hospital in Port Said City. **Tools:** Data was collected by Coping Strategies Scale and psychological health scale. **Results:** The caregivers had experience in caregiving ranged from 1 to 30 years with Mean \pm SD 10.41 ± 8.89 , 62.9% of the caregivers are parents of burnt patients, and their age was between 18-70 years. A highly statistically significant association was found between the overall coping scoring and only the duration of caregiving role. **Conclusion:** The caregiving role could impact negatively on the psychological health. Caregivers' psychological health is improved through the use of efficient coping methods and strong social support. **Recommendations:** It was recommended to carry out regular health education training for the caregivers of burnt patients to raise their awareness in coping strategies and psychological health aspects.

Key words: Burn patients, Coping strategies, Family caregivers, Psychological health.

INTRODUCTION

A burn is damage to the skin or other organic tissue. Burn caused 310.000 die every year over world. Burn are frequently devastating injuries. Severe burn injury can entail a lengthy hospital stay, multiple surgeries, and extensive rehabilitation. Though many burn survivors go on to live happy and productive lives, burn survivors commonly carry both physical and emotional scars (Chiwariidzo, Zinyando, Dambi, Kaseke, Munambah & Mudawarima, 2016).

Burn injuries are becoming a major public health concern in poor and middle-income nations, including Egypt, due to an increase in the number of cases and the resulting issues for patients and their families. Caregivers play a critical role in the treatment and rehabilitation of those who have chronic illnesses. Individuals who have suffered serious burn injuries require assistance from both formal and informal carers (Bayuo & Wong, 2021).

The supports provided by informal caregivers to individuals come in the form of financial, social, emotional and spiritual. However, because the responsibilities of caring may be onerous, providing such assistance by carers can have negative repercussions for their own health and wellbeing. These difficulties have a substantial detrimental influence on carers' well-being. (Williams, Hunter, Clapham, Ryder, Kimble & Griffin, 2020).

Psychological health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood (Tehranineshat, Rakhshan, Torabizadeh, Fararouei & Gillespie, 2019).

Coping strategy are important in reducing the physical and psychological toll on burn victims' carers. Support is required to allow informal carers to stay in their roles for as long as feasible without jeopardising their physical or mental health. Effective and adaptive coping skills may safeguard caregivers by minimising their discomfort. Coping is a process that addresses how people behave and act when they are stressed and when their stress level increases. Individuals' cognitive and behavioural efforts to analyse and overcome issues and challenges are referred to as

coping methods (Tehranineshat, Rakhshan, Torabizadeh, Fararouei & Gillespie, 2020).

The nurses play an important role in the overall management of a burn patient. They must be well versed with the various protocols available that can be used to rationally manage a given situation. The management not only involves medical care but also a psychological assessment of the victim and the family. The process uses a scientific method to combine systems theory with the art of nursing, entailing both problem solving techniques and a decision making process (Flannery, Halcomb, Peters, Murphy & Ramjan, 2021).

Significance of the Study:

Burn injuries are among the most neglected and marginalised in Egypt, despite their tremendous severity, intense suffering, and long-term negative impacts on the injured's bodily and psychological well-being. Burn injuries are Egypt's third largest cause of mortality. According to World Health Organization data, 80,000 people are burned per year, or 300 people every day (D'Abbondanza & Shahrokhi, 2021). Long-term caregiving is linked to an increased risk of physical and mental issues, such as depression, a weakened immune system, anxiety, family strife, and social isolation. so, aims to assess psychological health and coping strategies among family caregivers of burn patients.

AIM OF STUDY

This study aims to assess psychological health and coping strategies among family caregivers of burn patients

Research questions:

- 1: What is the psychological health problem among family caregivers of burn patients?
- 2: What is the level of coping strategies among family caregivers of burn patients?
- 3: Is there relationship between coping strategies and psychological health among family caregivers of burn patients?

SUBJECTS AND MEHOD

Research design:

A descriptive cross-sectional research design was in this study.

Setting:

The study was conducted at conducted at burn clinic (management discharge) at El Salam hospital in Port Said City which located at safia Zaghloul Street., El shahed mohesen Elsayed and founded in Off El Nahda St., El Shark District.

Subjects of the study:

The target population of this study involved family caregivers who were attending with burn patients to receive their treatment during management discharge and follow up in El Salam hospital.

Tools of data collection:

Data of this study was collected using the following tools:

Tool (1) Coping strategies Scale including two parts:

First part: personal characteristic data: The personal characteristic data of the family caregiver and the patient included (age, gender, marital status..etc.) and personal characteristics of the patients as age and gender.

Second part: Brief COPE Questionnaire Adopted from (Carver, 1997). It was used to assess different coping behaviors and made up of 14 subscales: self-distraction, active coping, denial, substance use, use of emotional support...etc. The respondent indicates the frequency of use of a particular coping behavior with scale of 1 (not doing this at all') to 4 (doing this a lot). Scores of 14 –<28 indicate minimal coping, 28-<42 (moderate coping) and 42-56 (high coping).

Third Part: Multidimensional Scale of Perceived Social Support: It adopted from (Zimet, Dahlem, Zimet & Farley, 1988). It included twelve items rated on a seven-point Likert-type scale with scores ranging from 'very strongly disagree' (1) to 'very strongly agree' (7).

Tool (2) psychological health includes two parts:

First Part: The Beck Anxiety Inventory Adopted from (Beck, Epstein, Brown & steer, 1988). It consisted 21 items, which measures the severity of an anxiety in adults and adolescents including (Fear of worst happening, unsteady, Fear of losing control, Hands trembling, Feeling of choking. Each item will score 0, 1, 2 and 3. Total scores can be categorized as minimal (0–7), mild (8–15), moderate (16–25), and severe (26–63).

Second part: The Beck Depression Inventory developed by (Beck, Ward, & Mendelson, 1961). The items of this 21-item questionnaire. The tool has 4-point rating scale: 0 no, 1 mild, 2 moderate and 3 Suicidal or severe. minimal depression if score 0 to 13, (Mild depression if score 14 to 19, moderate depression if score 20 to 28 and severe depression if score 29 to 63.

Validity:

It was ascertained by a group of experts in community health nursing (3) professor. Their opinions elicited regarding the format, layout, consistency, accuracy and relevancy of the tools.

Reliability:

Reliability analysis by measuring of internal consistency of the tool through Cronbach's Alpha test. First tool = 0.753 and Second tool=0.851

Pilot Study

The pilot study done on 10% (n=7) of total sample in order to test the applicability and clarity of tools. Also, to assess the reliability and validity of developing tool. Also, estimate the time needed for filling the questionnaire. No modification on the tool following the pilot study, so subjects at pilot study included at the entire study.

Field Work

The study tools was filled through interviewing the family caregivers during the management discharge and follow up in El Salam burn clinic, purpose of the study will be explained to them prior answering, and then taken their oral consent to conduct the study. the data was collected within 6 months. Each caregiver was interviewed individually to fill the tools; the data was collected from all the caregivers of burn patients for 3 days /week in Sunday, Monday and Tuesday; while they are in free time of care, the tools takes about 25-30 minutes to be answered.

The data have been collected over a period of six months. The actual field of work was carried out from the beginning of January (2019) to the end of June (2019). Data was collected from the hospital and burn clinic in the hospital, three days per

week (Saturday, Sunday and Tuesday), from 9 am to 2 pm. The average number of family care giver token per day was 3-5 at each time of data collection.

Administrative design

An official permit from dean of the faculty of nursing to the Directorate of Health Affairs at Port Said City and the medical director of the hospital, to ensure their cooperation and permission after an explanation of the purpose and objectives of the study.

Ethical Considerations:

The study was approved by the Scientific Research Ethics Committee of the Faculty of Nursing, Port Said University. Before performing the interview, oral informed agreement was acquired from each participant's family caregivers who agreed to participate in the study. They were given a verbal overview of the study's goals, advantages, and the freedom to refuse to participate or withdraw at any time without explanation. The family caregivers were told that their participation in the study was completely voluntary. Each family caregiver was assured about the confidentiality of the information gathered and its use only for their benefits and for the purpose of the study.

Statistical design

Data was entered into a computer and analysed with the SPSS version (23) Number and percent were used to describe statistical data. The mean and standard deviation were used to describe quantitative data. The Chi-square test was used to see how various groups compared on category variables. For normally distributed data, independent t-t tests were used to compare two separate populations.

RESULTS:

Table (1): detects that the caregivers had experience in caregiving ranged from 1 to 30 years with Mean \pm SD 10.41 ± 8.89 years. Regarding relationship of caregiver to patients, the findings showed that, 62.9% are their parents. Concerning age of the caregivers, it was noted that they aged ranged between 18-70 years. In relation to their gender, as elaborated in the table, 62.9% were female. Regarding, marital status of the caregivers, 67.1% were married. Eventually, the table clarified that, 44.3% of the caregivers had middle level of education.

Figure (1): shows distribution of the studied caregivers according to depression level. As observed in the table, 44.3% of the studied caregivers had minimal depression, 22.9% had moderate depression, 20% had severe depression, and 12.9% had mild depression.

Table (2): describes total mean score of coping, multidimensional scale of perceived social support, beck anxiety inventory, and depression level for the studied caregivers. As illustrated in the table, total mean score of coping was 65.31 ± 7.42 with total % score of 58.32 ± 6.62 , total mean score concerning multidimensional scale of perceived social support was 62.96 ± 10.63 with total % score of 74.95 ± 12.66 , total mean score of beck anxiety inventory was 16.66 ± 10.10 with total % score of 26.44 ± 16.04 , and total mean score of depression level was 18.01 ± 13.64 with total % score of 28.59 ± 21.65 .

Table (3): shows the correlation between total mean score of coping and different parameters. As noted in the table, coping parameters were statistically and co-efficiently correlated to the anxiety parameters ($r= 0.524^*$ & $p <0.001^*$). Also, it was co-efficiently correlated to the overall parameters ($r= 0.707^*$ & $p <0.001^*$). On the other hand, there were no statistical correlations between coping parameters and neither social nor depression parameters ($r = 0.129$, $p = 0.288$ & $r= 0.230$, $p = 0.055$ respectively).

Table (4): shows the multivariate analysis linear regression for factor affecting coping. it was clarified that age of patient was the only affecting factor ($t= 2.036^*$ & $p = 0.046^*$). On the other hand, duration of caregiving role and gender of patients weren't affecting factors for coping of caregivers of burn patients.

Table (1): Distribution of the caregivers according to their demographic data (n =70)

Items	No.	%
Duration of caregiving role		
Min. – Max.	1.0 – 30.0	
Mean ± SD.	10.41 ± 8.89	
Relationship to patient		
Spouse	7	10.0
Relative	10	14.3
Parent	44	62.9
Friend	9	12.8
Age		
Min. – Max.	18.0 – 70.0	
Mean ± SD.	34.87 ± 9.39	
Gender		
Male	26	37.1
Female	44	62.9
Marital Status		
Single	10	14.3
Married	47	67.1
Divorced	8	11.4
Widowed	5	7.1
Level of education		
Illiterate	5	7.1
Primary	7	10.0
Middle	31	44.3
University	26	37.1
Post graduate	1	1.4

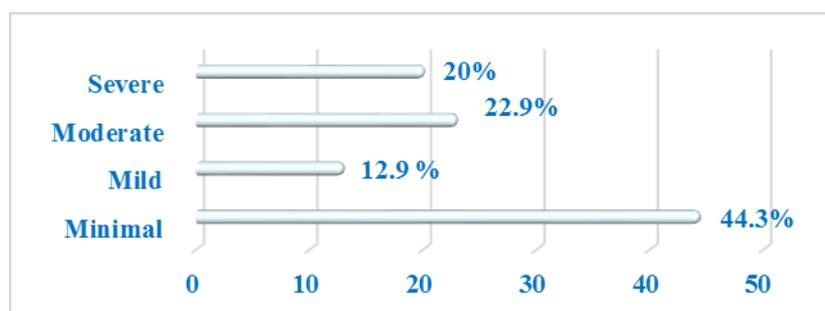
**Figure (1):** Distribution of the studied caregivers according to depression level (n = 70)

Table (2): Total mean score of Coping, multidimensional scale of perceived social support, beck anxiety inventory, and depression level for the studied caregivers (n = 70)

parameters	Total score (n = 70)	% score (n = 70)
Coping		
Min. – Max.	50.0 – 86.0	44.64 – 76.79
Mean ± SD.	65.31 ± 7.42	58.32 ± 6.62
Social		
Min. – Max.	34.0 – 84.0	40.48 – 100.0
Mean ± SD.	62.96 ± 10.63	74.95 ± 12.66
Anxiety		
Min. – Max.	2.0 – 44.0	3.17 – 69.84
Mean ± SD.	16.66 ± 10.10	26.44 ± 16.04
Depression		
Min. – Max.	1.0 – 51.0	1.59 – 80.95
Mean ± SD.	18.01 ± 13.64	28.59 ± 21.65

Table (3): Correlation between total mean score of coping and different parameters (n = 70)

Parameters	percent score coping	
	r	p
Social	0.129	0.288
Anxiety	0.524*	<0.001*
Depression	0.230	0.055
Overall	0.707*	<0.001*

r: Pearson coefficient

*: Statistically significant at $p \leq 0.05$

Table (4): Multilinear regression for factor affecting coping

	B	Beta	T	P
Duration of caregiving role	0.646	0.151	1.309	0.195
Age of patient	-3.772	-0.275	2.036*	0.046*
Gender of patients	1.334	-0.100	0.741	0.462
F = 3.239*, p = 0.028*, R ² = 0.128				

F,p: f and p values for the model, R2: Coefficient of determination

B: Unstandardized Coefficients, Beta: Standardized Coefficients

t: t-test of significance *: Statistically significant at $p \leq 0.05$

DISCUSSION

Burn injuries are a type of severe injury that can result in significant morbidity and death. Though the burn-injured patient's treatment necessitates the skills of a variety of health-care professionals, nursing duties have been identified as a significant part of the care requirements. Intensive physiological monitoring, adequate nutrition, wound care, and assessment and management of multiple sclerosis are among them (Aboderin, 2017).

Regarding to demographic data of care givers, regarding duration of care giving role to give care for patient, the current study revealed that, Mean \pm SD. 10.41 \pm 8.89. This finding was in the same line with (Agbenorku, Akpaloo, Yalley & Appiah, 2019) the study conducted in South Africa and found that, the Mean \pm SD. 11.46 \pm 9.87 about duration of care giver to give care for patient.

Regarding, marital status of the caregivers, about two thirds of subjects were married. Eventually, the table clarified that, less than half of the caregivers had middle level of education. These results supported with the study conducted by Rencken, Harrison, Aluisio & Allorto, 2021. who stated that more than half of studied caregiver were married and about one third had bachelor education.

Regarding care givers relationship to patient, less than two thirds of them the relationship to patient were parent, concerning care givers gender less than two thirds of them were females. Also, regarding marital status, more than two third of them were married and less than half of them the middle level of education, These finding

were in the same line with (Amendola, Oliveira, Alvarenga, 2018) conducted in USA and found that, about two thirds of them the relationship to patient were parent, regarding care givers gender slight less than two thirds of them were females, regarding marital Status , the majority of them were married. From the investigator point of view, the most of the caregivers for their children with burns are mothers due to the nature of the Egyptian mother and her attachment to their children and providing them with care.

Regarding to caregivers depression level, the current study revealed that, Less than half of them of the studied caregivers had minimal depression, one quarter of them had moderate depression, One quarter of them had severe depression, and had mild depression. This finding was agreed with (Berg, 2019) which conducted in Helsinki and found that less than half of the studied caregivers had minimal depression, more than one fifth had moderate depression, one fifth had severe depression, and minority had mild depression. From the investigator point of view, most fathers suffer from moderate depression as a result of the long period of treatment of their children with burns, as a result of the great effort and the high cost of treatment, which led most mothers to have different degrees of depression. Regarding to total Coping, multidimensional scale of perceived social support, beck anxiety inventory, and depression level for the studied caregivers, the current study revealed that , the total mean score of coping was 65.31 ± 7.42 with total percent score was 58.32 ± 6.62 , total mean score concerning multidimensional scale of perceived social support was 62.96 ± 10.63 with total percent score was 74.95 ± 12.66 , total mean score of beck anxiety inventory was 16.66 ± 10.10 with total percent score was 26.44 ± 16.04 , and total mean score of depression level was 18.01 ± 13.64 with total percent score was 28.59 ± 21.65 . These findings were agree with (Boey, 2020) conducted in Singapore and found that total mean score of coping was 69.42 ± 8.52 with total score of 68.65 ± 7.82 , total mean score concerning multidimensional scale of perceived social support was 72.78 ± 9.74 with total percent score of 78.55 ± 14.67 , total mean score of beck anxiety inventory was 18.69 ± 11.12 with total percent score of 28.45 ± 15.06 , and total mean score of depression level was 19.01 ± 14.82 with total score of 38.55 ± 31.45 .

Also, the study finding was agree with (Bookman & Harrington, 2017) conducted in Landon and found that, mean score of coping was 66.46 ± 7.59 with total score of 98.66 ± 7.88 , total mean score concerning multi-dimensional scale of perceived social support was 77.79 ± 8.77 with total percent score of 79.53 ± 16.69 , total mean score of beck anxiety inventory was 16.69 ± 12.15 with total percent score of 22.47 ± 16.08 , and total mean score of depression level was 18.04 ± 16.87 with total score of 37.55 ± 37.45 .

Regarding to caregivers correlation between total means core of coping and different parameters, the current study noted, coping parameters were statistically and co-efficiently had significant correlated to the anxiety parameters. Also, it was co-efficiently correlated to the overall parameters. On the other hand, there were no statistical correlations between coping parameters and neither social nor depression parameters. The study findings was agree with (Brown, 2017) conducted in Turkey and found that coping parameters were statistically and co-efficiently correlated to the anxiety parameters. Also, it was co-efficiently correlated to the overall parameters. On the other hand, there were no statistical correlations between coping parameters and neither social nor depression parameters.

Regarding to studies sample Relationship between coping and socio-demographic data of the studied care givers , the current study revealed that , indicates that there were statistically significant relations between coping scores and duration of care giving role, age and gender of patients. The study finding was agreed with (Calvete & de Arroyabe, 2017) conducted in USA and found that, were statistically significant relations between coping scores and duration of care giving role, age and gender of patients.

CONCLUSION

The study was concluded that the caregiving role related burned patient had negatively effect on the psychological status. Caregivers' psychological health is improved through the use of efficient coping methods and strong social support. Psychological services must be provided to caregivers to assist them to perform their role at optimum level.

RECOMMENDATION

1. Addressing family caregivers' emotional needs by teaching them appropriate coping methods and informing them on their relative's condition.
2. Recognizing and implementing the expectations, customs, and cultural norms that influence each family's caregiving experiences into their services.
3. Demonstrating the relation between patient psychological discomfort and detrimental effects on caregivers' mental health.

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الصحة النفسية واستراتيجيات التكيف بين مقدمي الرعاية من الاسرة لمرضى الحروق

هند إسماعيل علي إسماعيل ، فاطمة الامام حافظ ، ماجدة علي محمد ، فاطمه محمد السويركي

الخلاصة

يعاني مريض الحروق من العديد من الصعوبات التي تتراوح بين التعب الجسماني الشديد الي الصدمات النفسية وكلها لها تأثير سلبي علي متلقي الرعاية وتأثير سيء علي الصحة العقلية لمقدم الرعاية لمرضى الحروق. وتهدف هذه الدراسة الي تقييم الصحة النفسية واستراتيجيات التكيف بين مقدمي الرعاية من الأسرة لمرضى الحروق وقد اشتملت عينة الدراسة على 70 مقدم للرعاية لمصابي الحروق وقد أجريت هذه الدراسة في عيادة الحروق بمستشفى السلام بمدينة بورسعيد. وتم استخدام التصميم الوصفي القطعي لتنفيذ هذه الدراسة. وتم جمع البيانات باستخدام استمارة استبيان عن طريق اثنين من الادوات. الاداة الاولى مقياس استراتيجيات التكيف. والاداة الثانية مقياس الصحة النفسية. هذا وقد أسفرت النتائج ان خبرة مقدمي الرعاية تراوحت من 1 إلى 30 عامًا بمتوسط 10.41 ± 8.89 ، 62.9 % من مقدمي الرعاية هم آباء لمرضى الحرق، وكان عمرهم بين 18-70 عامًا. تم العثور على ارتباط ذي دلالة إحصائية بين درجة التأقلم الشاملة ومدة دور تقديم الرعاية فقط. الخلاصة: دور مقدم الرعاية قد يؤثر سلبيا علي صحته النفسية، يتم تحسين الصحة النفسية لمقدمي الرعاية الاسرية من خلال استخدام طرق التكيف الفعالة والدعم الاجتماعي القوي. التوصيات: تمت التوصية بإجراء تدريب تثقيف صحي منتظم للفائمين على رعاية مرضى الحروق لزيادة وعيهم باستراتيجيات التكيف وجوانب الصحة النفسية. كما يوصى بشدة بتكرار دراسات مماثلة باستخدام عينات كبيرة في أماكن مختلفة.

الكلمات المرشدة: الحرق، مقدم الرعاية، استراتيجيات التكيف، المريض، الصحة النفسية.