Body Image and its Relationship to Psychological and Social Adaptation Among Burn Victims in Riyadh

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Abstract

The objective of this study was to investigate the correlation between body image and psychosocial adjustment in a group of burn victims in Riyadh. The research sample included 457 individuals who had sustained burns of varying degrees (second and third degrees). Al-Noubi (2010) developed a body image scale for individuals with physical disabilities, while El-Deeb (1988) created a personal and social compatibility scale, ensuring the tools' psychometric effectiveness. The study findings revealed that average values of the body image scale and psychosocial adaptation scale dimensions were observed among women who had experienced burns. The correlation coefficients between performance on the scale of body image and performance on the scale of psychosocial adaptation among women with burns in Riyadh were statistically significant. The correlation was positive and significant between most dimensions of body image and most dimensions of psychosocial adaptation, at different levels of significance. The study's results indicated the potential to forecast psychosocial adjustment based on data related to body image and dimensions among burn victims in Riyadh. The measurements of psychosocial adaptation have been categorised based on their averages. Psychological compatibility ranked first, followed by physical compatibility in second place, family compatibility in third place, and social compatibility in fourth place. The overall average of the psychosocial adaptation scale falls within the middle category. The average dimensions of the body image were all within the normal range, as it came after accepting imperfect body parts and followed a consistent pattern. The general body parts came in second place, with the psychological perspective of body shape ranking third. The intellectual standpoint of body shape followed in fourth place, and the social standpoint of body shape came in fifth. Overall, the general average of the body image scale fell into the medium category.

Keyword: Body Image, Psychological and Social Adaptation, Burn Victims in Riyadh

Introduction

The concept of body image encompasses the psychological aspects of how we perceive and relate to our bodies, including their functionality, nervous system, and physical appearance. This image represents a person's perception of themselves and their connection to the world around them. It also symbolises the role of authority in shaping an individual's actions. This image represents one of the psychological manifestations that can impact a person's personality, potentially leading to dissatisfaction with their physical appearance. The concept of body image encompasses the psychological aspects of how we perceive and relate to our bodies, including their functionality, nervous system, and physical appearance. This image represents a person's perception of themselves and their connection to the world around them. It also symbolizes the role of authority in shaping an individual's actions. This image represents one of the psychological manifestations that can impact a person's personality, potentially leading to dissatisfaction with their physical appearance (such as frustration, conflict, methods of reward and punishment, cognitive and emotional experiences, situations of success and failure, and health crises from diseases or injuries that have a direct or indirect impact on the individual and those around him).

One's personal contentment is linked to their discontentment with their physical appearance, which is influenced by the opinions and assessments of others. The concept of body image encompasses psychological aspects that have a profound influence on a person's character and can manifest in their actions and (Al-Hawij, 2001). The behavioural aspect of body image encompasses how we perceive, think about, and react to our bodies, including our tendency to focus on certain body parts and avoid certain situations. In terms of social aspects, body image encompasses a combination of cognitive, emotional, and behavioral elements; that is, body image has a significant impact on personality variables overall, as well as psychosocial adaptation specifically. The individual's behavior is influenced by their self-perception and the environment they are in, which can have either a positive

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or negative effect. Factors such as the social situation and emotions play a significant role in shaping body image and determining how one interacts with others. The World Health Authority has verified that burns occur when exposure to hot liquids (such as boiling water), hot solids, or flames destroy the various layers of cells in the skin (Monteath & McCabe, 1997).

Burns are a significant issue in public health worldwide, resulting in over 195,000 deaths each year solely from burns caused by fires. Ultraviolet radiation, radioactivity, electricity, or chemicals can cause skin injuries, while inhaling smoke can damage the respiratory system, both of which classify as burns. If deaths resulting from scaling, electrical burns, and other types of burns were considered, the number of fatalities would be significantly higher. However, there is a lack of global data on this matter. Fire-related fatalities rank as the fifteenth most common cause of death among individuals aged 5 to 40. Research shows that low- and middle-income countries observe a significant majority (over 95%) of burns caused by fires. The mortality rates associated with these burns are particularly high among two age groups: children aged five years and individuals aged 70 years and above. Aside from the increasing number of fatalities, countless individuals endure permanent disabilities and disfigurement, frequently resulting in social discrimination and exclusion from their communities. This preventable loss of life is utterly unacceptable.

Developed countries have achieved significant success in reducing fire-related fatalities by implementing effective preventive measures and providing comprehensive support for burn victims. These successful strategies can be replicated in developing countries, with necessary adjustments to suit local circumstances, through collaborative and coordinated end eavours at the national, regional, and global scales (Fayed, 2010). Burns are severe injuries that can have long-lasting effects, particularly third-degree burns, which pose a significant risk to human life. Burns have the potential to impact any area of the body. An anomaly arises in the cellular structure, leading to abnormal atrophy and erosion that deviates from the typical system. These cells are incapable of producing more cells like themselves, resulting in the formation of atrophic tissue. In this tissue, water gradually decreases, eventually reaching its lowest level in the affected area.

One of the most prevalent types of burns in women worldwide are burns on the arms and face. In 2012, the number of burn cases was four times higher than in 2009, with a total of three and a half million cases. These burn cases accounted for a significant portion of the diagnosed deformities in 2009 (National Institute of Human Trauma, 2014). Research in the medical field has also confirmed that recent statistics issued by the World Health Organisation reveal a significant number of people with burns of various degrees and in different stages. These burns affect individuals across different age groups and genders. It is widely recognised that these injuries have become more prevalent following conflicts and military interventions in certain regions around the world. As a result, the global incidence of burn injuries has risen significantly, with an estimated 560 million individuals affected by burns of varying types and severity (Abdelkader, 2013).

In Saudi Arabia, there have been reports indicating a high prevalence of second-degree burns among females in different regions of the country. The rate of injury by age was 31.2%, which translates to around 500 cases out of the total number of newly diagnosed women with burns. The total number of cases among women was 5,378, and data from the Saudi Medical Registry revealed that the median age at diagnosis was 35 years (Al-Khaldi et al., 2017).

Previous Studies

The study conducted by Willemse et al. (2023) investigated the relationship between burn severity, age, gender, stigma, fear of negative evaluation, body image dissatisfaction, and self-esteem among burn survivors. The objective was to determine if burn severity, age, and gender are linked to dissatisfaction with body image and self-esteem and if this association is mediated by stigma, fear, or negative evaluation. The study sample consisted of 224 participants, who were recruited three months after experiencing burn injuries; the study findings revealed a moderate correlation between body image dissatisfaction and self-esteem. Burn severity was found to be linked to dissatisfaction with body image due to both direct and indirect associations with stigma. There was an indirect association between female gender and age and dissatisfaction regarding body image, even in the presence of fear of negative evaluation. Age was found to have an indirect association with stigma and fear of negative evaluation. Stigma and fear of negative evaluation have been linked to self-esteem, with dissatisfaction with body image being an indirect factor for stigma and both a direct and indirect factor for fear of negative evaluation.

Ayhan et al. (2022) examined the association between social appearance anxiety and perceived social support among a sample of 106 adult burn patients. The study was conducted from November 2018 to November 2019.

The scores for social appearance anxiety were found to be moderate, with a mean of 39.38 and a standard deviation of 17.71. The individual is unmarried and possesses a significant educational background. They have sustained burns specifically to the face, head, or neck. Burn-related amputation refers to the surgical removal of a body part because of burn injuries: the study revealed a significant increase in social appearance anxiety one week after the injury period ($P < 0.05$). The social support scores of burn-affected individuals (68.34 ± 18.08) were not found to be associated with social appearance anxiety ($P > 0.05$).

Golbach (2023) examined depression in male and female burn survivors six months after hospitalisation.

The study investigated the impact of body image dissatisfaction and partner support on depression. The sample size included 266 burn survivors. The study findings suggest that body image dissatisfaction, TBSA, and gender significantly influence the occurrence of burn-related depression among individuals who have suffered burn injuries. Greater body image dissatisfaction and TBSA levels were associated with increased levels of depression. Females exhibited higher levels of body image dissatisfaction and depression compared to males. Body image dissatisfaction mediates the association between TBSA and depression, as well as the association between sex and depression. The presence of depression prior to burns and the level of support from a partner did not have a significant impact on post-burn depression.

Gender differences should be considered when treating depression in individuals who have experienced burnout, specifically in relation to body image dissatisfaction. In a study by Bryala (2012), the body image of individuals with burn-related deformities was investigated. The findings revealed that approximately 85% of the participants with physical deformities resulting from burns experienced body image disorder, as measured by cognitive and behavioural concepts. This suggests a significant association between the severity of physical burns, including permanent deformities, and the occurrence of body image disorders. A study conducted by Cleary et al. (2020). Many body image studies have utilized various measurements. In 12 of 33 investigations, burns had a negative effect on body image, 14 did not, six had variable (negative) outcomes across burn measurements, and one showed that burn survivors had a clearer image. Non-survivors. One burn research found poorer body image ratings for women and severe burn victims, which may make body image coping tougher. Representative cohort sectional and longitudinal studies with subscale follow-ups are required.

Study results found (Gonçalves et al., 2011) during 1987-2007 with the aim of detecting the psychological and social indicators that affect the recovery of burn survivors. After analysis and classification, 45 papers were selected out of 982 papers from Sicelo, Pubmed, and Lilacs. Most of them were qualitative and descriptive studies, focusing on the severity of burns and their impact on body image. Psychological health before the event, psychosocial coping mechanisms, and family support were the most common rehabilitative variables. The selected research suggests that the cognitive area requires further research for burn-induced social reintegration dealt with a study (Seliman Zakeria, Fouad Abdalla, & Mohamed Maarouf, 2022). The study examined the psychological, social, and educational demands of burn victims. Descriptive exploratory research was used. The study sample consisted of 104 patients, 37.5% had weak knowledge, 71.2% had high physical needs, 69.2% had high psychological needs, and 72% had high social needs. The study included victims between the ages of 20-30. The study found a significant association between patients' knowledge and their physical, psychological and social requirements ($P < 0.01^{**}$).

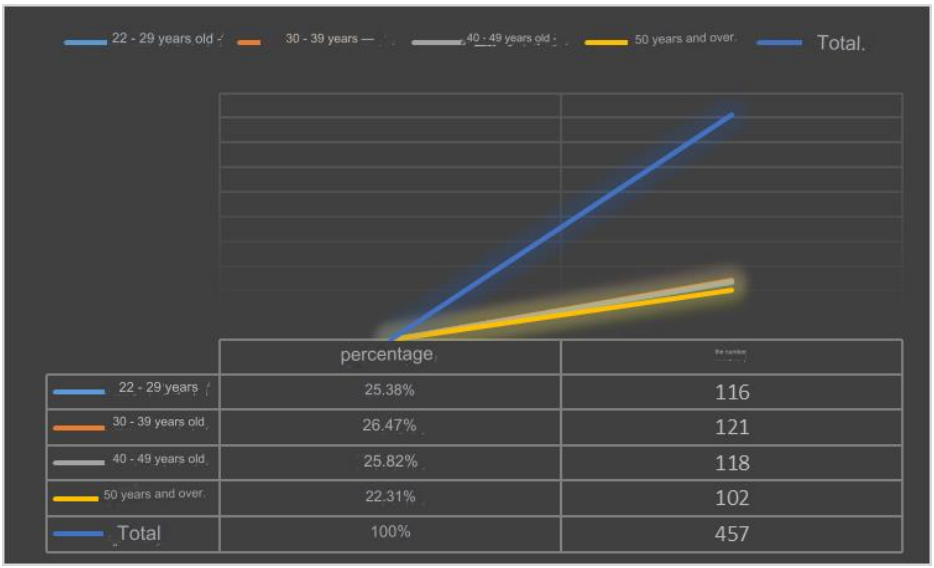
The effects of sports education and psychological needs on children's educational outcomes within the realm of psychological well-being and rehabilitation (Alsalhi et al., 2023). The connection between body image and the challenges faced by individuals recovering from burn injuries is significant in terms of psychological dimensions. Prior research has underscored the significance of incorporating sports education and psychological support during the recovery process, emphasizing the beneficial impact of physical activity on mental well-being (Alsalhi et al., 2023). It is important to comprehend the relationship between body image, psychological factors, and sports education, particularly in populations undergoing burn injury recovery. Comprehensive care is essential for their overall well-being.

Methods

Participants

The study population consisted of women with varying degrees of burns in Saudi Arabia. These women were from the intensive care and special care departments and sought emergency treatment for sudden burn injuries. Additionally, women who visited King Fahd Medical City in Riyadh and the Department of Dermatology and Plastic and Prosthetic Surgery in different public and private hospitals were included in the study. The age range of the participants was between 22 and 59 years old. The study sample consisted of 457 injured women who met the

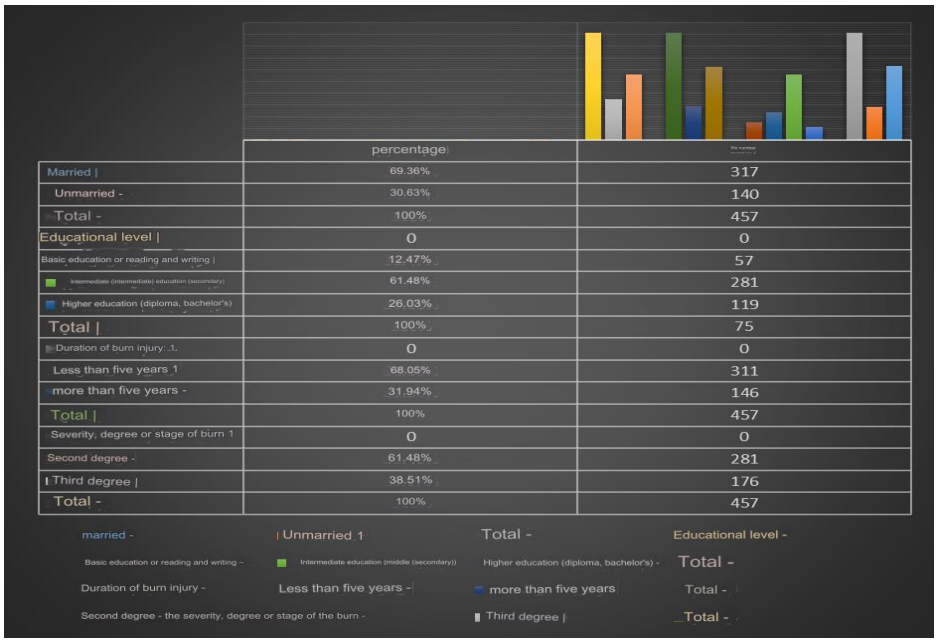
participation criteria. These women were deliberately selected from the reviews of the Department of Dermatology and Cosmetology at King Fahd Medical City: this study examines burn injuries across different degrees of severity within the age group of 22 years and older. The following section presents the characteristics of the participants in the study. The sample participants were distributed based on various variables, such as age, marital status, educational level, stage of burn injury, and duration of burn injury.



	percentage	
22 - 29 years	25.38%	116
30 - 39 years old	26.47%	121
40 - 49 years old	25.82%	118
50 years and over	22.31%	102
Total	100%	457

Figure 1. Distribution of Sample Members According to Age.

Table 1 demonstrates the age distribution of the burn sample participants. Most individuals fell within the age range of 30-39 years, accounting for 26.47% of the sample. The next largest age group was 40–49 years, comprising 25.82% of the sample. Participants aged 22–29 years constituted 25.38% of the sample, while those aged 50–59 years represented 22.31%. The average age of the respondents was 41.66 years, with a standard deviation of 18.34 years.



	percentage	
Married	69.36%	317
Unmarried	30.63%	140
Total	100%	457
Educational level	0	0
Basic education or reading and writing	12.47%	57
Intermediate (intermediate) education (secondary)	61.48%	281
Higher education (diploma, bachelor's)	26.03%	119
Total	100%	75
Duration of burn injury: 1.	0	0
Less than five years 1	68.05%	311
more than five years	31.94%	146
Total	100%	457
Severity, degree or stage of burn 1	0	0
Second degree	61.48%	281
Third degree	38.51%	176
Total	100%	457

Figure 2. Distribution of Respondents According to Social Status, Educational Level, Duration of Burn Injury, Severity, Degree, or Stage of Burn Injury).

Figure 2 indicates that most burners were married, accounting for 69.36% of the respondents, while unmarried individuals comprised 30.63%. Most respondents who reported experiencing burnout (61.48%) had a middle level of education, while those with a higher level of education (26.03%) came in second. A smaller proportion of burnout

cases were reported among women with no formal education (12.47%). Most participants in the sample experienced a burn period of less than five years, accounting for 68.05% of the sample. The remaining 31.94% of participants had a burn period of more than five years. Most female participants in the study experienced second-degree burns (61.48%), while a smaller proportion had third-degree burns (38.51%).

Measures

Al-Noubi (2010) body Image Scale for the Physically and Physically Handicapped has 30 items across five dimensions: acceptance of defective body parts (six items), general symmetry of body parts (six items), psychological perspective of body shape (six items), social perspective of body shape (six items), and intellectual content of body shape (six items). Each item offers four response alternatives: often, sometimes, rarely, and never. The grades were distributed as follows: (zero, 1, 2, 3) for positive items and the opposite for negative items, i.e., (3, 2, 1, zero). Therefore, the maximum score on the scale is 90, and the minimum score is zero. The exploratory sample, consisting of 40 individuals with burns, was used to assess honesty and stability. The correlation coefficients ranged from 0.49 to 0.77, and the internal consistency stability coefficient of the tool was 0.77. These values are considered appropriate for the current study.

El-Deeb (1988) developed a scale to measure social personal compatibility, which includes 100 items divided into two dimensions: psychological compatibility and social compatibility. The scale was corrected using the Likert method with three response options: "yes," "between," and "no." The "yes" option has three degrees, the "no" option has one degree, and the "between" option has two degrees in both cases. The scale consists of four dimensions: Physical compatibility: represented by (22) paragraphs, which are paragraphs with numbers (5,1,21,17,13,9,24,44,39,35,32,28,45,48,64,61,56,52,72,70,74,16), and psychological compatibility: represented by (20) paragraphs, which are paragraphs with numbers (36,40,41,49,67,71,73,75,6,2,10,14,15,18,22,25,29,57,60,53), and social compatibility: represented by (16) paragraphs, which are paragraphs with numbers (58,54,50,46,62,65 ,68,3,7,11,19,26,30,33,37,42), and Family compatibility: It is represented by (18) paragraphs, which are paragraphs with numbers (51, 47, 43, 31, 55, 59, 63, 66, 69, 4, 8, 12, 16, 20, 23, 27). The internal correlation coefficients of the instrument were calculated at (0.211-0.521), and the stability coefficient of the instrument's internal consistency was (0.86).

Results

1. Relationship Between Body Image and The Sense of Psychosocial Adaptation of Burn Patients

Table 1

Pearson's Linear Correlation Coefficients between Body Image and Psychosocial Adaptation in Burned Women (n = 457).*

Psychosocial Adaptation / Body Image	Physical Compatibility	Psychological Adjustment	Social Compatibility	Family Compatibility
After accepting defective body parts	475,0*	514,0**	382,0*	426,0*
After general coordination of body parts	356,0*	509,0**	449,0*	481,0*
From a psychological perspective of body shape	659,0**	389,0*	511,0**	369,0*
Dimension of the social perspective of body shape	270,0**	477,0*	486,0*	519,0**
Dimension of the intellectual perspective of body shape	695,0*	395,0*	598,0**	527,0***
Overall, the Body Image Scale	411,0**	229,0*	378,0***	433,0**

*Correlation coefficient D at level 05,0 if its value reaches 250,0

** Correlation coefficient D is at level 01,0 if its value reaches 325,0

The correlation coefficient D is at the level of 001,0 if it reaches 408,0

Table 1 displays the statistical significance of the correlation coefficients between women with burns' performance on the body image scale and their performance on the psychosocial adaptation scale. The correlation was positive and significant across various dimensions of body image and psychosocial adaptation, with varying levels of significance.

2. Predicting psychosocial adaptation from the knowledge of body image and dimensions among burn sufferers."

Table 2 shows that all independent variables of the body image variable (the total degree of the body image scale and its five dimensions) are listed, and no dimension of the body image is excluded.

Table 2

Variables or Factors Introduced in The Regression Equation for Psychosocial Adaptation Based on The Overall Score of The BIS and Its Dimensions.

Prototype	Input Variables	Deleted Variables
Overall score and dimensions of the body image scale		
1	1. Accept defective body parts. 2. General coordination of the body parts 3. A psychological perspective on body shape 4. Social perspective on body shape 5. The intellectual perspective of body shape	There aren't any

Table 3

Regression Analysis Model to Determine the Extent to Which the Five Independent Variables Contribute to Predicting Psychosocial Adaptation and Analyzing Their Variance.

Model Summary				
prototype	Multiple regression coefficients R	Square of the multiple regression coefficients R2	Rectified multiple regression coefficient square. R2	Estimated standard error
1	0.751	0.576	0.511	12.25

Table 3 presents a summary of the multiple regression analysis models. The model in question includes five independent variables: the overall score of the body image scale, acceptance of defective body parts, general symmetry of body parts, psychological perspective of body shape, social perspective of body shape, as well as the intellectual perspective of body shape. The square of the multiple correlation coefficient (R2), also known as the coefficient of determination, is 0.576 for this model. This indicates that these variables collectively account for 54.18% of the overall variation in psychosocial adaptation in burn women, which is a significant explanation.

Table 4

Results of One-Way ANOVA Test to Determine the Effect of the Five Variables on Psychosocial Adaptation.

Contrast Source	Total Squares	Degrees Of Freedom	Average Squares	P Value	Sig
Interpreter	7583,42	5	3147,27	19,70	0.000**
Remaining	9417,76	457	175,43	-	-
Total	15729,36	74	-	-	-

** Significance Level (0.01)

Table 4 Five factors are looked at in the model: total score on the body image scale, acceptance of defective body parts, general coordination of body parts, psychological perspective of body shape, social perspective of body shape, and intellectual perspective of body shape. The results show that there are statistically significant differences between the variables. The value of Alsalhi et al. (2023) is 19.70 at a significant level of 0.01. The results of the multiple regression analysis are presented below:

Table 5

Multiple Regression Analysis Coefficients for Predicting Psychosocial Adaptation Considering the Body Image Scale and Its Five Dimensions.

Prototype	Non-Standard Transactions		Standard Coefficients	T	Sig
	Coefficient B	Standard error of coefficient B	Beta coefficient value Beta		
Regression constant	168,137	14,618	-	14,11	0.00**
After accepting defective body parts	-0,977	0,754	-0,347	-2,26	0.198
After general coordination of body parts	-0,802	0,738	-0,321	-1. 97	0.185
From a psychological perspective of body shape	-0,871	0,651	-0,299	-1. 78	0.179
Dimension of the social perspective of body shape	-0,759	0,566	-0,286	-1. 62	0.196
Dimension of the intellectual perspective of body shape	-0,744	0,547	-0,269	-1. 42	0.177
Overall score on the body image scale	-0,759	0,529	-0,291	-1,28	0.673

** Significance Level (0.01)

Table 5, The regression equation can be derived from a model that incorporates five dimensions of body image: the overall level of body image, acceptance of perceived body flaws, symmetry of body parts, psychological perception of body shape, and social and intellectual perspectives on body shape. The regression constant has attained a substantial value of 168,137. The value of T was 14.11, indicating statistical significance at a level of 0.01. This suggests a significant difference in coefficient B and highlights the substantial contribution of the five independent variables in predicting psychosocial adaptation. Notably, all variables have a negative effect, indicating an inverse relationship between disordered or harmful body image and psychosocial adaptation. Among the five body image variables, the most influential one in the regression equation is the acceptance of defective body parts, with a coefficient B of -0.977, which has the highest value among the five variables.

3. Levels of psychological and social adaptation and satisfaction with body image among burn victims in Riyadh.

Table 6

Arithmetic Averages and Standard Deviations of the Dimensions of Psychological Adaptation to Society in Descending Order According to the Arithmetic Averages of the Research Sample.

Rank	Dimensions	Arithmetic Mean	Standard Deviation	Level
1	B for counting psychological compatibility	9647,3	8110,0	Average
2	physical compatibility	7681,3	7556,0	Average
3	family compatibility	6619,3	7339,0	Average
4	social compatibility	5510,3	8431,0	Average
-	Macro psychosocial adaptation scale	5703,3	8440,0	Average

Table 6 presents the arithmetic averages of the dimensions of psychosocial adaptation. Physical compatibility came in second with an average of 3.7681, while psychological compatibility had the highest arithmetic average of 3.9647. Family compatibility had an average of 3.6619, and social compatibility had an average of 3.5510. The overall average of the psychosocial adaptation scale was 3.5703.

Table 7

Arithmetic Averages and Standard Deviations of Body Image Dimensions in Descending Order According to the Arithmetic Averages of the Research Sample.

Rank	Dimensions	Arithmetic Mean	Standard Deviation	Level
1	After accepting defective body parts	8766,4	9102,1	Average
2	After general coordination of body parts	6530,4	7511,1	Average
3	From a psychological perspective of body shape	4708,4	5062,1	Average
4	The intellectual dimension of body shape	2116,4	3719,1	Average
5	Dimension of the social perspective of body shape	9788,3	9206,0	Average
-	Overall, the Body Image Scale	5604,4	6723,1	Average

Table 7 presents the arithmetic averages of various dimensions of body image. The dimension of accepting defective body parts received the highest average score of 4.8766, while the general consistency of body parts received an average of 4.6830. The psychological perspective of body shape had an average score of 4.4708, while the intellectual perspective had an average of 4.2116. The social perspective of body shape had the lowest average score of 3.9788. The overall average score for the body image scale was 4.5604, indicating a moderate level.

Discussion

The study found statistically significant correlation coefficients between performance on the body image scale and performance on the psychosocial adaptation scale in burn patients. These correlations were positive and significant across most dimensions of body image and most dimensions of psychosocial adaptation, with varying levels of significance. The social environment in Gulf society, particularly in

Saudi society, is one of many important factors that affects this outcome. This environment involves the evaluation of females by those around them based on their level of concern for body image. This evaluation affects their psychosocial adjustment, both within the family and in the broader social context. Psychosocial adjustment is connected to physical compatibility, which further strengthens its correlation with different aspects of body image.

The regression equation in this model combines the five dimensions of body image: total degree of body image scale, acceptance of defective body parts, general consistency of body parts, psychological perspective of body shape, and social perspective of body shape. The regression constant has a high value of 168,137, and the coefficient v is 14.11, which is statistically significant at the 0.01 level. This indicates a significant difference in coefficient B and a substantial contribution of the five independent variables in predicting psychosocial adaptation. Furthermore, all variables have a negative effect; this is attributed to the inverse correlation between negative or disordered body image and psychosocial adaptation.

The most significant variable in the regression equation is the acceptance of defective body parts, with a coefficient B of -0.977, which is the highest among the five body image variables. This finding suggests that burn women's perception of changes in their body image is related to their psychosocial adaptation to the external environment. These findings align with previous studies (Ayhan et al., 2022; Golbach, 2023; Willemse et al., 2023) this current finding aligns with a previous study (Monteath & McCabe, 1997) that found a positive association between body image disorder, low self-esteem, and psychosocial adjustment. This association was particularly evident in women who had undergone surgical procedures resulting in deformities in the waist, arms, and destination area, compared to those with deformities in the back and feet.

However, these findings differ from another study (Noronha & Faust, 2007) This study examined the characteristics that most influence psychosocial adjustment after burn injury in children, adolescents, and young adults. Variable correlation indicators were analyzed using qualitative analysis. 13 studies were selected that met the analysis conditions. The results of the study showed the importance of body image in psychological adjustment mainly (.26). It has an average burn injury score of (.21). Finally, parental adjustment and child premorbid psychological functioning (.15) had the third highest average correlation. This indicates that affect traits may identify burn victims at risk for psychological adjustment problems.

The overall average of the psychosocial adaptation scale was 3.5703. The researcher suggests that the observed outcome can be attributed to the mood and emotional factors resulting from burn trauma and its effects. This is particularly relevant when these effects involve either a relative survival situation or a visible change in skin colour that is noticeable to others. It is important to note that the success or failure of surgical grafting does not significantly impact these variables (Ayhan et al., 2022; Golbach, 2023; Willemse et al., 2023).

Huang and Su (2021) study, which found body image dissatisfaction through burn severity and long-term psychosocial adjustment. 111 burn survivors responded from the 2015 water park explosion at Formosa Van Coast. The average age was 24.23 years, and 62.2% were female. The average TBSA burn was 50.3% and he remained hospitalized for 85.44 days. Results showed that burn severity (TBSA, LOS, and CBSS) significantly predicted T1 BID and T2 depressive symptoms but not T2 PTSD. T1 BID significantly moderated the association of depressive symptoms with burn severity with T2 after controlling for T1 PTSD

This result is consistent with a study (Wiechman, Hoyt, & Patterson, 2020) Which emphasized the Burn damage long-term effects should be understood using a psychosocial model, according to the research. 645 major burn victims were studied, and 231 survivors replied. In correlational and moderating studies, prenatal emotional health predicted better first-year adjustment and larger second-year PTSD symptoms. PTSD symptoms were mediated by better offspring emotional health and lesser adaptation and avoidance. Burn injury features did not affect psychological adjustment in the first two years.

Also consistent with the results of a study (Din et al., 2015) that confirmed importance of social adjustment and psychosocial rehabilitation in burn victims at Peshawar Teaching Hospital was explored. The bilateral relationship of psychosocial rehabilitation was very important for the burn center patients. A total of 186 randomly selected respondents participated in the study in 2010-2012. The results of the study indicated that 86% of society accepts burns, while 78.4% believe that injuries affect relationships and social communication, and 60.2% believe that burns harm social interaction.

The study aimed by the Ayhan et al. (2022) evaluate social appearance anxiety after burns and its relationship to perceived social support. 106 burn victim respondents

participated in the study during the survey, which was conducted from November 2018 to November 2019. The results of the study indicated that social appearance anxiety scores were moderate (39.38 ± 17.71). Social appearance anxiety was significantly increased by individual status, education, burn injury, amputation, and passing the 1-week post-injury period ($P < 0.05$). Individuals with burns had high social support scores (68.34 ± 18.08), and it was not associated with social appearance anxiety.

Also Snider et al. (2021) examined 51 7–17-year-old burn survivors' adjustment, social functioning, and self-concept (M = 12.54; SD = 2.65). Child Coping Strategies Bilaterally connected were checklist, social functioning, self-concept, demographics, and burn injuries. Hierarchical linear regression measured adolescent self-concept, burn injury survivors' social functioning, and demographics Parent-reported social anxieties were TBSA ($\beta = 0.65$, $p < 0.001$). Social issues resulted in a lower score ($\beta = -0.39$, $p = 0.01$). Active adaptation positively improved juvenile self-concept ($B = 0.67$, $p = 0.002$) and lowered avoidant behaviour ($B = -0.36$, $p = 0.03$). Research shows that social adaptation influences psychological adaption and requires correct methods. Burn recovery: mental and social adjustment

Recommendations

1. The objective is to provide education to women with varying degrees of burns regarding the general risks associated with burns and specific measures to prevent future incidents. Additionally, the focus is on supporting their psychological adjustment and promoting acceptance of changes in body image, particularly with regards to accepting any physical impairments resulting from the burns.
2. Conducting lectures and counselling programmes in universities, hospitals, plastic surgery departments, and related centres to enhance body image acceptance and psychosocial adaptation in women with different levels of burn injuries.
3. There is a need for burn centres in the Arab community, especially in the Gulf and Saudi society, to implement psychological support programmes for individuals with burns and their families.

Conflict of Interest

The authors affirm that the research was carried out without any commercial or financial affiliations that could be perceived as potential conflicts of interest.

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