Phoenix Rising: A Wellbeing Approach to Understanding Burn Recovery in the Indian Health System

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“The increased survival of burn patients has required clinicians and researchers to look beyond mortality statistics and to consider how a thermal injury affects a patient's long-term adjustment and quality of life.”

(Yoder, Nayback, & Gaylord, 2010)

Contents:

- Brief background to burn injuries & the health system in India
- A Wellbeing Approach
- Study outline
- Journey through the continuum of care
- Key contextual findings
- Implications & Conclusion
Burn injuries & the health system in India

- Poverty, illiteracy, poor safety awareness, poor presence of prevention and awareness strategies
- 68% of population abide in rural areas
- Low public funding of healthcare and concerns regarding private sector service regulation
- High costs of acute burn care, little known about cost of post-acute care

HIGH VOLUME OF BURN INJURIES AND POORLY MANAGED!
A Wellbeing Approach

Wellbeing: “A holistic sense of what it means to live a good life, which may be different for each individual” (White, 2014).

<table>
<thead>
<tr>
<th>Wellbeing</th>
<th>Quality of Life</th>
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<tbody>
<tr>
<td>- Holistic</td>
<td>- Narrowly defined</td>
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<tr>
<td>- Subjective</td>
<td>- Fragmented</td>
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<td>- Integrative</td>
<td>- Clinical</td>
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<td>- Broad</td>
<td>- Individual</td>
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<td>- Process focused</td>
<td>- Outcome focused</td>
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Sen’s (1993) perspective on Wellbeing: ‘**Capability**’ to function meaningfully in everyday life

We need to comprehensively evaluate opportunities burn survivors have in the health system to achieve what they value.
Study Outline

- The larger study with WHO & TGI: a systems approach to health research – embracing complexity.

- Qualitative methodology

- 9 in-depth stakeholder interviews
  - 4 x males, occupational burns
  - 1 x female, self-inflicted burn
  - 4 x household burns (2 x males, 2 x children)
Journey through the continuum of care

Emergent care

“I don’t know how I survived...”

Accessing the health system

“Arrangement of funds was the biggest challenge”

In-patient burn care

“They worked efficiently”

“You will face more problems if you sit idle”

Rehabilitation & Reintegration

“They kept us in the dark”

“My family supports me”

Reflections

The desire to be healthy again & return to previous occupations

“Much time was wasted”
Key contextual findings

1. **Self-inflicted burns**
   - Gender disparities

2. **Occupational burns**
   - Amputations
   - Role of industry & safety standards
   - Limited opportunities to return to work

3. **Indigenous knowledge**
   - Traditional medicine
   - Cultural complexity
   - Local alternatives

*Banana leaves used as dressings*
Implications & Conclusion

Contributions:

• Identifies challenges
• Shapes holistic and person-centered policy
• Encourages development of appropriate, sustainable and effective interventions

‘…rise like a phoenix from the ashes of injury with resilience and hope…’