

Exploring Resilience and Trauma Recovery in Nepali Burn Survivors: A Thematic Analysis

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INTRODUCTION

- Burn injuries represent a significant public health challenge in low- and middle-income countries (LMICs), with Nepal experiencing disproportionately high morbidity and mortality rates.
- Approximately 2% of the Nepali population suffers burn injuries annually, with mortality rates ranging from 4.5% to 23.5%.^{1,2}
- While physical and functional outcomes are somewhat documented, the psychological toll of burn injuries in Nepal remains underexplored.
- Survivors often experience social stigma, anxiety, trauma-related symptoms, and untreated mental health conditions.³
- Many begin recovery with pre-existing psychological disorders, including depression, PTSD, and substance use.
- Lack of timely psychological care increases the risk of long-term mental health complications and social isolation.
- There are no organized peer support groups or survivor counseling programs in Nepal, leaving many to navigate recovery alone.

AIMS AND OBJECTIVES

- Explore the lived experiences of trauma among Nepali burn survivors by conducting and analyzing semi-structured interviews, using thematic analysis to identify key challenges across physical, emotional, and social domains.
- Identify key resilience factors that support recovery and reintegration, such as peer support, adaptive coping strategies, and community engagement, through in-depth qualitative coding of survivor narratives.
- Inform the development of holistic, survivor-centered burn care interventions by highlighting the roles of family, community, and mental health support, and generating recommendations for integrated, trauma-informed rehabilitation programs.

METHODS

- A qualitative thematic analysis was conducted to explore the experiences of trauma and resilience among Nepali burn survivors.
- Eight participants were recruited through purposive sampling from the Nepal Cleft and Burn Center at Kirtipur Hospital, based on criteria including survivorship of a major burn injury and ability to provide informed consent.
- Semi-structured interviews were conducted in Nepali by trained research staff, guided by open-ended questions focusing on physical recovery, emotional impact, and sources of support.
- Interviews were audio-recorded, transcribed verbatim, and translated into English.
- Data were analyzed using ATLAS.ti software (version 9.1.1) through an inductive approach. An initial codebook was developed by identifying recurring phrases and ideas, which were then grouped into subthemes and overarching themes.

RESULTS

Thematic Framework: Codes and Focus Areas

Theme	Associated Codes	Definition (Focus)
Medical and Physical Challenges	Medical Treatment, Hospital, Post-Incident	Survivors' medical journeys, surgeries, pain management, and hospital experiences.
Emotional and Psychological Struggles	Emotional Impact	Feelings of fear, depression, trauma, and mental health struggles post-burn.
Social and Community Support	Support Systems	Family, friends, community, and peer support in the healing process.
Resilience and Growth	Perspective, Coping Strategies	How survivors find meaning, rebuild their lives, and develop resilience.

Key Themes and Illustrative Quotes from Burn Survivor Narratives

Theme	Supporting Quotes
Medical and Physical Challenges	"I stayed in the hospital for 45 days. Every day was painful, and I had to undergo multiple surgeries." "The nurses took care of my wounds, but the pain was unbearable. I couldn't even move properly." "I had no idea how expensive the treatment would be. It was a constant worry."
Emotional and Psychological Struggles	"I was scared to look at myself in the mirror. I didn't feel like the same person anymore." "I couldn't sleep for weeks. The nightmares kept coming back." "Sometimes I feel like people look at me differently. I wonder if I will ever feel normal again."
Social and Community Support	"My family never left my side. They helped me with everything and gave me the courage to keep going." "At first, I felt alone, but meeting others with similar experiences gave me hope." "The hospital staff were not just doctors to me, they became my friends and supporters."
Resilience and Growth	"Over time, I started to feel stronger. This experience changed me, but I am proud of who I have become." "I've learned to appreciate life in a new way. Every day is a blessing." "I started helping other burn survivors, and it gave me a sense of purpose."

Burn Survivor-Identified Gaps & Opportunities for System-Level Change

Quote	Suggested Solutions
"I wish there were more psychological support available during my treatment."	Implement dedicated mental health counseling services for burn survivors.
"The cost of burn treatment is too high, and many people can't afford it."	Advocate for financial assistance programs or subsidized treatment options.
"There should be more community awareness programs about burn injuries."	Develop awareness campaigns and community education programs on burn care.
"Sometimes, the hospital staff seemed too busy to provide emotional support."	Improve hospital staff training on emotional support and patient care.
"I didn't know where to find help after being discharged."	Create a resource hub or follow-up care program to guide survivors post-discharge.

CONCLUSIONS

- Burn survivors in Nepal face multifaceted challenges, including intense physical pain, emotional distress, and financial hardship, as reflected in their personal narratives.
- Survivors expressed feelings of fear, isolation, and identity loss, yet many also described moments of hope, strength, and personal growth.
- Support from family, peers, and compassionate providers emerged as a vital resource in the recovery journey.
- Despite these strengths, gaps remain in the system:
 - Lack of psychological support during hospitalization
 - High treatment costs and limited financial aid
 - Insufficient post-discharge guidance
 - Need for community education and staff training on emotional care
- Addressing these gaps through mental health services, peer support programs, financial assistance, and community-based outreach will be essential to improving long-term outcomes.
- Ultimately, this study underscores the importance of designing holistic, survivor-centered care models that promote not only physical healing but also emotional resilience and social reintegration.

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