

**A qualitative study exploring the perceptions of teachers from low-resourced schools on  
a Resilience Oriented Burns Intervention**

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A mini-thesis submitted in partial fulfilment of the requirements for the degree of Master of  
Arts Psychology (Research) in the Department of Psychology, University of the Western  
Cape



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**DATE:** 16 October 2023

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## DECLARATION

I declare that “*A qualitative study exploring perceptions of teachers from low-resourced schools on a Resilience Oriented Burns Intervention*” is my own work. That it has not been submitted for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

**Signed:** Reshma Wilson

**Date:** 16 October 2023



## ACKNOWLEDGEMENTS

I started this journey towards psychology about ten years ago. It wasn't known to me then, but I consider my time doing BCom Law to be an instrumental part of my psychology journey. To say it has been years of hope, fear, tears, and endless hours of work is an understatement.

My heartfelt thanks to my exceptional supervisor, Prof Rashid Ahmed. Rashid, your profound expertise in research was complemented by your down-to-earth demeanour and gentle guidance. Your kindness and humour provided a steadfast anchor that helped me through this tumultuous journey. I feel privileged to have been your student and have learned so much from you in this process. Your consistent check-ins were a lifeline, and your passion as a supervisor shone through your approachability and your lightning-fast feedback. Thank you for always being present. Your perseverance and belief in me kept me motivated and inspired me to work harder.

I am grateful for the teachers who took part in this research, braving cramped makeshift classrooms, with mountains of backlogged work to do. Your willingness to share your thoughts and experiences unveiled how teaching is truly a calling to me. I am profoundly appreciative.

To the extraordinary women in my life. My mother, sister, and best friend. Your unwavering love and support instilled hope in me during times of self-doubt. To my father, thank you for all the practical support. Your guidance through unfamiliar townships proved indispensable, surpassing even the capabilities of Google Maps. And finally, my husband, without whom this thesis would not have been possible. He stood by me through every struggle, in each phase of this research, listening to my thoughts, plans and worries for hours on end, on many a long walk. Your collective support gave me the resilience I needed to push through. Thank you.

## ABSTRACT

Burn injuries are one of the most severe injuries a child can experience and are a frequent cause of emergency room visits. In South Africa, paediatric burn injuries are common, especially in informal settlements where the risk is higher. Children who experience burn injuries are at adverse risk of developing negative psychological outcomes and face difficulties reintegrating back into school. Teachers play an integral role in the child's reintegration back into school. Thus, without teachers' buy-in, any intervention involving children would prove futile. This study adopted an exploratory, qualitative research approach. Bronfenbrenner's ecological model was used as a theoretical framework to explore teachers' perceptions of the resilience-oriented burn intervention. The study hosted four focus groups, each lasting 60 minutes. In total 32 teachers were selected from four different schools, in low-income areas, from the Johannesburg Metropolitan area through non-probability purposive sampling. The study recognised and adhered to research ethics guidelines and norms (including the POPI Act) throughout this process. Thematic analysis was used to analyse the data collected from which themes were generated around teachers' opinions about the utility of the intervention. Based on the findings from the research study, teachers distilled messages of resilience from the intervention and felt it was useful. Three main themes emerged from the data. The first theme "Hope Amidst Adversity: 'The Light at the End of the Tunnel'" spoke to how teachers saw hope as instrumental in improving resilience. Secondly, "We Can't Do That All by Ourselves: A Supportive Community Aids Resilience" addressed the critical role community and support play in recovery and resilience. Lastly, "Life After Trauma': Acceptance Bolsters Resilience" spoke to how acceptance aids resilience.

*Key Words:* Teachers, Psycho-social Intervention, Child Burn Victims, Resilience, Teachers, Hope, Acceptance, Support

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## CHAPTER 1: INTRODUCTION

Paediatric burn injuries are a significant public health concern in South Africa. Burn injuries are psychologically and physically devastating; capable of leaving a child permanently disfigured (Albertyn et al., 2006; Banga et al., 2023). The prevalence of child burn injuries in South Africa is a matter of grave concern, necessitating the attention of various stakeholders including healthcare workers, researchers, and policymakers. This thesis explores teachers' perceptions of a resilience-oriented intervention in low-resourced schools, focusing on children who have survived burn-related injuries. The study uses a qualitative approach and contextualises the topic by examining relevant literature.

### 1.1 Contextual background

This study forms part of a group of studies on burn interventions in South Africa. Prof. Rashid Ahmed and Prof. Ashley Van Niekerk collaboratively supervise the larger study. The research involves an evaluation of a short, animated video intervention depicting the recovery of young burn survivors. Former studies, evaluating the video, documented perceptions of this intervention and its suitability as a pre-and post-discharge intervention. Moreover, these studies involved looking at key figures in a child burn survivor's journey, including nurses and parents (Matsana, 2020; van Tonder, 2020). This study aims to account for teachers' experiences of this intervention and its suitability as a resilience-oriented intervention.

Burn injuries are a substantial cause of death, injury, and disability in the global South (Govender et al., 2020). Extant literature indicates that burn injuries are more prevalent in developing countries than in developed countries. Common risk factors include gas cylinder explosions, cooking on faulty stoves, and using open fires (Govender et al., 2020; Van Niekerk et al., 2009; Wesson et al., 2013).

Within the South African context, many low-income homes rely on fuel for heating (Van Niekerk et al., 2020). Furthermore, numerous informal dwellings, across South Africa, are often overcrowded, posing a greater risk of fire (Malone & Dooley, 2006). A tragic example of a fire accident occurred in Booyens, Johannesburg, where a community-wide house fire destroyed 500 shacks in 2021. Residents suspected a paraffin burner was to blame (Kgaugelo Masweneng, 2021). Among those injured in such fires, children are the most susceptible. Blom et al. (2016) reported the highest incidence of burns in this group.

In South Africa, burn injuries among children are a significant public health issue. According to data from the South African Burn Injury Society, an estimated 20 000 children are treated for burn injuries every year in the country, with around 200 of these cases resulting in death (Emond et al., 2017). Reportedly, it was found that in low-to-middle-income countries such as South Africa, burn injuries are the third most common cause of non-natural or injury-related death amongst children between the ages of five and fourteen years (Blom et al., 2016; Parbhoo et al., 2010).

It has been observed that children residing in low-income households are at higher risk of experiencing burn-related injuries than their counterparts in middle-high-income households. A commonly reported injury in South Africa is burns frequently caused by open fires utilised for cooking and heating purposes (Gehring et al., 2018; Rode et al., 2011). Additionally, scalds resulting from hot liquids, contact with hot surfaces, and exposure to flames are also prevalent factors contributing to such injuries (Parbhoo et al., 2010). Recent research alarmingly indicates that the incidence of childhood scalding may be increasing in some regions of South Africa (Govender et al., 2020; Wesson et al., 2013).

Furthermore, recovery and rehabilitation from burn injuries are considered a journey filled with physical, psychological, relational, and reintegration challenges (Kornhaber et al., 2016). Experiencing a burn injury can also be severely traumatising for a child. While the immediate effects of a burn can be devastating, these experiences are further compounded by the ongoing long-term effects of a burn injury such as pain, physical disfigurement, and impairment (Parbhoo et al., 2010). Moreover, in addition to the physical and emotional trauma suffered by children who experience burn injuries, the medical costs associated with treating burns can be financially devastating for families, especially those who are already living in poverty (Blom et al., 2016).

Therefore, previous research has shown that not only is a burn injury detrimental to an individual's physical health, but it is also impacted by ongoing psychological and emotional challenges and distress (Parbhoo et al., 2010). However, literature has shown that a child's psychological resilience, as well as social support, has a significant influence on the recovery process (Kornhaber et al., 2016). Teachers play a pivotal role in the context of burn-injured children's experiences at school.

The current research focuses on the role of teachers in the schooling environment because research indicates that burn-injured children find it difficult to adapt to the schooling environment (Arshad et al., 2015; Bagheri et al., 2020; Wilson et al., 2014). This is discussed in detail later in the thesis. Teachers play a critical role in a child's social and psychological development, and they spend a significant amount of time with them throughout the day (Fredriksen & Rhodes, 2004; Willis & Nagel, 2015). They play a vital role in a child's daily life, and in the case of burn injuries, they are involved in the child's practical tasks, social interactions, and academic pursuits (Fredriksen & Rhodes, 2004).

Therefore, it is crucial to consider teachers as stakeholders because burn-injured children require education and spend most of their time in this environment. This research aims to examine the experiences of a resilience-based burn intervention through the lens of teachers to establish the efficacy of this type of intervention for child burn survivors.

## **1.2 Problem statement**

The National Burns Care Review Committee argue that historically, children who suffered injuries due to burns often faced physical and emotional difficulties upon their return to school (Wilson et al., 2014). Moreover, previous research showed that burn injuries can deprive a child of the opportunity to participate in normal activities such as interaction with peers and school events (Pan et al., 2018). Therefore, the extent to which resilience-informed interventions can help children navigate these transitions, especially in a schooling environment is an important area of research. There is a paucity of research on resilience-based interventions for burn-injured children. Given that teachers are important stakeholders and in the process of reintegration can play a major role in the psychosocial support of child burn survivors, this research aimed to explore teachers' experiences of a resilience-oriented burn intervention.

## **1.3 Rationale**

Interventions that focus on the reintegration of child-survivors into schools are vital for psychosocial recovery after burn injuries. Furthermore, teachers are instrumental in ensuring a smooth transition back into school and creating an environment in which students feel supported and enjoy a sense of belonging or 'normalcy' (Wilson et al., 2014). Previous research has shown that burn-injured children experience physical, psychological, and relational reintegration challenges; however, there are very few multi-perspective studies on the recovery process and even less focusing on the long-term phases of recovery (Van Niekerk et al., 2020).

Moreover, there is a scarcity of psychosocial interventions for children with burn injuries, and these are seldom evaluated (Hornsby et al., 2020; Van Niekerk et al., 2020).

Attoe and Pounds-Cornish (2015) discuss how burn-injured survivors are more likely to drop out of school after suffering from burn injuries. Experiencing a burn-related injury can also deprive children the opportunity to participate in normal and essential school activities (Pan et al., 2018). Thus, the use of a resilience-oriented intervention could be useful in facilitating recovery to foster positive adaptation in the reintegration of burn-injured learners as they re-enter school (Luthar & Cicchetti, 2000). However, without active support from teachers, the intervention may have little to no efficacy within the school context. Therefore, this research explored teachers' perspectives on a resilience-oriented psychological intervention focusing on burn-injured children to establish whether it has any utility in the South African context.

#### **1.4 Significance of the study**

This qualitative study aims to understand teachers' perceptions of a resilience-oriented psychological intervention for children who have survived a burn-related injury in low-income communities in Cape Town. The study fills an important research gap by investigating the perspectives of teachers in low-income communities who are likely to work with children who have suffered burn-related injuries. The findings of this research study will provide nuanced perspectives on the unique challenges and needs of burn-injured children, as well as the resources and support that teachers need to help facilitate the reintegration of burn survivors into the schooling environment.

This study will also allow one to investigate the potential of resilience-oriented psychological interventions in promoting the well-being and recovery of children who have suffered burn-related injuries. This type of intervention is also an important way to address the

social and psychological challenges that burn-injured children in South Africa may face, and it may contribute to a positive recovery experience (Edgar & Brereton, 2004; Pallua et al., 2003).

Finally, this research will help to develop best practices for supporting children who have survived burn injuries in low-income communities. The study will help in identifying areas where more support and resources are needed by exploring the perceptions and experiences of teachers in these communities as experts, and in turn, it aims to contribute to the development of effective strategies for promoting recovery and psychological well-being among burn-survivor children. The study offers the chance to investigate the potential of resilience-oriented psychological therapies and their capacity to support children's recovery and well-being. In doing so, it has the potential to improve our understanding of the unique challenges and needs of school-going burn survivors, as well as the resources and support needed to promote resilience in their recovery journey.

### **1.5 Research questions**

1. What are teachers' experiences and perceptions of the burn intervention video?
2. What are teachers' perceptions of the message of resilience in the burn intervention video?

### **1.6 Research aim**

As previously mentioned, this study forms part of the evaluation of a burns multi-media intervention developed by Ashley Van Niekerk, which evaluates the burn intervention among parents of child burn survivors, as well as nurses looking after burn-injured children (Matsana, 2020; Van Niekerk et al., 2019; van Tonder, 2020). Teachers play an important role in the reintegration of burn-injured children into society and school, making them important

stakeholders in the burn recovery process. Therefore, the aim of this study is to explore teachers' perceptions of the utility of the burns intervention to enable the most effective application of this intervention among burn injured school children.

### **1.7 Research objectives**

- 1) To explore teachers' perceptions from watching the video.
- 2) To explore how teachers see messages of resilience being drawn from the video.

### **1.8 Summary**

In summation, this chapter introduces the research on a resilience-oriented psychological intervention aimed at child burn survivors in low-income Cape Town communities. The study was contextualised by the high incidence and severity of burn injuries among children in South Africa, which are frequently caused by open fires used for heating or cooking in densely populated communities. The problem statement underscores the difficulties that children face when returning to school after a burn injury, as well as the critical role that teachers play in providing psychosocial support. The study's rationale establishes the importance of resilience-oriented interventions in facilitating a smooth transition back to school, as well as the importance of teachers' perspectives on this process.

### **1.9 Outline of the mini thesis**

The purpose of this mini-thesis is to explore teachers' perceptions of a resilience-oriented burn intervention. This section outlines the format of the thesis, which comprises five chapters. The first chapter provided a general overview of the research problem and research question addressed in the study, as well as a discussion of the significance of the research topic and a summary of the research study.

## **Chapter Two: Literature review**

The second chapter provides an overview of the literature relevant to teachers' perceptions of a resilience-oriented burns intervention. While providing a theoretical framework for the investigation, it will identify and synthesize key themes, trends, and gaps in the literature. These include themes such as the prevalence of burn injuries and their concern, the historical context of burn injuries in South Africa, the psychological and psychosocial adjustment challenges following a burn injury, reintegration into school and the challenges faced, the vital role teachers play in this process and finally, the role of resilience-based interventions for children who have suffered a burn injury.

## **Chapter Three: Methodology**

The researcher describes the study's research design and methods, including a discussion of participant selection, data collection, data analysis, and ethical considerations.

## **Chapter Four: Presentation of findings**

The chapter entails a presentation of the findings of this study and discussion. Data analysis techniques are used in this chapter to answer the research questions and provide a detailed description of the data collected and analysed. Thus, the chapter draws on relevant literature and responds to the research questions by interpreting, contextualizing, and integrating the findings with the discussion.

## **Chapter Five: Conclusion**

This chapter concludes the research. It restates the research question and discusses the study's strengths and limitations, as well as recommendations for future research. Following



that, the chapter concludes with a summary of the research process and its significance. The following chapter is a review of relevant literature.



## CHAPTER 2: LITERATURE REVIEW

In this review, the researcher discusses the relevant literature regarding burn intervention research, with an emphasis on the role that resilience plays among children. In doing so, key aspects such as burn injuries, their classification, causes, risks, protective factors, and psychological effects are discussed. The researcher also critically discusses current paediatric burn interventions from a global perspective, and the ones that are relevant to the South African context. Finally, the critical role of psychosocial resilience in burn interventions is explored. The literature review ends with a discussion of the theoretical framework used in this research study and its applicability.

### 2.1 The Magnitude of the Problem

Burn injuries are a global concern accounting for approximately 180 000 fatalities on an annual basis (Bagheri et al., 2020; WHO, 2018). Global data reveals that low-income countries have an 11 times higher burn mortality rate than high-income countries (Sengoelge et al., 2017). Annually, India records 2000 burn injury deaths while countries such as the United States and Australia have seen a decreasing trend in burn injuries (Mahalingam et al., 2023; Smolle et al., 2016). In sub-Saharan Africa, burn injuries account for 20% of all child fatalities. Children under the age of 10 are particularly vulnerable, with over 80% of burn injuries occurring in this age group (Smolle et al., 2016).

#### 2.1.1 Burn Injuries in the South African Context

In the South African context, burn injuries are more prevalent in low-income, POC (people of colour) communities (Van Niekerk et al., 2012). This is a result of the historical marginalisation of POC communities during apartheid. Ngana (2022) discusses the historical

practices including racial residential segregation such as the Group Areas Act in South Africa, which have created concentrated racial-ethnic communities characterised by lower incomes, and poor-quality housing, and other risk factors for burns (Group Areas Act, 1950). Therefore, burn injuries tend to be more prevalent in lower-income regions (Ngana, 2022).

During apartheid, African and Coloured communities were forced into makeshift, densely populated informal settlements. Despite democracy, deep inequality along these racial lines persists. Black and Coloured communities continue to face poverty, unsafe living conditions, and limited access to healthcare ultimately contributing to a high rate of burn injuries (Govender et al., 2020; van der Merve & Steenkamp, 2012).

South Africa has many densely populated informal settlements, characterised by inadequate housing, limited access to electricity and overcrowding (Albertyn et al., 2006; Hirst & Underhill, 2023). These settlements often lack basic fire safety infrastructure. The small proximity between the shacks increases the risk of fires spreading quickly while limiting the ability of emergency services to access them (Parbhoo et al., 2010). Further, due to limited resources, residents lack the financial means to access safer cooking and heating alternatives, forcing shack dwellers to rely on open flames and other high-risk options (Van Niekerk et al., 2012).

South Africa made attempts, through the Reconstruction and Development Programme (RDP) to improve equal access to infrastructure like water and electricity. The RDP focused on electrification, aiming to link 2.5 million homes to the national grid, hoping to improve health, welfare, and well-being (African National Congress, 1994; Govender et al., 2020). For a time, there was a slight decrease in the percentages of households using firewood and flame-based light sources (Barron, 2017).

However, South Africa's energy crisis has led to a rise in the use of risky alternative energy sources. Research conducted at the Red Cross War Memorial Children's Hospital in Cape Town, a hospital that provides care to most burn-injured children across South Africa, revealed that 89% of its paediatric patients lived in shacks (Parbhoo et al., 2010; Schwebel et al., 2009). This alarming situation is due to South Africa's worsening energy crisis, with power outages lasting up to 12 hours a day (Ziadi, 2023). A study by Laher et al. (2019), conducted at Red Cross Hospital, reported that during power outages, there were increases in hospital admissions and emergency room visits.

In these low-resourced areas, homes are sometimes six square metre shacks creating dangerous living spaces (Delgado et al., 2002; Parbhoo et al., 2010). These conditions further exacerbate and enhance the possibility of burn-related injuries among South African children living in poverty (Gehring et al., 2019; Laher et al., 2019). Hence, due to the country's socioeconomic climate of deprivation, unemployment, and inadequate housing, paediatric burn injuries are prevalent. Due to their smaller size and skin sensitivity, children are more vulnerable to burn injuries than adults. This risk is worsened for South African children living in crowded and impoverished areas (Sengoelge et al., 2017; Van Niekerk et al., 2020).

## **2.2 The Impact of The Burn Injury**

Burn injuries are typically measured on a scale, indicating the depth of the burn, and the extent of skin and supporting structures injured. This classification system also includes a range of burns with varying degrees of severity, ranging from first to fourth-degree burns (Askay & Magyar-Russell, 2009). Although not all burn injuries result in fatalities, they can severely damage the victim's body, leading to physical impairment, scar hypoplasia, wound pain, and sleep disturbance (De Young et al., 2012; Wesson et al., 2013).

Medical treatment involves several invasive, unpleasant, and recurrent medical operations, hospitalisation, and ongoing scar maintenance during recovery (Gill & Falder, 2017). Consequently, children with lasting deformities or functional impairments may require years of rehabilitation or reconstructive surgeries (De Young et al., 2012). Experiencing direct physical suffering, along with the invasive treatment and recovery process, can lead to psychological changes in the survivor's mood, behaviour, and cognition (Woolard et al., 2021).

Experiencing a burn injury is both physically and emotionally distressing, leading to several difficulties as children navigate recovery. Although the medical community has made significant strides in burn injury research, there is a scarcity of multi-perspective studies of the healing and recovery process. As the medical prognosis of burn injuries has improved, there is an increased need for interdisciplinary input beyond physical recovery that is more holistic (Attoe & Pounds-Cornish, 2015). Therefore, it is essential that both the psychological and social considerations post burn injuries are also considered.

### ***2.2.1 Psychological challenges***

Burn injuries can result in lifelong physical damage that impacts a child's social and psychological functioning (Pallua et al., 2003; Wesson et al., 2013). Young children are in critical stages of psychological and physical development, when their rapid rate of physiological and psychological development is suddenly disrupted. This disruption to a child's life often results in them experiencing hurt, anxiety, depression, helplessness, and withdrawal factors that may impact physical and emotional recovery (Hornsby et al., 2020).

Woolard et al. (2021) conducted a systemic review of the psychological impact of paediatric burn injuries and found alongside the traumatic stress, anxiety and mood

disturbances, burn-injured children were at risk of lowered self-esteem and suicidality. Burn injuries are traumatic in the moment but can also be a source of ongoing stress. Thus, children may experience post-traumatic stress symptoms. Children with burn injuries struggle with feelings of hurt, anxiety, depression, and helplessness (Attoe & Pounds-Cornish, 2015; Hornsby et al., 2020; Van Niekerk et al., 2020). A study examined the occurrence of self-harm after a burn injury and discovered that 2.7% of those who had experienced a burn injury were hospitalized for self-harm 10 to 26 years later. This was more than twice the number of admissions from the non-burned control group (Woolard et al., 2021).

The psychological consequences of burns-related injuries are diverse. Immediate treatment is often accompanied by pain management, anxiety, distress, and depressive symptoms; however, the long-term rehabilitative stages involve social reintegration (Attoe & Pounds-Cornish, 2015; Hornsby et al., 2020). Thus, in the long term, rehabilitation is filled with challenges surrounding the reintegration of the burn survivor, such as family stressors and the interpersonal and academic challenges of returning to school (Hornsby et al., 2020).

### ***2.2.2 Challenges with Reintegration***

Burn-injured children often face challenges related to reintegration into society and the school system. These difficulties stem from the physical and psychological effects of burn injuries, making the journey to reintegration complicated. Experiencing a burn-related injury is both physically and psychologically damaging (Berg et al., 2017). Child burn survivors are often suddenly and unexpectedly admitted to hospital, and they are forced to deal with dramatic life changes and the required adaptation (Hornsby et al., 2020).

Burn-injured children are faced with physical challenges such as physical pain, and the discomfort associated with the injury and treatment (Kornhaber et al., 2016). In some cases, burn injuries can be excruciating, with children requiring pain management for the rest of their lives. This can make the reintegration process difficult for children, affecting their ability to participate in school, social activities, and other daily routines (Banga et al., 2023; Gill & Falder, 2017; Jeschke & Herndon, 2014).

Schools offer a tough environment plagued with bullying, teasing, isolation, and social stigma. Due to the nature of the scarring, child burn survivors are vulnerable to discrimination, shame, and abandonment (Rimmer et al., 2007). The jarring school environment draws attention to the survivor's physical changes, making re-establishing life roles during this period more difficult (Anderson et al., 1993).

Education is crucial for a child's social, emotional, and cognitive development. Reintegrating burn survivors into the classroom is a crucial stage in their recovery and normal development (Bagheri et al., 2020). Children must return to school as it is an essential context of social interaction, as well as a source of academic development (Pan et al., 2018). The difficulty with reintegration, and coming to terms with their injury, perpetuates many of the psychological challenges that children must bear such as PTSD and anxiety (Abdullah et al., 1994; Ren et al., 2021).

In children, the impact of the burn injury is more pronounced. Burn injuries can result in various physical changes and disfigurement, which can impact a child's self-esteem and body image. Children may struggle to feel comfortable in social circumstances and may be humiliated by others or feel self-conscious about their appearance (Corry et al., 2009; Pan et al., 2018). This can lead to feelings of isolation and loneliness and a decrease in their ability to form and maintain relationships with peers.

Burn survivors reintegrating back into the school environment face challenges where they may yearn for the old “normal” days before their injury and may be subjected to bullying and teasing at school. Johnson et al. (2016) explored the lived experiences of burn survivors in Australia. The study describes the initial sense of vulnerability and emotional trauma that a burn survivor may feel, as well as the difficulties of having to negotiate a different “normal” while trying to integrate their new self-concept (Johnson et al., 2016). Adjusting to a burn injury can be further complicated by shaming and judgement from others (Hemmati Maslampak et al., 2021). Hemmati Maslampak et al. (2021) discussed the demoralising effects of people staring and inquiring about the burn scars on those who have survived burns.

Furthermore, recovering from a burn injury can be time-consuming and exhausting, necessitating frequent medical appointments, treatment, and interventions. Children may find it difficult to manage their time and energy, especially if they are also trying to maintain academic progress and other commitments. This can result in feelings of frustration, anxiety, and stress, which can have an impact on their overall well-being, including their educational progress (Arshad et al., 2015; Pan et al., 2018; Wilson et al., 2014). Therefore, support for burn-injured children as they re-enter school is crucial when assisting children in their recovery journey.

Considering the challenges outlined above, it is evident that burn-injured children need comprehensive support and resources to face these adversities. Child burn survivors experience emotionally devastating effects related to their injury and adjustment to life; therefore, psychosocial interventions are crucial, especially in South Africa with its high prevalence of paediatric burn injuries (Corry et al., 2009; Hornsby et al., 2020). Recognising the significance of these psychosocial interventions is important to the recovery process of burn-injured



children, allowing them to thrive in their communities and schools. Resilience, as a dynamic process, plays a central role in facing these adversities.

### **2.3 Psychosocial Resilience**

A brief literature search revealed that resilience plays a key role in the physical and mental recovery of burn patients during the recovery process (Iacoviello & Charney, 2014). Resilience is a crucial but complicated concept in burn injury recovery. There are various definitions of resilience encompassing various phenomena ranging from preventing psychopathology to fostering successful adaptation and post-traumatic psychological growth (Kornhaber et al., 2016; Tedeschi & Calhoun, 2004). For this research, resilience will be understood more than just the absence of psychopathology. It is a dynamic process that enables children to successfully adjust to extreme hardship over the course of their lives (Masten, 2011; Rutten et al., 2013; Yang et al., 2014).

However, many place the burden to be resilient purely on the burn-injured child, defining it simply as an individual's capacity to succeed under stress. Ungar (2013) defines resilience as the capacity of both individuals and their environments to interact and adapt to changing circumstances. This nuanced perspective considers resilience holistically, taking a strengths-based, biopsychosocial, and ecological lens. Thus, considering the biological, psychological, and social aspects of resilience (Ungar, 2013).

Ungar's viewpoint posits that the capacity for resilience is not solely an individual trait but emerges from the interplay between individuals and their environment. This social-ecological understanding underscores the roles of resource providers in nurturing psychological well-being amidst adversity, highlighting the importance of external processes that foster resilience such as a sense of belonging and affirming self-worth (Ungar, 2013).

Thus, the biological aspect refers to physical health, of which the burn-injured child experiences declines in their physical health affecting their development and stress response system. Some individuals may have genetic vulnerabilities that make them more susceptible to adverse outcomes (Bennett et al., 2018).

Ungar (2013) argues that individuals demonstrate resilience by taking actions that direct them towards resources essential for their well-being, thereby facilitating their growth even in the face of adversity. However, the ability to access these resources hinges on the readiness of the child's social environment. Several studies have highlighted the interplay of various factors such as political climate, financial resources, family structures, social support and even chance circumstances in shaping the likelihood of resilience after trauma (Abrams et al., 2018; Ungar, 2013; Van Niekerk et al., 2020; Waqas et al., 2016).

Similarly, Yang et al. (2014) found that burn injury resilience is influenced by factors such as the severity of burns, social support and positive coping strategies. Thus, there is an interconnectedness evident between individual characteristics, social networks and adaptive responses that collectively enable individuals to navigate the complex aftermath of burn injuries. Thus, this research views resilience as a complex biopsychosocial and ecological construct, shaped by reciprocal exchanges between individuals, families, and communities, and their ability to rebound from adversity (Abrams et al., 2018).

## **2.4 Dimensions of Resilience**

Resilience in the context of burn injuries is a delicate balance between various factors that contribute to a child's capacity to navigate adversity. Among these factors, hope plays a crucial role in fostering resilience (Anderson et al., 1993; Barnum et al., 2010). Hope is a cognitive and emotional framework through which individuals perceive the world. It

encompasses having specific goals and a sense of possibility for their achievement (Anderson et al., 1993).

Research studies emphasize the integral role of hope in resilience. It is evident that individuals who leverage positive daily experiences to improve positive emotions have increased resilience against future depressive symptoms (DeMichelis & Ferrari, 2016; Johnson et al., 2016; Rutten et al., 2013; Van Breda, 2018; Yang et al., 2014).

Rutten et al. (2013) on reviewing biological and psychological findings on resilience, argue that hope gives one a strong sense of meaning and purpose. Thus, they identified hope as a key factor in bolstering resilience. In essence, hope operates as a transcendent experience rooted in personal values and individual goals, acting as a buffer against adverse consequences of burn injury (DeMichelis & Ferrari, 2016; Rutten et al., 2013).

Parashar's (2014) study highlights the profound impact of hope after a life-altering injury, emphasizing how it spurs the individual towards recovery and adaptation. Parashar's (2014) work further illuminates how burn-injured individuals may hope for complete recovery, self-reliance, and optimum quality of life.

Andersen et al. (1993, p.207-14) address the "giving in-giving up complex", where feelings of hopelessness often precede worsening illness in critically ill patients. The "giving in-giving up complex" states that when people in critical condition lose hope or feel helpless about their illness, it can negatively impact their physical health. This emotional state can cause a decrease in motivation to participate in treatment or rehabilitation, which can impede their recovery process.

Andersen et al. (1993) also found that initially, when burn-survivors were orientated to their new reality, there was a decrease in hope as they realised their limitations or scars.

However, when recovery was viewed as an ongoing process, hope was instrumental in helping burn victims adapt to their new reality (Anderson et al., 1993). Thus, hope is a powerful motivator that can encourage resilience within a burn-injured child.

Furthermore, support systems are instrumental in instilling realistic hope. Healthcare workers and caregivers can communicate and facilitate goal setting that will sustain hope throughout the recovery journey (Parashar, 2014). Therefore, in burn recovery, hope serves as a lens through which individuals process their experiences, enabling them to stay resilient as they navigate the arduous path of recovery. It is important to recognise and develop interventions that harness the power of hope as the driving force of resilience when building interventions (Anderson et al., 1993; Parashar, 2014). By understanding the pivotal role of hope in promoting resilience, a holistic approach can be taken to aid burn-injured children in their recovery.

While examining the lived experiences of burn survivors, Kornhaber et al. (2014) discovered several phenomenological themes that highlighted the significance of acceptance in their adaptation and recovery. Kornhaber et al. (2016) spoke to how self-acceptance and social acceptance influenced how burn survivors coped and recovered. Thus, in the literature, acceptance was found to be a multifaceted concept that played a crucial role in bolstering resilience among burn-injured individuals.

Burn survivors are typically left with significant disabilities and deformities, as well as facing a great deal of social stigma triggering complex emotional processes (Banga et al., 2023; Forjuoh, 2006; Nthumba, 2015; Smolle et al., 2016). In the aftermath of a burn injury, acknowledging and embracing the physical changes becomes essential. This not only aids a child in adapting to their altered appearance but rebuilds self-esteem. Thus, self-acceptance has

a significant impact on mental well-being, empowering individuals to actively participate in their recovery process (Kornhaber et al., 2016).

Further, for burn survivors, accepting the reality of their situation was found to be crucial. Acceptance of alternative goals, such as hoping for a better quality of life and improved resilience outcomes (Anderson et al., 1993; Corry et al., 2009; Tehranineshat et al., 2020). Conversely, acceptance from others plays a significant role. Andersen et al. (1993), Kornhaber et al. (2016) and Van Niekerk et al. (2020) found that when burn survivors felt respected, heard, and valued by caregivers, it boosted their self-esteem, satisfaction, and hope. Thus, both self-acceptance and external acceptance were found to be crucial factors of resilience for children.

In this literature review, it was found that support was considered an important aspect of resilience for burn survivors. Van Niekerk et al. (2020) emphasize the role of positive and supportive interactions in promoting recovery among burn-injured children. Supportive bonds with family members, peers, burn staff and the school community were found to be integral for improving resilience in the recovery journey (Van Niekerk et al., 2020). These supportive relationships serve as anchors, assisting burn survivors to regain a sense of normalcy and accept their new selves (Moi & Gjengedal, 2014). The acceptance they receive from others, combined with sensitivity to the experiences of burn survivors proves invaluable to improving resilience (Van Niekerk et al., 2020).

Considering the above, social support emerges as a critical factor in fostering resilience among burn survivors. Numerous studies have consistently shown a positive relationship between it and positive attitudes and internal coping mechanisms (Kornhaber et al., 2016b; Moi & Gjengedal, 2014; Yang et al., 2014). For example, Yang et al. (2014) found that tenacity, strength, hope, and characteristics that bolstered resilience were enhanced by the social support received from families and peers.

School is an important setting for the returning child's re-engagement with their peers (Van Niekerk et al., 2020). As discussed earlier, there are many challenges that burn survivors face upon reintegration into school. Physical disabilities or scarring can have a negative impact on the child's confidence and self-esteem (Abdullah et al., 1994; Corry et al., 2009; Ren et al., 2021). Simultaneously, teachers may be lacking the necessary knowledge or training to support the child's unique needs, resulting in misunderstanding and perpetuated stigma. These issues can hinder the child's academic journey and their resilience.

School re-entry creates a space wherein, social and peer interactions such as play are normalised, and acceptance of the burn victim's new reality may occur. An accepting school environment can help foster a sense of belonging in children, which is considered a major factor in effective recovery (Van Niekerk et al., 2020). The return to formerly normal interpersonal and recreational activities, especially in public communities such as schools, can counter social isolation and help to re-establish sources of resilience for survivors through social support which, subsequently, bolsters the burn victim's resilience (Arshad et al., 2015).

Familiarising peers and teachers with the experience of a burn injury can help to foster a supportive school environment. This creates an environment where the child feels a sense of belonging and support, thus improving their resilience (Pan et al., 2018). Within the educational context, peers and teachers play important roles in providing support to learners. Peer support can help to reduce social isolation and promote emotional and psychological well-being in children (Grieve et al., 2020; Moi & Gjengedal, 2014).

During the challenging transition period for burn survivors, teachers play an important role in aiding their reintegration back into school. They serve as role models to children and can generate support for burn-injured learners. Additionally, teachers advocate for the well-

being of these learners in the school environment, as proposed by Lugg and Boyd (1993). Thus, it is crucial for teachers to play a supportive and protective role in this process and that they are recognised as key stakeholders for burn-injured children (Lugg & Boyd, 1993).

Support from the environment is critical in enhancing resilience following a burn injury. Parents, burn staff, teachers, and peer relationships provide important emotional and practical support, fostering resilience, and contributing to a burn survivor's overall well-being and recovery (Ungar, 2013). Recognising the importance of these supportive relationships and implementing interventions that promote resilience are critical components of comprehensive burn injury care.

Psycho-social interventions that promote factors of resilience should focus on generating support from parents, teachers, and peers to enable a smooth transition from hospital to home. This could include burn recovery education within the community, including the school. Schools therefore play a major role in the reintegration of burn survivors into the school environment depending on the nature of support, peer engagement and whether it has an inclusive school culture (Grieve et al., 2020; Pan et al., 2018). Thus, social support is integral in helping individuals to reintegrate back into society, engage in pre-burn activities, and maintain resilience (Moi & Gjengedal, 2014).

## **2.5 Burn Interventions**

Globally, the mortality rate for children with severe burn injuries has dropped because of improvements in critical care and surgical treatment during the past 20 years (Arceneaux & Meyer, 2009). Previously, burn injury interventions had a strong medical focus on the acute stages of recovery, with less attention paid to the long-term psychological effects on survivors. However, the mortality rate for severe burn injuries has decreased due to advancements in medical treatment. Thus, recovery needs for burn survivors have shifted, and there is a need

for long-term treatment and intervention research (Edgar & Brereton, 2004; Hornsby et al., 2020). Thus, psychosocial interventions are important in helping child burn survivors to navigate the complicated recovery journey.

An intervention can be described as an effort to change the expected course of development (Luthar & Cicchetti, 2000). A psychosocial intervention can be described as any non-pharmacological intervention with the purpose of addressing the various challenges that may be associated with mental distress (Turton, 2014). Given the specificity of child burn injuries in South Africa, which encompass physical, psychological and reintegration challenges, tailored psychosocial interventions are crucial (Hornsby et al., 2020).

In conducting this literature review, a search was done for psychosocial interventions for children with burn injuries. Several types of interventions were identified. These include medical and psychosocial interventions. In the initial stages of burn injuries, medical interventions primarily focus on pain relief and physical healing. Various psychological interventions like hypnosis, relaxation, imagery and cognitive approaches have been developed to alleviate the current distress (Dodd et al., 2017; Fauerbach et al., 2020; Hornsby et al., 2020).

The stages of recovery play an important role in contextualising the psychological challenges. In the second stage, burn survivors attempt to make sense of their environment and the burn injury, often leading to anxiety concerning the re-establishment of life roles. During this rehabilitative stage, they may begin to focus on their physical disabilities and appearance, making psychological support crucial (Anderson et al., 1993). Kornhaber (2016) indicates that psychological symptoms are likely to manifest in the months after the injury has occurred. Consequently, interventions are crucial when recovering and during rehabilitation (Van Niekerk et al., 2012).



Psychosocial interventions for child burn survivors encompass a range of strategies. Psychological strategies, diversion treatment, school reintegration, and burn camps are mentioned in the literature on psychosocial burn interventions (Dodd et al., 2017; Hornsby et al., 2020; Neill et al., 2022). A recent study by Fauerbach et al. (2020), conducted a randomised control trial of Safety, Meaning, Activation, and Resilience Training (SMART) on hospitalised burn survivors. SMART is a manualised 4-session cognitive behavioural therapy-based psychological intervention. It was found that the SMART, Cognitive Behavioral Therapy intervention, had clinically significant outcomes in improving mood and trauma symptoms (Fauerbach et al., 2020).

Children's psychosocial interventions may involve educational, therapeutic, or supportive techniques designed to help a child while addressing the psychosocial difficulties that may be affecting the child's functioning (Senekal, 2020). The Red Cross Children's Hospital Burns Unit has embraced a holistic approach to burn care, utilising touch therapies (such as reflexology and aromatherapy), coupled with music and art therapy in the first phase of recovery and yoga, creative play, and music therapy in the second phase (Van Niekerk et al., 2012). Thus, creative activities such as play, art, music, or dance for paediatric burn survivors reflect externally focused, developmentally appropriate coping mechanisms (Van Niekerk et al., 2012).

Furthermore, burn camps may also be a valuable intervention plan to assist burn-injured children and adolescents in low-income settings where there is a lack of psychosocial assistance (Van Niekerk et al., 2012). According to previous studies, burn camps have a positive effect on issues related to body image, self-esteem, and interpersonal relationships for burn survivors (Hornsby et al., 2020; Neill et al., 2022; Tropez-Arceneaux et al., 2017; Van Niekerk et al., 2012).

Support groups in South Africa may be a good substitute for psychosocial intervention, especially for low-income families who might not have access to psychotherapy or where burn camps are not available (Dodd et al., 2017; Van Niekerk et al., 2012). Similarly, it has been demonstrated that burn survivors' participation in social support and burn survivor groups can lessen their sense of helplessness and isolation while promoting psychological adjustment (Hornsby et al., 2020).

Psychosocial interventions around school re-entry for burn survivors are extremely important. For example, psychoeducation can play a pivotal role in the reintegration of children into school. Preparing teachers, peers and the burn survivor can reduce anxiety, while fostering empowerment and autonomy in burn survivors and their families (Van Niekerk et al., 2012). Classroom interventions were shown to improve self-esteem in disfigured students, and positive adjustment with social interactions, school enjoyment and peer and staff support (Van Niekerk et al., 2012). According to Hornsby et al. (2020), psychosocial interventions are effective because they reduce the stigmatisation of children and raise self-esteem among burn survivors.

Although there appears to be a variety of burn psychosocial interventions, evidence citing the efficacy and in-depth understanding of these interventions vary. The social skills training group and individualised psychotherapy were both shown to be beneficial (Blakeny et al., 2005 as cited in Van Niekerk, 2012; Maddern et al., 2006). Burn survivors showed improvement in psychosocial adjustment and showed positive behavioural changes. However, it was discovered that the effectiveness of creative interventions such as play therapy had not been scientifically evaluated. Furthermore, many of the interventions evidenced in the literature were anecdotally supported, with limited empirical evidence for their effectiveness

(Hornsby et al., 2020; Van Niekerk et al., 2012). Hence, it is evident that the literature showed a scarcity of resilience-oriented burn interventions and no evaluations of them.

Research conducted by Van Niekerk et al. (2012) described how psychoeducational interventions including school or community re-entry programmes using animated video interventions or story books, showed potential for improving psychological outcomes. Thus, despite what appears to be considerable research on psychosocial therapies, it appears that rich and in-depth qualitative analyses of psychological burn interventions are lacking.

To address the diverse needs of child burn survivors, a comprehensive approach is recommended. This means addressing macro-level economic and social policies to enable smaller, more micro-level interventions for individuals, families, and communities. The goal of these smaller interventions is to improve the many aspects of health that can be affected by a burn injury, such as physical, psychological, emotional, and social well-being that bolster resilience (Abrams et al., 2018).

Current literature suggests that resilient protective factors (such as hope, acceptance, and support) play a role in long-term burn recovery, encouraging a gradual shift to strength-based research paradigms more in line with psychosocial models (Abrams et al., 2018; Kornhaber et al., 2016). Hence, resilience-based interventions could be especially beneficial in how we manage the psychological effects of a burn injury (Luthar & Cicchetti, 2000). However, psychosocial interventions focused on bolstering resilience are scarce (Kornhaber et al., 2016). The current resilience-oriented intervention aims to improve resilience in burn-injured children. It encompasses factors of resilience including acceptance, support and hope; components shown to boost resilience in burn survivors. Hence, this research aims to improve understanding of resilience-oriented psychosocial interventions for burn-injured children.

In conclusion, burn injuries are common in South Africa, and they are traumatic, resulting in long-term physical, emotional and psychological repercussions (Van Niekerk et al., 2020). As discussed above, individuals who are resilient are better able to cope with trauma, adjust to life changes, and adjust to the new normal. Resilience enables individuals to use their coping skills, find meaning in their experiences and develop a sense of purpose and hope (Iacoviello & Charney, 2014). It can empower burn victims who are experiencing emotional, social, and physical changes because of burns to respond to stress and cope with it.

Hence, after suffering a burn injury, patients' ability to bounce back and regain their physical and emotional health is crucial (Yang et al., 2014). Resilience has historically been shown to be an essential component in promoting long-term burn damage recovery (Kornhaber et al., 2016). Therefore, it is crucial to comprehend how resilience can be fostered and increased through tailor-made interventions for burn survivors. Therefore, the purpose of this study is to explore teacher's perceptions of a resilience-oriented burns intervention. The next section is the Theoretical Framework.

## **2.6 Theoretical Framework**

Burn-related injuries are a multifaceted challenge requiring an integrated set of intervention strategies (Pan et al., 2018). Bronfenbrenner's Ecological Systems Theory (EST), developed in 1979 offers a holistic theoretical framework to conceptualise the experience of a burn survivor, while locating the different systems that can be targeted for intervention. EST provides a comprehensive framework for understanding the complex interactions between the burn-injured child and their environment. It recognises that psychosocial wellness is influenced by various systems, ranging from immediate microsystems to broader macrosystems (Bronfenbrenner, 2005).

EST consists of five key systems. The immediate microsystem contains family, peers, teachers, and school communities. The mesosystem explores interactions between these microsystems. The exosystem encompasses external factors such as school policies or the environment. The macrosystem takes a broader perspective, considering cultural influences, stigma and prejudice that may impact development. Finally, the chronosystem acknowledges changes over time (Bronfenbrenner, 2005).

Understanding how teachers perceive burn victims' reintegration into their school environment is critical, given their critical role in a child's academic journey. This study adds to previous research on the perspectives of parents and nurses on interventions (Matsana, 2020; Van Niekerk et al., 2019; van Tonder, 2020). The use of an ecological model allows for a multifaceted view of the intervention. This study focused on teachers who constitute key stakeholders within the burn survivor's microsystem (Bronfenbrenner, 2005; Pan et al., 2018; Wilson et al., 2014).

Therefore, using Bronfenbrenner's EST, this study aimed to understand teachers' perceptions of a resilience-oriented burns intervention. By considering multiple systems and their interplay, EST allowed for a nuanced analysis of the factors that contributed to teachers' perceptions of the development and maintenance of psychosocial resilience in burn-injured children. The next chapter is the Methodology.

## CHAPTER 3: METHODOLOGY

This chapter delves into the research methods used in the study, with a focus on the multimedia burn intervention. The study explores teachers' perceptions of the resilience-oriented burns intervention using an exploratory research design. The chapter provides a clear account of the data collection method of focus groups, where participants engaged in discussions about the psychoeducational video. It then outlines the research setting, criteria for participant selection, data collection procedures, data analysis methods, and measures for trustworthiness. Additionally, this chapter addresses the ethical considerations that were upheld throughout the research process. The methodology used is consistent with the research question, context, participants, and philosophical assumptions, allowing for a comprehensive exploration of teachers' perceptions of the resilience-oriented intervention (Denzin & Lincoln, 2011; Merriam, 2009).

### 3.1 Research Design

The study aims to explore teachers' perceptions of a resilience-oriented psychological intervention on a child (learner) who has survived a burn-related injury. For this research study, quantified phenomena would give a limited depth of understanding of the responses of teachers and the subsequent experiences of child burn survivors. Considering this, an exploratory qualitative approach was adopted (Braun & Clarke, 2006; Creswell, 2012; Merriam, 2009). The broader interpretive paradigm is appropriate for this study as it assumes each teacher has a subjective reality which allows for perceived knowledge to be obtained through interpretation and engagement, allowing for multiple interpretations of the many responses (Denzin & Lincoln, 2011).

Further, within the interpretive paradigm, this research assumed a general exploratory approach to explore the teachers' responses to burn injuries and the resilience intervention, in the context of Bronfenbrenner's ecological theory (Bronfenbrenner, 2005; Denzin & Lincoln, 2011). While this approach may have limited generalisability, it is more authentic and credible as it probes for an individual level of analysis (Stebbins, 2001). Focus groups were used in low-income Johannesburg schools, guided by a semi-structured focus group guide, to explore teachers' perceptions of the resilience-oriented psychological burn recovery intervention.

### **3.2 The Resilience-Orientated Burns Intervention**

The resilience-oriented intervention includes a three-minute and fifty-three-second animation that portrays a narrative of resilience and positive recovery after a serious burn injury. The animation highlights a burn-injured child's personal strategies, support sources, and the role of others in his recovery. The video is a psychoeducational and supportive intervention, aiming to improve hope and support for the burn-injured child and those affected (Van Niekerk et al., 2019). Thus, the video can be described as a psychoeducational intervention that incorporates messages of resilience. It tells the story of a young boy's journey of recovery and resilience after experiencing a burn injury.

The video follows a specific sequence, which goes as follows:

1. The video begins with a narration, highlighting that burn injuries are a significant problem in South Africa. It further explains how the child's recovery from burn injuries was made possible with the support of family, friends, and teachers (00:16).
2. The boy reminisces about playing soccer with his friends before a burn injury disrupted his life (0:34).

3. Following a burn injury, the boy is depicted in the hospital. He describes feeling sad, worried, and confused, feeling alone and fearing no one cared about him (00:48).
4. His mother comforts him, reassures him, and encourages him (00:51). She states that things will change, he will get better and will be able to go home soon (00:56).
5. The boy recalls the friendly doctors and nurses supporting him physically and medically, giving him hope (00:51).
6. The scene transitions to the boy seeing his disfigured face (01:16). He expresses negative feelings of shock and sadness. However, his mother reassures him by telling him that he is still the same person and reminds him that they are there to help him (01:20).
7. The boy befriends a fellow patient who encourages him to take things one step at a time. This motivates the boy, who now feels hopeful about his chances of survival (01:44).
8. Upon returning home, he enjoys family time. He is shown doing normal activities such as washing dishes with his family and describes how the care from his family was the best medicine (02:08).
9. The boy's mother comforts him and tucks him into bed, reminding him that everything will be alright, and he is still the same person (02:10). The boy describes how he longs to see his friend and is depicted playing with friends.
10. While he is at home recovering, the boy speaks about how the teacher sent homework to him, and his friend came to visit him (02:43).
11. He resumes school, facing stares from his classmates, but also finding support. A "Welcome Back" sign is hung up in the classroom, and his friend encourages him outside on the playground to ignore what the other children are saying. He describes



knowing he had a place at school and knowing things would be okay because he has support from his friends (03:03).

12. The boy plays soccer with friends and expresses hope for the future, discussing how he has dreams and goals as the screen zooms in on a soccer ball (03:17).
13. The video clip concludes by transitioning to the present day, where the boy is now a grown-up soccer coach. He credits his personal growth to the injury he suffered, explaining how the support he received from his family, friends, and teachers helped him to overcome the burn injury. He states that this experience shaped him into the person he is today and made him even stronger than before. Thus, the video aims to inspire hope and activate support for burn survivors and their communities.

### **3.3 Research Setting**

Given that the highest concentration of child burn survivors in South Africa is predominantly centred in lower-income neighbourhoods, this criterion was used to select schools. The setting for this research was Johannesburg, South Africa, with a specific emphasis on schools in low-income areas. The selection criteria for these schools were based on the high concentration of burn injuries in these economically disadvantaged areas. In South Africa, quintiles are used to group schools (van Dyk & White, 2019). Quintile 1 denotes the poorest schools with Quintile 5 denoting the richest (National Norms and Standards for School Funding, 2004; van Dyk & White, 2019). The poverty score of a school, which considers issues such as the local community's literacy rate based on census data and the income dependency ratio (or unemployment rate), determines the school's quintile ranking.

For this research, four schools that were in the ranges of Quintiles 1, 2 and 3 were purposively selected. These schools were all located in the Johannesburg metropolitan area,

providing a comprehensive representation of the urban context. There were four schools in total, with the first one located in Austinview (Quintile 2). This school was situated adjacent to Ivory Park township, which is on the outskirts of Tembisa. The second school (Quintile 2) was located in Kaalfontein, to the east of Midrand. The third school (Quintile 2) was situated in the bustling, urban area of Marshalltown, which is known for its low-income population. Lastly, the fourth school (Quintile 3) was situated in Braamfontein. This selection of schools within the Johannesburg metropolitan area ensures that the research captures a diverse range of low-income, educational settings, offering valuable insights into the experiences of teachers working with child burn survivors.

First, institutional approval was obtained from the Gauteng Department of Education, after which, schools were selected. Once the schools were selected, permission was obtained from the relevant school principals, and eight teachers from each school voluntarily participated in the study. The teachers chosen had experience working with children who might be vulnerable to burn injuries. Data collection involved four focus groups, each with eight teachers from each school, with data collection ending once theoretical saturation was achieved (Fusch & Ness, 2015; Jupp, 2006).

### **3.4 Selection of Participants**

This study made use of non-probability, purposive sampling, therefore the participants were selected based on the inclusion criteria of being a low-income school (Merriam, 2009; Patton, 1990). Purposive sampling was chosen due to its ability to identify participants who met the predefined criteria, specifically teachers working in low-income schools within the Johannesburg area. However, it is important to acknowledge the inherent limitations associated with this non-random sampling form. The main disadvantage of purposive sampling is its'

vulnerability to bias, as sampling rests on the subjectivity of the researcher’s decision-making (Jupp, 2006; Patton, 1990). To minimise potential bias, efforts were made to maintain consistency between the research objectives and the criteria employed in selecting the purposive sample.

After identifying participating schools as outlined in the research setting section above, institutional approval from the Department of Education was obtained, and participant selection commenced. The researcher discussed the data collection with the principal, over the phone, of each school, arranging a time and date that would suit the teachers and the researcher. The principal then conveyed this information to the teachers who could volunteer to participate in the research.

Each selected school yielded eight volunteer participants, resulting in a total of 32 participants involved in this study. Among the participants, 18 were female, and 14 were male, encompassing a diverse range of teachers responsible for instructing various subjects across multiple grade levels, spanning from Grade R to Matric. Table 1 presents the demographic composition of the participants, the grades and subjects they teach. For the sake of anonymity, school names, and participant names were removed from the table.

### 3.4.1 Table 1 Demographics

	<i>Participant</i>	<i>Sex</i>	<i>Grade Taught</i>	<i>Subjects Taught</i>
<i>Focus Group 1</i>	A	Female	10, 11, 12	English, History
	B	Male	10,11,12	CAT, Accounting

*Focus Group 2*

C	Female	6, 10, 11, 12	Maths, Biological Sciences and Economics
D	Female	4, 7, 8, 9	Life Orientation, Creative Arts
E	Male	10, 11, 12	English, Religious Studies
F	Male	9,10,11,12	Maths and Math literacy
G	Female	3	English, Maths, Zulu, Life Sciences
H	Female	4, 7, 8, 9	Natural Sciences and Economic Management Sciences
I	Female	4,5,6	Life Skills and Social Sciences
J	Female	1,2,3,4	Afrikaans
K	Female	R	Language, Mathematics and Life Skills
L	Female	R	Language, Mathematics and Life Skills
M	Male	4,5,6	Maths, Social Sciences and Natural Sciences
O	Female	R	Language, Mathematics and Life Skills
P	Male	6,7	Maths, Economic Management Sciences, and Life Orientation
Q	Male	10, 11	Geography, English, Physical Sciences
R	Male	10,11	CAT and Business Studies
S	Male	7, 8, 9	Maths

*Focus Group 3*

*Focus Group 4*

T	Female	10, 11	Tourism, Life Orientation, Maths Literacy
U	Male	10, 11	IsiZulu, Life Orientation and Religion
V	Female	7, 8, 9	Technology, Social Sciences
W	Female	7, 8, 9	Natural Sciences and Physical Sciences
X	Female	7, 8, 9	Economic Management Sciences, English Home language
Y	Female	2	English, Social Sciences
Z	Male	7	Maths, Maths Literacy
1A	Female	4	Maths, Zulu, Life Sciences
2B	Male	8, 9, 10, 11	Natural Sciences, Life Orientation
3C	Female	10,11,12	English, Religious Studies
4D	Female	6	English, Zulu
5E	Male	7, 10, 11, 12	Maths, Life Sciences, Religion
6F	Male	7, 8	Life Orientation, Creative Arts

### 3.5 Data Collection Methods

As the research centred around the utility of the burn intervention in schools, teachers were chosen as participants. Focus groups were used to collect data to obtain a rich diversity of perceptions from individuals within the shared context of schooling (Krueger & Casey, 2015). A focus group is a method for collecting qualitative data by means of a group interview

(Kitzinger, 1995). Moreover, in the context of this study, focus groups involved interviews with small groups (eight participants) to engage teachers with open-ended questions that aimed to elicit thoughts and perceptions regarding the intervention for children burn survivors. This choice stemmed from several advantages that focus groups have over individual interviews.

Focus groups were ideal for eliciting diverse and comprehensive data through participant interaction, allowing teachers to share their diverse perspectives and experiences about the burn recovery intervention (Plummer, 2017). Focus groups allowed for the collection of rich and diverse data by enabling interaction among participants. This group dynamic stimulated more extensive and in-depth conversations than one might achieve in a one-on-one conversation (Guest et al., 2017; Krueger & Casey, 2015).

The focus group discussions prompted participants to identify common themes and shared insights, making them especially useful for exploratory research, hypothesis generation, and gaining a better understanding of teacher perceptions (Guest et al., 2017; Krueger & Casey, 2015). Focus groups also saved time and money by allowing multiple participants to participate in a single session.

Furthermore, using focus groups promoted an open and collaborative environment, which reduced researcher bias and allowed participants to freely express themselves (Fusch & Ness, 2015; Krueger & Casey, 2015). The study hosted four focus groups (one per school), each consisting of eight teacher participants to achieve data saturation, indicating that no new themes emerged from the datasets (Fusch & Ness, 2015).

Overall, the research design for this study involved using focus groups to gather data from teachers in low-income school communities in Johannesburg. The video was used to stimulate discussion, it was shown to participants at the start of the focus group. The focus group sessions were guided by a semi-structured focus group guide (Appendix F) allowing for

flexibility in exploring teachers' perceptions of the resilience-oriented psychological burn recovery intervention. The focus group guide helped to ensure the standardisation of questions. The focus group discussions took place in private classrooms or meeting rooms, creating a permissive and non-threatening environment where teachers could openly respond to questions. The researcher adopted a less directive role, encouraging participants to openly share their perceptions (Fusch & Ness, 2015; Krueger & Casey, 2015). Only the participants and the researcher were present in the focus groups.

Thus, the researcher aimed to encourage all comments, positive or negative, whilst being careful and aware of personal bias and judgements regarding the participants' responses (Kitzinger, 1995; Krueger & Casey, 2015). In this sense, the researcher asked questions, listened, and facilitated the conversation to ensure that every participant had a chance to share their experiences.

Given the manageable sample size of eight teachers per group, each participant could contribute their insights, ensuring a diverse range of perceptions of the burn intervention. These focus groups included a diverse sample of teachers, allowing for the identification of trends and patterns in their perceptions. The sessions were held in English and lasted 60 minutes. Importantly, because the participants were teachers, language proficiency in English was not a barrier to participation as all teachers were proficient.

### ***3.5.1 Data Collection Procedure***

The procedure for data collection in this research involved several steps. Firstly, the researcher obtained ethical clearance (from the BMREC) and institutional approval from the Gauteng Department of Education before approaching potential participants. Once approval was obtained, potential schools were approached, and teachers were asked to volunteer and participate in focus group discussions. Before the focus group sessions, the researcher

explained the purpose of the research and the objectives of the study to the participants and then written informed consent was obtained from each participant. Each focus group was 60 minutes in length and both the researcher and participants organised a suitable time and place to conduct the focus group session. Further, focus groups were conducted in English and they were audio recorded. Audio recording was used to capture the discussions and to ensure the accuracy of the data collected. Field notes were taken during and after the focus groups, and transcripts were reviewed by the supervisor and researcher to determine when data saturation had been reached and to identify any improvements that could be made in the next focus group.

During the focus group discussions, the researcher encouraged participants to openly discuss their experiences of the resilience-oriented psychological intervention on children who had survived a burn-related injury. The discussion was guided by a set of open-ended questions that aimed to explore the participants' understanding of the intervention, their perceived utility of it, and their perceptions of whether they picked up messages of resilience from the video. Moreover, all the participants consented to being audio recorded (Barrett & Twycross, 2018).

The focus group sessions were repeated until data saturation was achieved, which was when no new themes of insights emerged from the data. After the raw data was collected, the researcher transcribed the audio recordings verbatim and analysed the dataset using thematic analysis to identify themes that emerged from the discussions (Braun & Clarke, 2006; Fusch & Ness, 2015).

### **3.6 Data Analysis**

After the focus groups, the anonymised transcripts were analysed through thematic analysis (TA) (Braun & Clarke, 2006). Thematic analysis allowed for data to be analysed in a way that highlighted patterns and themes relating to how the teacher perceived the utility of the burn resilience intervention. Themes were then generated on the basis of the teachers'



responses to the utility of the resilience-oriented intervention for child burn victims. The analysis is also informed by Bronfenbrenner's ecological theory, which emphasises the importance of examining how environmental factors such as family, school, and community can influence an individual's development (Bronfenbrenner, 2005). The analysis focused, therefore, on both semantic themes (surface-level themes) while extending the research to the latent (underlying or implicit) themes that emerged (Braun & Clarke, 2006).

A six-phased process for thematic analysis was followed in this study. These phases included familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. The process which will be outlined in further detail below involved multiple readings of the data, coding, and theme development (Braun & Clarke, 2006; Fusch & Ness, 2015). Below is a detailed description of the process of data analysis in each phase that was followed when conducting thematic analysis on the data for this study:

### **Phase 1**

The researcher immersed themselves in the data by becoming familiar with the content and reading the transcripts of the focus groups, numerous times.

### **Phase 2**

The researcher then identified initial codes based on categories of key ideas and recurring themes around burns and resilience while maintaining focus on the phenomena being researched. Analysing each transcript individually allows the researcher to be open to new themes from each participant rather than being driven by themes from previous interviews (Wilson et al., 2014). While the researcher was the sole data coder, transcripts and codes were forwarded and thoroughly discussed with the supervisor as a quality control measure.

### **Phase 3**

The researcher then searched for themes by considering how the different codes may fit together to form larger themes. To improve their quality, the themes were derived from the data and extensively discussed in supervision..

### **Phase 4**

Once the process generating themes was completed for each transcript, a list of the emergent themes was collated and connections, commonalities, and patterns were identified and grouped accordingly.

### **Phase 5**

The researcher then reviewed the emergent themes, looking at whether the theme was relevant to the research question and ensuring that no ambiguity existed among the themes. Following this process, the researcher then defined the themes; looking at how the theme related to the research. Throughout this process, a thematic map was generated wherein during the process, themes were continuously refined and reiterated.

### **Phase 6**

At this point, the themes were identified and the researcher summarised the themes in order to identify the underlying assumptions and conceptions. The findings from the analysis were then interpreted and a report was written according to teacher participants' responses to the resilience-orientated psychological intervention. Hence, after the above analysis was conducted by the researcher, alongside the supervisor, the results were written up and presented in Chapter Four. Quotes from the participants (identified by their participant code and group) were included in the findings to support the identified themes. During supervision, it was

ensured that the data presented, and the findings were consistent, that major themes were presented in the findings, and that diverse cases were discussed as nuances. Implications for practice and future research were highlighted in the final chapter.

### **3.7 Trustworthiness of the Research**

According to Lincoln and Guba (1985), the credibility, transferability, dependability, and confirmability of the research are all components of trustworthiness. A key component of research that makes it reliable is firstly, credibility, which considers how closely the results correspond to reality (Denzin & Lincoln, 2011; Shenton, 2004). One of the provisions to ensure that credibility is established was the use of tactics to help ensure honesty by the participants who contributed to the data.

Participants were encouraged to be honest from the start of each session, in line with what Shenton (2004) recommended, and the researcher emphasized their independence status. The participants were encouraged to speak honestly about their experiences and ideas without fear of losing credibility in their organisation (Shenton, 2004). To reiterate credibility, participants were also informed of their right to withdraw from the study at any point in time without suffering any consequences thereof.

#### ***3.7.1 Transferability, dependability, credibility, and confirmability***

Ensuring the trustworthiness of qualitative research, this study adhered to the principles of dependability, credibility, transferability and confirmability (Lincoln & Guba, 1985). Transferability refers to the utility of the findings across varying contexts and whether these findings can inform meaningful action (Laher et al., 2019; Statistics Solutions, 2020). In the context of this study, the research informed the application of resilience interventions for burn

injuries among children in South African schools. This study also considered dependability and confirmability to be two important aspects of research quality.

Dependability refers to the consistency, stability, and reproducibility of the research findings over time and across different contexts. This involved using appropriate data collection and analysis techniques and thick descriptions, which established clear criteria and guidance on the data collection and data analysis processes and interpretation of findings (Plummer, 2017). This study aimed to increase dependability by ensuring that the method used to derive its conclusions were explicit and reproducible. This endeavour was documented by a research trail (which was shared with the researcher's supervisor) that concisely outlined the analytical procedure (Laher et al., 2019).

Credibility, which is equivalent to internal validity, was maintained by creating an environment in focus groups where participants would feel comfortable to freely express their views (Plummer, 2017). This would allow the findings to truly capture the essence of their ideas (Plummer, 2017). Confirmability suggests that impartial readers of the research would come to similar conclusions based on the evidence presented; this refers to the accuracy of the study's findings and the degree to which these findings are consistent with the experiences and perspectives of the research participants (Laher et al., 2019).

To enhance confirmability, efforts were made to minimize research bias during data interpretation (Laher et al., 2019). The researcher documented their decision-making process and measures were taken to ensure that the research was impartial. This included providing detailed descriptions of the research context, participants, data collection, and analysis techniques. Thus, making the results a true reflection of the participants' experiences (Plummer, 2017).

Therefore, the research design incorporated various strategies to enhance the trustworthiness of the focus group data. The researcher maintained dependability throughout the research trail and ensured credibility by ensuring that a conducive environment prevails for participants to express themselves (Plummer, 2017). By minimising researcher bias, the researcher strove for confirmability. Although transferability was limited by the study's sampling and contextual nature, the researcher ensured that the findings were trustworthy and provided meaningful insights into the research question it sought to answer (Laher et al., 2019; Statistics Solutions, 2020). Overall, this research strives towards enhancing trustworthiness by ensuring the findings are well-founded and meaningful considering the existing theory (Lincoln & Guba, 1985).

### **3.8 Reflexivity**

While some may view the researcher purely as an analytic engine, one cannot take the approach of the “naïve realist” assuming the researcher will seamlessly take on the neutral voice of the research participants (Braun & Clarke, 2006; Pillow, 2010). Qualitative research therefore requires that I, as a researcher, am reflective throughout the research process to accurately provide context and understanding to the readers in such a way that limits researcher bias and subjectivity (Shenton, 2004). Thus, throughout this research, I engaged in continuous reflexivity to be cognisant of how I am part of the contextualisation process (Attia & Edge, 2017). Additionally, it was essential for me to reflect on the effect of the research on myself, the retrospective reflexivity described by Attia and Edge (2017).

I began by scrutinising my own identity and positionality. As a middle-class, female master's student of “Indian”<sup>1</sup> descent. I recognised I was not from a lower-income community

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<sup>1</sup> Although there is use of racial terminology, race in this research is conceptualised and problematised as a social construction.

myself; my experiences were qualitatively different from those of the participants. I took responsibility of understanding how my background might influence my perceptions and interactions with the participants.

Acknowledging the power dynamic inherent in the researcher-participant relationship was vital. Being in a position of power as the researcher, I was aware of the power dynamics between myself and the participants, especially given the emphasis on schools in low-income areas. During one focus group, there was an instance where a participant subtly sought permission to express a sensitive opinion they had on the video. The participant described the video as having an unfair portrayal of Black communities in South Africa. I noticed that the participant felt awkward about bringing up a racial issue for fear of perhaps offending me, as the researcher. To mitigate the power imbalances and enhance richer conversation, I approached the participants in a respectful, casual manner. I assured the participants that they were the experts in the research, highlighting that I was there to listen and learn from their perspectives. I did my best to remain sensitive throughout the research process, encouraging participants to share honestly about the video, and reflecting their thoughts back to them. I hoped that this, to some degree would alleviate the power dynamics of researcher-participant.

During data collection, we were often cramped in small classrooms or makeshift structures. It was evident that the schools were in dire need of resources. The teachers expressed the heavy burden they felt as teachers, in South Africa, voicing feelings of being overburdened and overwhelmed. This evoked a deep sense of compassion in me. At times, I found myself yearning to do more, particularly when teachers commented on the pressing need for a psychologist in the schools.

While I am not currently qualified as a psychologist, I connected with the participants and used this connection to strengthen rapport and deepen conversation. This allowed me to

approach the participants with the keenness to understand, I was able to listen empathetically to the participants' lived experiences as teachers and to hope to use my position as a researcher to draw attention to the incredible work that the teachers were doing.

Throughout the research, I sought support from my supervisor and engaged in self-reflection. For example, my lack of experience with research and conducting focus groups prompted me to conduct three practice focus groups. Each session was reviewed by my supervisor, allowing me to refine my skills and reduce bias. Before each focus group, I familiarised myself with the interview schedule so that I was calm and confident during the focus groups.

Transparency was essential to this research. The research process was meticulously documented, down to the last step and the study was made available for review during supervision sessions (Shenton, 2004). Moreover, regular debriefs with the supervisor took place to ensure biases were minimised and to refine the interpretations of results (Shenton, 2004). Therefore, measures of reflexivity were applied to ensure the trustworthiness of the findings (Attia & Edge, 2017; Shenton, 2004).

### **3.9 Ethical Considerations**

Throughout the research process, it is considered essential that the researcher upholds an awareness of ethical conduct in all matters pertaining to the study. Hence, this study prioritised maintaining ethical practices while collecting and analysing data, with a sensitivity and awareness towards the participants' well-being (Bricklin, 2001). Therefore, as the researcher proceeded through this research study, the overarching ethical principles of autonomy, nonmaleficence, beneficence, fidelity, and justice were upheld while also addressing concerns surrounding (Bricklin, 2001; Morrow, B., Worku & Mathibe-Neke, 2019).

### **3.9.1 Autonomy**

The concept of autonomy relates to the participants' right to self-direction. Additionally, it respects that individuals have the right to make their own informed decisions as to whether they want to participate in a research study (Beauchamp & Childress, 1979). Participation was fully voluntary, and participants gave their informed consent before participating. Therefore, during the process of data collection it was essential that participants did not feel coerced into participating. Moreover, participants were informed that there would be no benefits or consequences to participation in the study.

To ensure autonomy, participants were reminded that they were free to withdraw from the study at any point in time, with no ramifications to themselves- even after having signed the informed consent form. Furthermore, the researcher made it clear before obtaining informed consent in terms of what participation would entail, including the nature and purpose of the research (HPCSA, 2004). Thus, the researcher gained informed written consent from each participant before the focus groups were scheduled. In addition to this, it was considered vital that each participant also consent to being audio-recorded in the focus groups. After each session, the researcher also offered the participants the opportunity to access information about the nature, results, and the conclusions of the research. Participants were also offered the opportunity to debrief if they felt it was necessary.

### **3.9.2 Non-maleficence and beneficence**

Non-maleficence and beneficence are important ethical principles that should be considered in any research study, including qualitative research. Non-maleficence refers to the obligation to do no harm to participants in the study, while beneficence refers to the obligation to promote the well-being of participants while minimising potential harm (HPCSA, 2004b, 2007; Jones, 2003). To ensure that the ethical principles of non-maleficence and beneficence



were sustained over the course of this research, the researcher demonstrated sensitivity during the process of data collection and offered debriefings after the focus groups (Morrow et al., 2019). Talking about burn injuries was regarded to have the potential to cause discomfort among participants, even though the focus groups were discussing an animated video that focused on psychoeducation and resilience in burn patients.

Further, after each focus group, the researcher consulted with her supervisors and the participants to assess whether assistance would be required. It was considered that should any participant experience emotional distress, a referral would be made to a mental health care facility by one of the three supervisors who had access to different resource networks that could provide mental health services. Notably, the research was conducted in a way that promoted fidelity and justice by fostering a relationship of fairness and trust in which the welfare of the participant would be prioritised in every decision and stage of the study (Beauchamp & Childress, 1979; Bricklin, 2001).

### ***3.9.3 Confidentiality and Anonymity***

Confidentiality and anonymity are important considerations in qualitative research to protect the privacy of the participants in the study whilst ensuring their responses are not linked to their identity (HPCSA, 2008). Data gathered throughout the research procedure and participants' personal information were protected under confidentiality. This meant that only members of the research team who had been granted access to the data would have access to it. In addition, raw data was also stored in a password-protected laptop during the duration of the study. Further, participants' names and other identifying details did not appear in publications or any write-ups of the research study. To ensure that their responses could not be associated with them, participants' identities were protected through anonymity. This was accomplished by using participant codes instead of participants' real names. The final

transcription and report were free of any personal information that could be used to identify participants. Participants were also encouraged to ensure that any information shared during the focus group would remain confidential. All the shared information was kept private, and the audio recordings of the interview were stored in a password-protected encrypted folder on the researcher's laptop. Only the researcher and supervisor have access to the password encrypted laptop.

Furthermore, all the audio recordings and transcripts will be disposed of after two years. However, it was crucial that participants were made aware that confidentiality would be limited due to the nature of focus groups and that other members would be able to identify them. Therefore, to prevent any potential harm, it was discussed that participants agree to not disclose any information about their fellow participants outside of the research context. This was included in the informed consent form and confidentiality-binding agreement that they signed (Appendix B and C). Moreover, it was important that the researcher explained the limitations of confidentiality regarding focus groups, especially since it may change their willingness to participate in the research (HPCSA, 2004).

### **3.10 Ethical Approval**

To ensure that an ethical process was followed, ethical approval was sought from the University of Western Cape's ethics committee, the Faculty of CHS of Higher degrees, and the Biomedical Research Ethics Committee (BMREC Reference Number: BM21/6/24) (see appendix G). Once ethical clearance was obtained the researcher approached the Gauteng Department of Education for ethical approval. When ethical approval was granted (see appendix H), the researcher approached the identified schools. Upon ethical clearance and institutional approval, participants were then approached with a consent form. The consent form explicitly explained the role of participation in the study. Furthermore, Professor van

Niekerk gave his permission for the use of the video-clip that was to be used to stimulate discussion as part of the data collection process for this research.



## CHAPTER 4: FINDINGS AND DISCUSSION

The study aimed to explore participants’ perceptions after watching the resilience-oriented intervention and secondly, to explore how teachers considered messages of resilience being drawn from the video. In this chapter, the researcher reports the findings and discussions of the research study conducted on the perceptions of teacher-participants who watched a resilience-oriented intervention animation. Instead of dividing the findings into two parts, the findings and discussion were merged to create a succinct and captivating presentation. The findings for each theme are presented first, followed by their corresponding discussions. This chapter includes the themes that surfaced from the data collected during four focus group discussions.

Table 4.1 below provides a summary of the information presented in this chapter, highlighting the major themes and subthemes that emerged from the focus groups.

**4.1: Table 2 Themes and Subthemes**

Themes	Subthemes	Keycodes
<b>1</b> Hope Matters the Most for Resilience: “The Light at The End of The Tunnel”		Bouncing back Intrinsic foundations Future focussed Manifestations of hope
<b>2</b> “We Can’t Do That All By Ourselves”:	1. The Role of Peers 2. The Role of Parents 3. The Role of Teachers	Teachers as a support system Parental involvement Peer Support

Resilience	Requires	4. Collaboration Matters	Multilevel support
Support			Collaboration among support systems
<b>3</b>	“Life After Trauma”:		Stigma hinders acceptance
Acceptance	Bolsters		Self-acceptance
Resilience			Validation

Source: Author’s analysis

#### **4.2 Theme 1: Hope Matters the Most for Resilience: “The Light at The End of The Tunnel”**

All the participants agreed that they felt the video purveyed a message that there was a “light at the end of the tunnel”. When asked what they thought was the most salient message being communicated through the video, all the participants described resilience in some way. Thus, they felt resilience was portrayed as the overarching and most important message. The participants strongly associated resilience with a message of hope in the video, even referring to hope and resilience interchangeably.

Participants discussed how the multimedia animation, through the story of the burn-injured boy, conveyed the message that all was not lost and that things would get better. They considered the video as portraying a message of using hope to give one a “*vision*” from which one can hold on when faced with adversity. Participants spoke about the various dimensions of hope. They described how hope urged the burn-injured child to have a future-oriented focus, to get through the child’s current adversities by looking at the bigger picture while also giving

one's perspective of the situation. Thus, they felt the video portrayed the message that hope matters the most for resilience.

*They are trying to tell us there is, I don't know if I can say it?... but there is life after such trauma. Don't lose hope... (others sound verbal agreement) (Participant X, Focus Group 3).*

*There is light at the end of the tunnel... what is it in that book? (silence) ah you guys don't know it (Participant V, Focus Group 3).*

*Initially, I think the victim had given up but when he received positive comments from the external people, it actually arose his fighting spirit, and instil[ed] hope and support for your children (Participant 2B, Focus Group 4).*

*But... all in all for me, the theme for this one is under any circumstances you have to focus on your future or your vision. It doesn't matter whether the downhills or what-what... but you have to focus. And if you can see your scar as a big scar, but there is other people who are having scars that are more terrible than yours, so don't look at your one as the most. (Participant V, Focus Group 3).*

*I think the video portrayed the version that instils hope, especially if we look at the people that were interacting with the victim. Everything they were saying was something that was going to bring hope and that despite the accident...you disable physically.... But you can still heal (Participant Z, Focus Group 4).*

Hope emerged as an undercurrent that nurtured psychosocial resilience. It was described as driving resilience by creating motivational incentives and giving children the determination to confront challenges. The participants described how the video depicted hope not just as the ability to withstand difficulties, but to emerge from them with a sense of resilience and self-assuredness. Verbatim quotes by Participants I, S and J qualify these ideas. Participant S highlights how hope is depicted in the video as the cornerstone for willingness and motivation, which drives resilience. Participant J encapsulates this perspective, attributing how hope has the transformative power to ignite self-confidence and give on aspirations.

*So, someone who's burned, and everyone might have teased him, being able to bounce back and still joke about it ... being able to defend yourself and still stand your ground... those are different forms of resilience (Participant I, Focus Group 2).*

*They must be willing, and they need motivation. (Participant S, Focus Group 3).*

*Yeah, that confidence, like what you mentioned earlier, you know, in the video he becomes a coach. That sense of, is he, you know, that you can also still do really wonderful things, or you can aim high... (Participant J, Focus Group 2).*

Most participants unanimously highlighted how the protagonist's motivation and willingness to hold on to hope were portrayed in the video. They recognised a strong correlation between hope and resilience, viewing hope as a cornerstone of psychosocial resilience that plays a vital role in one's emotional well-being and recovery process.

The discourse surrounding hope underscores its profound influence on the psychosocial recovery of burn-injured children. Whether regarded as an intrinsic trait, or an externally cultivated quality, hope emerged as a powerful force in shaping resilience. The participants' narratives collectively emphasized how the video depicted hope's capacity to transcend challenges. They spoke about how hope offered the burn-injured child a sense of purpose, determination, and confidence to navigate the complex recovery journey. They perceived hope to be a dynamic catalyst that empowered the burn survivor to envision a future beyond his scars and limitations.

This sentiment was most noticeable to participants who voiced their admiration for the protagonist's passion for soccer despite being burn-injured. They noted how this demonstrated the power of hope in action, as the child harnessed the power of hope to demonstrate determination and perseverance in the face of adversity. The teacher participants argued that this aspiration manifested through soccer, transcended play. Soccer became the vessel through which the child's hope and ambitions took a tangible form. Participants spoke about how soccer was the vehicle for hope. Hope, illustrated through soccer in the video, became an active force, propelling the burn-injured child towards resilience. Participants resonated with this message, giving personal examples of the power of hope in their own students.

*Because remember before he was burned...he was okay, things were normal. So now, when after he was burnt and then now, he lost confidence when he was in the hospital. But when he came back home, when he came back to school, when friends came back to him again now, he regained that confidence back... and he started playing with the others, playing soccer with the others until when he's grew up and he even coached the others. So, that confidence came back because when he was young, he was playing with*



*a ball outside, but he continued with that passion of playing soccer until he reached that stage of coaching the other kids (Participant M, Focus Group 2).*

*The burning desire from the kids...he's playing soccer you see? He's doing things... he's developing things. He had a belief that he was destined for something (Participant U, Focus Group 3).*

*Hey Mr\*\*\*\*, I'm not sure I heard it right, he ended up being a coach (Participant V, Focus Group 3).*

*So, it showed that nothing derailed from the goals that he wanted (sounds of agreement from group) (Participant U, Focus Group 3).*

Hence, several participants linked hope as helping the burn-injured child to stay determined in his soccer career. They alluded to how in the animation, sports helped the child to overcome the emotional challenges while giving him future goals. They also felt the portrayal of the burn-injured child becoming a soccer coach, sent a message to viewers that this could be a message of hope that encouraged resilience. The participants underscored how the child's dedication to soccer, from his early days of playing, to eventually coaching facilitated restoration of sense of self. Participants described how the continuity of this passion, seamlessly carried from childhood to mentorship, echoes hope's transformative power. In the child's journey from burn victim to a soccer player to coach, the perpetuity of hope's effect was underscored, how hope helped him overcome adversity.

The participants resoundingly affirmed that hope occupied a paramount position in the intricate web of resilience. In the findings, hope emerges as the linchpin that sustains the protagonist in the face of adversity. Participants described how soccer served as a vehicle of hope for the protagonist by which a sense of belief and resilience was instilled in him. Soccer gave him a passion for life, it gave him future aspirations to work towards (like becoming a coach) and was a significant part of the video. Thus, through the means of soccer as a vehicle of hope, participants agreed that resilience was well-portrayed in the video. In sum, the participant's narratives vividly spoke to the influence of hope, enlivened through the prism of soccer. Thus, participants spoke about hope and resilience interchangeably while focusing primarily on hope. It could be argued this speaks to the utility of the intervention as this was conveyed in the video itself.

These findings were found to be consistent with existing literature. In accordance with the literature this study found resilience to be a two-fold process involving using a child's internal and external resources to overcome hardships (Pienaar et al., 2011). Thus, Pienaar et al, emphasize how resilience hinges on the presence and cultivation of hope (Pienaar et al., 2011). It is hope that fuels the journey through adversity, the belief that better days lie ahead, and the confidence to persist through difficulty. This is in line with the findings that hope matters most in resilience, it is the foundation upon which resilience is built (Folco, 2023).

According to Barnum et al., hope was defined as a cognitive set of beliefs involving a person's abilities to achieve their goals and a sense of belief in themselves (2010). The importance accorded to hope for psychosocial recovery is well documented in the literature. Studies show hope predicted positive psychosocial adjustment for children who have experienced burn injuries (Barnum et al., 2010; van Niekerk et al., 2019). Literature found that

children who reported higher levels of hope may think in ways that generate and enact behaviours to solve problems (Barnum et al., 2010). In essence, a heightened sense of hope empowers children to engage in cognitions that not only generate effective problem-solving strategies but also propel them into action aimed at overcoming adversity (Barnum et al., 2010).

The literature also speaks to the psychological and social health benefits of children and adolescents participating in sports. Participation in sports can offer a child a healthy psychological escape and a sense of belonging while promoting one's overall mental health (Folco, 2023). However, it is essential to underscore that these benefits are fully realised when hope is the driving force behind these activities. Similarly, Ungar's perspective emphasizes the significance of external factors such as community resources, like sports, in promoting resilience among individuals who have experienced adversity (Ungar et al., 2005). These perspectives, along with the findings of the study emphasize how hope matters most for resilience. They spoke to the formidable power of hope portrayed in the video. How hope, once kindled, endured as a catalyst, compelling the burn survivor to strive towards his goals, rekindling his confidence, and ultimately inspiring psychosocial resilience.

#### **4.3 Theme 2: “We Can’t Do That All by Ourselves”: A Supportive Community Aids Resilience**

After watching the video, participants felt that the video conveyed the critical role of community and support in the psychosocial resilience of burn-injured children. They described this community as encompassing peers, teachers, family, and healthcare workers. Although healthcare workers were mentioned, they were not discussed in sufficient detail to qualify as a sub-theme. In essence, the discussions unveiled support's impact on resilience, recognising its complexities and challenges.

*Yah, I think, it might depend on the support structures that are in place at home and the neighbourhood. So, the community as a whole. If the community...doesn't have the support structures, the child is likely going to be permanently scarred emotionally. Although they will be healed but the emotional aspect will remain injured (Participant Z, Focus Group 4)*

*It's important that support from the community, in order for him to accept himself... because now you must check now. Remember, you're in hospital, you're coming back with scars, you don't know how they're going to treat you, they won't treat you the same as always. But what I like, he was also confident, self-confidence was there. (Participant U, Focus Group 4).*

*And I think it's saying that the sense of community is kind of what you were kind of relating to, to there's a that feeling of belonging (Participant R, Focus Group 3).*

The participants recognised the vital role played by peers, teachers, and parents as well as the broader community's response in creating and nurturing an inclusive environment. Participants consistently highlighted the crucial roles played by peers, teachers and parents. This exploration delves into how each of these stakeholders; teachers, peers and parents foster psychosocial resilience. Each support system will be addressed in ascending order of how participants.

### *Subtheme 1: The Role of Peers*

Teachers regarded peers as significant influencers but felt parents played a more vital role. While participants deemed parents as more significant than peers, as the participants were teachers themselves, the role of teachers was discussed in the most depth. Intriguingly, the discourse surrounding the role of teachers was particularly extensive, possibly due to participants' dual identities as both parents and teachers.

Participants noted that peers at school played a crucial role in the video's portrayal of support in the community. They felt that when the classmates and peers reached out and actively welcomed the burn-injured child, it fostered a sense of belonging and support. This peer support, combined with collaboration from teachers, family, and medical support, created an overwhelming sense of community that instilled in the child a capacity for hope and resilience.

*If you get hurt somehow you need support from all the people that you used to live with. The family, the doctors, the friends .... I saw the friend came with the bicycle and knocked on the house, and the mother opened the door. And the friends was helping the boy with his homework as well [sic] (Participant G, Focus Group 1).*

*Yes the school friend...so the boy did not feel left out because he had people that he could rely on... the family the friends that were helping him, the teacher that was sending the homework and the schoolwork at home. So the boy did not feel that bad and that... and that emotions to feel that I am no longer the same like I used to be (Participant K, Focus Group 2).*

*It shows a situation where a child is getting support from friends, from family, from teachers, and I think the video is also meant to show the importance of that support as well, saying what to do, how it helps. [sic] (Participant B, Focus Group 1).*

Thus, peers at school were identified as crucial contributors to the supportive community portrayed in the video. The participants recognised how the classmates actively welcomed the burn-injured child by providing assistance and including him in play. The participants felt the video aptly portrayed the positive impact of peer support on the emotional well-being and social integration of burn survivors. According to various studies, peers play a crucial role in providing support to burn survivors. For instance, Pan et al. (2018) have highlighted the importance of peers in helping burn-injured children reintegrate into school. Similarly, Arshad et al. (2015) have emphasized how interacting with peers during recreational activities can help counter social isolation and re-establish sources of resilience for burn survivors. Van Niekerk et al. (2020) have reiterated this idea by stating that an accepting school environment can have a positive impact on recovery, by normalizing social and peer interactions.

#### *Subtheme 2: The Role of Parents*

The notion of parental presence emerged as a guiding principle, where participants noted how the parent in the video was seen accompanying their child to medical appointments, providing educational reinforcement, and reaching out emotionally to the child. Participants spoke about the heavier role parents played in supporting a burn-injured child. The combination of maternal comfort and doctor-endorsed resilience emerged as a potent blend that facilitated the child's reintegration with peers.

Hence, within the context of psychosocial support for children, a fundamental factor that consistently emerged was the critical role of parental involvement. Participants emphasized that parents play a crucial role not only in physical care but also in promoting the emotional well-being of their children. Teachers' perceptions showed a strong consensus that parental support is essential in fostering resilience in children who have suffered burns.

Thus, among the multiple support systems parents, were considered the most important. The participants underscored how the video effectively portrayed parental involvement as instrumental in offering the necessary emotional support during the burn injury experience. This support was critical as a driving force that aided the child's healing and recovery process. Thus, the participants unequivocally highlighted the paramount importance of parental engagement, both physically and emotionally.

During the various focus groups, Participants C and R highlighted the crucial role of parents in meeting not just the medical and physical requirements of their children, but also providing emotional support. Additionally, Participant J emphasized the importance of a multi-layered support system, citing an example of how a child was able to reintegrate with peers through the combined efforts of the mother and the doctor, who provided comfort and encouragement respectively. Participant C also stressed the significance of parents in ensuring the child's daily medical, physical, and psychological needs are met.

*The mom comforting him...and also the doctors saying “you will recover you will bounce back and you will do everything” ... and he even forgot that he has the scars and he played with children like he did before (Participant J, Focus Group 2).*

*Yeah, and I think that's a very important point, is the parents need to be involved. They need to be taking the child to the doctor, they need to support the child physically and emotionally. So in order to help that child, everyone should be involved (Participant C, Focus Group 1).*

*I think this is what happened to the boy in the...because the mother kept telling him, you are just like everyone else, you are fine. So that boosted his confidence. That's why at the end he also was not even scared or shy to become a coach. I think he loved the hand of support that he gave him that confidence. (Participant R, Focus Group 3).*

Importantly, the participant's perspectives resonated harmoniously with existing research that elucidated the pivotal role of parental support in fostering psychological adjustment among children (Barlow et al., 2011; Van Niekerk et al., 2020). Participants highlighted the uniquely multifaceted nature of this support encompassing physical care and emotional support. Other participants echoed these sentiments, many giving examples from their personal experiences of how when children do not have parental support, the child struggles to cope emotionally in school.

Participants' insights combined to depict a fundamental notion: Parents assume an integral role not merely in addressing the physical needs of the burn-injured child, but also in nurturing their psychological resilience. Thus, parental involvement was seen as crucial in terms of the support system children required. The data reveals how parents support their children physically and emotionally, fostering a sense of self-esteem and sense of acceptance.



The multifaceted nature of this support, encompassing both physical care and psychological support aligns with previous research that underscores the significance of parental involvement in facilitating the healing process (Barlow et al., 2011; Van Niekerk et al., 2020). Thus, the participant's collective voices resound as a testament to the enduring impact of parental involvement, with the power to shape a child's trajectory towards recovery and resilience.

### *Subtheme 3: The Role of Teachers*

Although participants mentioned that amongst all the support systems, they felt parents were the most important, they also spoke in depth about the role of teachers. Among the distinct elements, the participants overwhelmingly emphasized the profound and specific contributions made by teachers – an emphasis that can be partly attributed to the participants themselves being educators.

The participants in the research study recognised the significant role that teachers play in bolstering a child's resilience and fostering a sense of community. It became evident from their comments that the role of teachers was deeply ingrained in their understanding of resilience, as reflected in the video. The participants described how the teacher, in the animation, was instrumental in supporting the child's psychosocial well-being, both emotionally and academically. Participants spoke of how the teacher in the video created a supportive environment and helped the child re-integrate into the school system.

Participants overwhelmingly felt the teacher, in the video, emerged as a critical role-player, creating an environment that was both supportive and conducive to reintegration into the school system. The practical manifestations of this support were vividly outlined, with

examples of the teacher, in the animation, sending homework to the child's home, ensuring continuity of education despite physical limitations. This observation highlighted the commitment of teachers to ensuring the child could continue his education despite his physical injuries. Many participants spoke to how the teacher in the video sent homework home. This act, for the participants, showcased the teacher's commitment to the child's well-being and highlighted the value of maintaining a sense of continuity and normalcy in the child's education.

Participants described how teachers played an important role in creating an inclusive atmosphere at school. This extended beyond academics, as they spoke to how teachers become champions of confidence, and role models instrumental in dismantling barriers that arise from physical scars. Participants describe that the narrative of acceptance and support that emerged within the video, in no small part, was a testament to the teachers' efforts in shaping a nurturing environment. Participants spoke to how the teacher practically created a protective, safe environment for the child to return to. They implied that the teacher had prepared the children with the "welcome sign" and that the child felt welcome at school due to the efforts of the teacher.

*When you look at the little one at one point he was afraid to be seen by his classmates and the outside world. He was more confined in the house. He only has one friend who comes to the house and gives him the homework that was given to that friend. Now you see the role that the teacher played... the teacher is the one that boosted the confidence of the victim. Just imagine we've got 2000 kids here and we should just like to condition them and accepted that... so and so is going to be joining you. They've got anxiety and they're their own pictures of how his injury looks like. What happened to his face could*

*be worse but if you have 1300 people accepting your new condition I think it was because of the support of the teacher, it was hundred percent the efforts of the teacher...well done to the teacher [sic] (Participant Z, Focus Group 4).*

*Yes the school friend...so the boy did not feel left out because he had people that he could rely on... the family the friends that were helping him, the teacher that was sending the homework and the schoolwork at home. So the boy did not feel that bad and that... and that emotions to feel that I am no longer the same like I used to be (Participant K, Focus Group 2).*

*You know when such things happened like initially what I said was that teachers spend more hours with these children more than parents... school is the safe place for a lot of children school is the place where they get a sense of normalcy where they have structure [sic] (Participant A, Focus Group 1).*

*You know what I noticed with the kids? Uh... like uh, as teachers come on the paths of learners. They see us as their role models, they believe what we say. It's important for us as teachers to be encouraging them. To look at our learners, how they behave, it depends on the situation with the learner, because you're, like the one who was injured, it was a physical scar so you could see it. But, if still there is emotional damage, so it's important to encourage them in terms of getting that self-esteem you know, ya (Participant S, Focus Group 3).*

Although participants mentioned that parents played the most important role in supporting resilience in a burn-injured child, they brought up how there were gaps existing in

reality. They described how ideally, the parents and teachers would work together collaboratively. However, they brought up that in reality there were inherent complexities within the parent-educator relationship, where the collaborative relationship does not function as seamlessly as portrayed in the video.

This acknowledgement points to the complex interplay of roles and responsibilities within a child's support system. Participants spoke of how often there is a lack of parental involvement. Thus, forcing teachers to step in and take on more parental roles. Participants overwhelmingly spoke about taking a larger burden in childcare as opposed to what was depicted in the video. Additionally, the participants emphasized their personal experiences of supporting students through various emotional challenges.

Participants highlighted the multifaceted nature of the teacher's role. They voiced how teachers often take on additional responsibilities such as providing emotional support and even acting as parental figures and role models. In low-income communities like Austinview, Kaalfontein and Johannesburg CBD where the focus groups took place, teachers on multiple occasions commented that they spent more hours with children than parents did. This recognition underscored the extra burden that teachers carry and the significant impact they have on learners' lives. This level of understanding and care created a safe space for the child to express themselves and discuss their feelings which were crucial in improving resilience.

*Okay I mean If I were to go back to the video I would say there are many aspects that would one would say maybe change this and that. But I would say it reflects what really happens in our society, because if you look at the relationship with that child, the burned child, myself as an educator and the parent. We normally say it's a triad...but*

*at one point you will find that the science does not work, you will find that it's more biased towards me as the educator. Fine I think everyone in the video played their role where one would say maybe this could've done this way but unfortunately that's the way things are. We are all involved in the upbringing of that learner, there are things that could be changed [sic] (Participant Z, Focus Group 4).*

*You know when such things happened like initially what I said was that teachers spend more hours with these children more than parents because parents go to bed, they come back by 7 they cook, they eat, they sleep ... teachers normally have more time with these children you might not get time to go and attend to the child but as soon as the child is in the class, you'll be able to support the child and I think it's, the feelings that they're experiencing that are important, school is the safe place for a lot of children school is the place where they get a sense of normalcy where they have structure, they have responsible adults. Sometimes their parents can't be that. Sometimes not by their own fault, their parents are working very hard. So I think even just now you say, sure, but teachers can't be that. I think there's a sense that it's hard [sic] (Participant A, Focus Group 1).*

*We are teachers, we are nurses, we will be mothers, we will be caregivers. Because it happens there, but it comes back to us here. So also in that video, the boy was injured at home, I think somewhere... mara...now he was scared to go to school because of this scar. Now as a teacher, you are the one who is supposed to remember the situation because others will be laughing, laughing, laughing, so you are the one who is supposed to tell them, "no, it's okay, it happens", and the person has not changed. He*

*was still the same Sipo who was Sipo before he was burned. So we do play a big role [sic] (Participant J, Focus Group 2).*

*Just to add on to what he said in addition to this profession of ours you know, yes it is still a profession yes but and the end of the day it becomes a calling because you find that you are multi-tasking, yes we arrive with pleasure from the good that we give little ones... but at the end of the day you know what I am saying [sic] (Participant 6F, Focus Group 4).*

It is evident that participants resonated with the animation in how they shared personal experiences of supporting their students through various emotional challenges. They discussed how teachers take on different roles, including mothers, caregivers, therapists and social workers for their learners. The participants also brought up their personal experiences of how, in low-income communities, teachers often become the first point of contact for children when they experience trauma. As one participant remarked a teacher “*might be the first one a child tells or talks to*” (Participant F, Focus Group 1). This highlighted the powerful nature of the relationship between teachers and learners, the role teachers play in providing a safe and supportive space where children can trust them to share their experiences.

Therefore, it was found that after watching the intervention, participants felt it portrayed a message of how teachers play a significant role within the larger sense of community. Participants recognised the teacher in the video as being instrumental in building students' confidence and resilience from a young age, they spoke about fostering a sense of belonging and encouraging children to stand up for themselves. Teachers felt that this was an important aspect of the resilience-oriented intervention. They argued that although it was not outwardly

portrayed in the video, the message was alluded to in many ways. The participants, after watching the video, described the ways the role of teachers was portrayed within the multimedia intervention and spoke about their own personal experiences with learners.

This is consistent with research, that shows teachers play a central role in maintaining a safe and stable, protective environment for children (Wilson et al., 2014). Similarly, research shows sometimes teachers spend more time with children than their parents, offering emotional support and guidance (Fredriksen & Rhodes, 2004). The participants recognised the practical, emotional, and supportive aspects of the teacher's role, highlighting the additional burden teachers often carry.

The finding, that teachers play a significant role in the sense of community, was consistent with the research. Studies revealed how teachers were instrumental in instilling resilience in their learners, empowering them to overcome challenges and navigate social interactions (Wilson et al., 2014). Teachers are seen as important figures who provide encouragement, and guidance and facilitate a safe space for learners to navigate the challenges they face (Rimmer et al., 2007; Van Niekerk et al., 2020; Willis & Nagel, 2015). The participants' experiences and insights underscored the significant impact that teachers can have on students' lives, particularly in situations where collaboration and support from other sources may be lacking.

Teachers' commitment to nurturing student's well-being extended beyond the classroom with the data highlighting that teachers often intervened in situations where parents were not adequately supportive or aware of their child's experiences (Arshad et al., 2015; Fredriksen & Rhodes, 2004; Van Niekerk et al., 2020). This was evident in Fredriksen and

Rhodes (2004) who describe how in some contexts, teachers spend more time with children than their parents, offering emotional support and guidance. Therefore, participants' perceptions align with research-based insights, emphasizing the pivotal role teachers play in creating a supportive environment for resilience development while fostering a sense of community for burn-injured children (Willis & Nagel, 2015).

#### *Subtheme 4: Collaboration matters*

While the participants' felt parents were considered to be the most important support system for resilience, they agreed that collaboration between the systems was beneficial. Participants unanimously perceived collaboration and support systems to be key factors of resilience in the video. They not only recognised the importance of collaboration and support systems in the recovery of children with burn injuries, but they also expressed a strong sense of community that stood out from these collaborative efforts. They recognised the significant impact of strong and nurturing relationships, including those between parents, teachers, healthcare workers and children. It was perceived that these relationships were crucial for providing emotional support, instilling confidence and fostering resilience in children.

The sense of community that came to light through collaboration and support systems was characterised by empathy, understanding and a shared responsibility to uplift and support the child. It became evident that these collaborative efforts had a profound impact on the child's sense of belonging within the community and fostered a sense of hope and resilience. Participants emphasized how the video underscored the importance of involving multiple stakeholders for the child's psychosocial well-being.



Participants voiced that collaboration was seen as essential at each level, involving parents, teachers, medical professionals, and the wider community. Additionally, the participants spoke to the collaboration between the parents and teachers, and the power of these relationships in actively encouraging and improving wellness in children's lives. This collaborative effort was crucial in enhancing the child's resilience during recovery. Participants noticed a clear sense of collaboration in how the friend came to the home and was helping the child with his homework. They saw this as a collaboration and support across the community via the parents, the school system and the child's peers.

Furthermore, participants spoke of the power and experience of collaboration and support from their own experiences. They described various experiences of going above and beyond to muster up support for a child. They emphasized how the more support a child got, the better their ability to be resilient. It was evident that the participants perceived the collaboration between these different levels as essential and acknowledged the ripple effect it created within the community. This nuance was qualified by Participant G who described how when a traumatic event occurs, it was felt like a ripple through the community. The child is impacted, the community is impacted, and the teachers are impacted.

*Mm...From what I can see in the video the child got burnt, it was a very intense experience for them, they were put through challenges... but she or he got the support from the parents, school teachers, doctors... other learners... they all helped each other [sic] (Participant 2B, Focus Group 4).*

*It shows a situation where a child is getting support from friends, from family, from teachers, and I think the video is also meant to show the importance of that support as well, saying what to do, [and] how it helps [sic]* (Participant B, Focus Group 1).

*Yes, so it's very important especially if you... if you get hurt somehow you need support from all the people that you used to live with. The family, the doctors, the friends.... I saw the friend came with the bicycle and knock on the house and the mother opened the door, and the friend was helping the boy with his homework as well.* (Participant K, Focus Group 3).

*Yeah, but now you're saying something, and that the video is touching on now... is that the child is impacted, the community, the teachers are also impacted. I can see that in the video, in our school. You feel it strongly when something traumatic happens in that... in school. I felt that the school is affected* (Participant G, Focus Group 1).

Thus, participants emphasized that the ripple effect of collaboration and support within the community was significant. They acknowledged that when a traumatic event occurred, such as a burn, teachers felt community and collaboration played a critical role in improving the resilience of the burn-injured child. This collective response was seen as a testament to the power of relationships and collaboration across multiple levels, reinforcing that resilience is linked to a sense of community that extends beyond individual interactions.

In summation, collaboration and support systems not only fostered a sense of community and belonging but also created a ripple effect of support that extended through various levels, including medical, family and school. Through the power of relationships and

collaborations at these multiple levels, an overwhelming sense of community emerged, providing the child with messages of hope and resilience to improve the well-being of children with burn injuries. Through data analysis, it was found the most important support system, collaboration amongst all support systems was beneficial to the child. Furthermore, it was iterated that the more systems we can muster for the child, the more likely they are to recover.

The research findings resonate with the work of Ungar, particularly in his exploration of resilience as sensitive to context and environment (Ungar, 2013). Ungar's framework underscores the significance of multiple systems and support networks. He emphasized that resilience is not solely an individual trait but rather something that is influenced by the environment (Ungar, 2013). This aligns with the finding that collaborative efforts of the various support systems, like parents, teachers, and peers, contribute to the child's ability to adapt and recover.

The findings underscore the nurturing role that these interconnected systems play in enhancing resilience, matching Ungar's assertion that the environment's nurturing capacity is crucial for resilience (Ungar, 2013). This alignment reinforces the importance of fostering a sense of community and belonging for burn-injured children's recovery (Ungar, 2013; Van Niekerk et al., 2020).

The participant's narratives highlighting the importance of collaboration and support systems in the healing process of children with burn injuries were consistent with existing literature. They recognised that these collaborative efforts provided the children with emotional support, instilled confidence, and fostered resilience (Yang et al., 2014). The findings underscore the critical role of strong and nurturing relationships, such as those between parents,

teachers, healthcare workers, and children, in promoting psychosocial well-being (Attoe & Pounds-Cornish, 2015; Hornsby et al., 2020b; Van Niekerk et al., 2020). Hence, this aligns with previous research that has shown the positive impact of social support on the psychological adjustment of burn survivors.

#### **4.4 Theme 3: “Life After Trauma”: Acceptance Bolsters Resilience**

While participants agreed that a message of hope and resilience was considered most important in the video, they argued hope was not enough. Amidst the positive portrayal of resilience in the video, many participants pointed out the harsh realities of stigmatisation and social isolation that burn-injured children face. Consequently, this theme concluded that these complexities could be addressed through self and external acceptance.

Teachers pointed out that the video’s depiction of an overwhelmingly supportive community did not truly reflect the realities that burn-injured children may face. They argued that this message of resilience was oversimplified, critiquing how the video idealised resilience, and voicing how not everyone would show acceptance towards burn-injured individuals.

The participants discussed the real-life consequences of burn injuries, including disability and changed appearance, that often induce stigma and bullying at school. The teachers reflected on how these stigmatising attitudes created social anxiety in burn-injured children, making them more likely to withdraw socially and emotionally, thus hindering the development of resilience. Participants offered a critique, suggesting that the video lacked the depth to address potential stigmatisation and the social isolation faced by burn-injured children. Participants argued that although there were subtle hints towards stigma, it was not adequately

portrayed in the video despite its importance. Thus, it could be argued that teachers felt the utility of the intervention fell short in this manner.

*I couldn't understand part of the school because in my mind there was a wondering of which community this represents? Because if you look at South African ... the communities are very different. Personally, I come from a very poor community with unequipped hospitals and demotivated staff. So, I was wondering seeing the hospital staff all over the place really comforting the child, smiling and all those things.... Actually, you will spend hours and hours on a queue, and they simply look at you in your mind as an injured person. It traumatises you, the very fact that you are not... it is contrary to what the video is depicting. You get me? You'll get tarnation, how did you get burnt, blame, all of those things. I think that aspect of differences in communities for me it wasn't brought out (Participant Z, Focus Group 4).*

*Sometimes we find that the child will be given names... given a nickname (Participant 4D, Focus Group 4).*

*Maybe the child was doing fine and probably very smart in class but now that the child is being hammered, from all corners from these physical barriers from the injury and also the bullying. It affects the child negatively (Participant 1A, Focus Group. 4).*

*I think the video was too fictional in [the] sense that even if something bad has happened it is not everyone who will give you support and supportive remarks and all that, there are some who will be willing to say that they feel that this can be bad than compared to what you going through. Whereas you find that there will be others who*

*sympathise with you and want to be there for you. Like in the video it seemed like everywhere the child went everyone was just being touched so that they could help the child as soon as they came back to society (Participant 5E, Focus Group 4).*

*And I think it is a... a sad reality that this isn't always what happens. This isn't usually what happens. A child might not be understood. They might not have a friend that comes to the hospital every day and suddenly it was all over, and everything changed. (Participant A, Focus Group 1).*

Although participants felt that the reality of stigma was not adequately addressed, they described how the video aptly portrayed the burn-injured child's fears of not fitting in. They discussed how the child, in the video, ruminated about their fear of judgement and rejection discouraging them from seeking assistance or sharing their anxieties with others. Participants noticed that the video emphasized the child's anxiety about being seen as different, which caused distress.

*I have to say, they feel like they're different from others. Because already, if you have a scar...something has happened to you and has changed for the rest of your life... so you are no longer going to be the same as others (Participant G, Focus Group 2).*

*The story is talking about umm... a child who was playing outside and then a big accident, they don't show exactly... if the mom is cooking, because I didn't see what exactly happened and then the child got burnt. Maybe he ran back to the house, maybe he touched pot, whatever it happened. Then from there, he went to the hospital, then when he was in the hospital, he was not okay. He was talking about his family, his*

*friends and also how will people say about my face because now, I am now different than like before. Because now his face is burnt so his concern was about his friends. How are they going to look at him, how will they see him, will they play with him again? And how they treat[ed] him the way he was before, so those were the thoughts that were on his mind. So, he... when he went back home things went back to normal, people treated him well. They never thought, they never teased, they never cared about the scars and whatsoever and he ended up being a coach maybe... and he ended up coaching the kids. (Participant I, Focus Group 2).*

While resilience was perceived as vital for the healing process of children with burn injuries, the reality of stigma, bullying, and exclusion was raised as a counterpoint. This finding was consistent with the literature which emphasized how visible scars may lead to negative judgements, stereotypes, and prejudices, all things which isolate an individual from their communities (Lawrence et al., 2011; Rimmer et al., 2007). Therefore, stigmatising attitudes and behaviours can hinder resilience, creating barriers to acceptance (Lawrence et al., 2011). However, conversely, participants also felt the video portrayed a message that acceptance improves resilience.

In discussing the reality of burn injuries, like stigma, participants felt the video presented self-acceptance as crucial to resilience. Participants drew a message from the video that in order to improve resilience, the child had to come to terms with their new reality and changed self. They noted how the child in the video, gets a scar for life and is forced to deal with a change in their appearance, functionality, and way of life. With this, teachers perceived the child as having to endure profound internal fears, anxiety, and trauma, all of which affected his self-acceptance.

Participants described how the burn survivor, in the video, had to navigate complex feelings of vulnerability and potential triggers. They felt accepting the burn injury's reality involved facing the deep and emotional psychological effects it imposed, highlighting the complexity of the acceptance process. Thus, participants felt that the video aptly portrayed a sense that overcoming this adversity would be extremely difficult. The teachers stressed that the journey towards acceptance was essential for building resilience, as depicted in the video.

*Mmm... ya... when you get a burn, I don't know if anyone has seen or witnessed a burn injury (group nods)... it's painful (group sounds agreement). It's painful, it's traumatic, so they need to come to accept it. Realize that it's not going to go away, this is my new face (Participant J, Focus Group 2).*

*I noticed the self-acceptance, that the burn has actually been a blow to his confidence, and for him to accept that he'll have these scars forever. So that was also an important part of the healing as well (Participant W, Focus Group).*

*Yes... if you are born beautiful and that, and then you get a scar for life that cannot be removed it always reminds you "I once have the this thing happen to me" but you will get support from everyone, and he had to accept. Accept that this is it, it won't go anywhere but even if it hurts but he ended up getting used to it (Participant R, Focus Group 3).*

Participants felt the video portrayed a message that external acceptance was important in fostering resilience. Participants overwhelmingly highlighted the role of external supporters



who gave the burn-injured child validation and support. They recognised the role of parental and community support as instilling confidence and accepting the child's changed appearance. They spoke about the nuances of resilience, discussing the various elements that lead to an ability to accept one's scars.

Teachers highlighted that the child (in the video) yearned to feel integrated and embraced within the community, to not be discriminated against due to his injuries. Participants felt the video showcased the burn-injured child's journey towards reintegration into the community well. The teachers highlighted the emotional turmoil the child initially experienced, ruminating about how he would fit in with his peers due to his physical scars.

The participants believed that one way the child wanted to feel accepted was by returning to a sense of normalcy. They agreed that this return to normalcy was crucial in helping a child feel accepted and improving resilience. Teachers reflected how in their experience children want assurance that their lives can continue, as normal, despite the challenges they face. Participants noted in the video how parents, teachers and medical staff played a crucial role in instilling this acceptance. They described how in the video; the mother and medical staff assured the burn-injured child that things would be normal again and in doing so fostered resilience. Therefore, the support structures empowered the child to embrace their uniqueness without feeling like an outcast.

Participants highlighted how parental support, coupled with guidance from teachers and doctors, instilled confidence in the child. They motivated the child to see themselves as capable of returning to normal activities. Similarly, teachers emerged as significant figures in facilitating the child's return to normalcy. Participants shared personal experiences of

supporting their students through various emotional challenges. They recognised that school was a place where children found a sense of stability and structure and played a massive role in helping the child reintegrate into the community and feel a sense of normalcy and acceptance.

*Ya, paying attention to the different learners and encouraging them... things are still the same, even though you are in that situation, but you are still who you are... and keep on living (Participant S, Focus Group 3).*

*Because the end result itself is the one that determines how the victim will live in the society...because he is from the hospital and comes back to the society and how will they welcome him. Are they welcoming warmly or they now see him as someone who is not supposed to be part of them....And if they welcome him positively it will mean he will also have a positive life in the society and then if the society doesn't welcome him positively and no one wants to associate with him it will really damage him emotionally.... (Participant Z, Focus Group 4).*

*The mom comforting him and, and also the doctors saying "you will recover you will bounce back and you will do everything" ... and he even forgot that he has the scars and he played with children like he did before (Participant J, Focus Group 2).*

*When he went back home things went back to normal, people treated him well. They never fought, they never teased, they never care about the scars and whatsoever and he ended up being a coach maybe... and he ended up coaching the kids. (Participant I, Focus Group 2).*

Participants unanimously indicated the power of positive reinforcement in letting the child know you accept them unconditionally; one participant shared, “*There is power in saying “you are still who you are. You are still okay”*” (Participant S). They also highlighted the continuous reassurance offered by the mother in the video, such as “*you are still the same, we still love you*” (Participant V, Focus Group 3). Participants perceived these affirmations as essential in meeting the burn-injured child’s deep need for a sense of normalcy and acceptance within their community.

Based on the video clip, participants emphasized that the reintegration process for learners with burn injuries is not a one-time event, but rather a continuous journey. This process requires ongoing acceptance and understanding from teachers, peers, and parents. Drawing from the video, the teachers emphasized how they noticed the parents, friends and teachers were present along each step of the way on the healing journey, from the friend coming over to the house and the teacher setting up a “*welcome back*” sign on the child’s first day back at school in the animation (Participant T, Focus Group 3).

Participants expressed that the journey towards acceptance was not an easy one. It was clear that understanding and acknowledging the depth of emotional impact were integral steps in improving resilience. The variations in viewpoints highlight the nuanced nature of each individual's acceptance journey, emphasizing the need for tailored support and understanding. Hence, validation and understanding emerged as crucial elements in supporting resilience. Participants recognised the need for professionals, parents, and the community to offer understanding and empathy to individuals with burn injuries. They described how the

intervention implied acceptance as one of the ways in which the video sent a message of resilience to the watcher.

*In order for you to support that child, you have to know them well. Because now, the child is being raised, you have to show that child. You have to be present, if the child needs you, you have to manage yourself in order for the child to feel supported. So you must be there for the child, being able to listen to his or her concerns, so that you must listen to whatever she or he wants to say to you...The child needs to get that acceptance, that understanding, OK, this happened to me. I'm processing it to the point that when someone asks you, you don't feel completely triggered, right? And then if you think about a child, they might need help to get to that point...they might need an adult that helps them to get there, you use the word resilience because when you say that your child is able to overcome so you have to be able to, you have to know the process, how can the child recover from that because it will be easy for the child to recover if you are available...from there it will be easy even for the other people who are around the child to accept whatever that is happening if the parent first accepts what is happening, then he or she uplifts himself (Participant V, Focus Group 3).*

*That's the thing. That sometimes, someone who is going through something like this, what they need is a listening ear, someone who understands, rather than being rejected (Participant I, Focus Group 2).*

*Yes.. it's important that support from the community, in order for him to accept himself... because no you must check now. Remember, you're in hospital, you're coming back with scars, you don't know how they're going to treat you, they won't treat*

*you the same as always. But what I like, he was also confident, self-confidence was there (Participant U).*

*Yes, because we have seen even the community, they have accepted the child, because even the parents were available and played with the child. Yeah, I can see to it (Participant C, Focus Group 1).*

Thus, effective communication of this acceptance played a significant role in building trust and creating a safe space for individuals on their journey to self-acceptance. Participants highlighted the importance of listening attentively, validating experiences, and demonstrating empathy. They acknowledged that the video showed them that individuals with burn injuries may feel misunderstood, judged, or stigmatised. They highlighted the need for awareness and education to foster acceptance and understanding. Therefore, the teachers found that after watching the video the child's need for acceptance to be resilient was expressly felt. They described how the video highlighted the various ways the child had to accept himself, accept his reality, and how others had to support him through this on his recovery journey. Participants felt this was a significant part of the burn-injured child's journey.

In summation, participants unanimously felt the video aptly depicted acceptance of the injury's reality and the associated emotional distress, embracing physical changes, and fostering self-acceptance were essential steps in promoting resilience. All participants implied the video portrayed a message that "*there is life after trauma*" and acceptance plays a significant role in how the burn-injured child can access resilience.

The insights derived from the teacher's perspectives on the importance of acceptance for resilience align with existing literature. These findings mirror the broader understanding that compassion, acceptance, and empathy from parents, educators, and healthcare providers significantly contribute to enhanced resilience outcomes in burn survivors (Barnett et al., 2017; Van Niekerk et al., 2020).

The concept of accepting the reality of a burn injury and its consequential emotional impact echoes the framework of post-traumatic growth, where individuals confronted with adversity emerge more resilient (Tedeschi & Calhoun, 2004). This notion is substantiated by Tedeschi and Calhoun (2004) who emphasize how the recovery journey towards acceptance of traumatic events can catalyse personal growth and psychological well-being. Further, the participant's emphasis on recognising and validating the emotional turmoil experienced by burn survivors was advocated for in Kaminer and Eagle (2010), who discuss the importance of acknowledging and integrating trauma-related emotions.

The participants' discussions of the complex interplay between self-acceptance and external validation aligned with research on acceptance essential for resilience. The video's depiction of the burn-injured child, with visible scars, requiring external acceptance from the parents and teachers mirrors the significance of social support and understanding in the literature (Abdullah et al., 1994; Snider et al., 2021). Further, the literature emphasized how teachers, parents, and medical staff play an instrumental role in addressing the need for a sense of normalcy (Attoe & Pounds-Cornish, 2015; Van Niekerk et al., 2020).

The quotes highlighted the importance of listening, validating, and empathising with the burn-injured child's experiences. These results highlight how teachers felt the video placed

importance on the significance of fostering open and empathetic communication in creating a supportive environment for burn-survivors. This finding was consistent with the literature; where compassion, empathy, and effective communication played integral roles in creating a safe and nurturing environment for individuals to heal emotionally and regain a sense of self-acceptance (Snider et al., 2021).

Similarly, the literature spoke to the journey of healing as one filled with physical, psychological, and relational challenges. Thus, understanding and acceptance of these challenges would help one overcome them (Kornhaber et al., 2016). Van Niekerk et al, also spoke to the concept of burn recovery being a long-term psychosocial recovery process, where one needs continuous support, validation, and understanding to help burn-injured individuals on their path to recovery. However, in total, this theme aligns with findings compassion, acceptance and understanding from parents, teachers and healthcare workers can truly improve a burn-injured child's resilience outcomes (Barnett et al., 2017; Van Niekerk et al., 2020).

In conclusion, the theme of "Life After Trauma: Acceptance Bolsters Resilience" emphasises the significance of acceptance in the recovery journey of burn-injured children. The theme encapsulates the intricate interplay between internal self-acceptance, external social acceptance, and ongoing support in fostering resilience. The participant's perceptions aligned with established research, emphasizing the importance of acceptance in the healing journey, reaffirming that indeed, "there is life after trauma".

#### **4.5 Chapter Summary**

Overall, the resilience-oriented burns intervention investigated in this study was perceived positively by the participants who provided rich descriptions of their experiences while watching the video. The theoretical framework of Ecological Systems Theory (EST)

provided a comprehensive lens to analyse the complex interactions between burn-injured children and their social environment.

The findings of this study illuminated several key themes related to psychosocial resilience in children, as perceived by teachers. The first prominent theme was “Hope Matters The Most For Resilience” which explored the multiple dimensions of hope and resilience participants highlighted in the video. This involved looking at the relationship between hope and resilience and establishing that in the video, participants felt hope was the cornerstone of resilience. Interestingly, participants found hope and resilience to be used interchangeably in the video finding that hope mattered most for resilience.

The second that emerged was “A Supportive Community Aid’s Resilience”. Teachers explored the need for support of children to improve resilience. Participants explored the various sources of support and felt parents were the most important sources of support, followed by teachers and peers. Participants felt that parents mattered most in supporting burn-injured children, but that teacher’s and peers were also crucial role players. Teachers acknowledged the power of collaborative relationships between parents, teachers, healthcare professionals, and peers in facilitating the child’s return to normalcy and sense of belonging. They emphasized the ripple effect of such collaboration within the community, fostering a sense of hope and resilience not only in the child but also among other individuals impacted by the burn injury. Additionally, teachers recognised the importance of their role in maintaining a safe and stable environment at school, providing emotional support, and guiding students through their emotional challenges.



The final theme was “Acceptance Bolsters Resilience” which looked at the complexities of resilience. Participants critiqued the message of resilience portrayed in the video, discussing how burn injuries have real consequences. They discussed the need for acceptance in managing these consequences, acknowledging the reality of the burn injury, and helping the child return to normal, through external and self-acceptance. Participants emphasized the crucial role of parents, friends, school peers, and medical professionals in providing emotional support, understanding, and validation to the burn-injured child.



## CHAPTER 5: CONCLUSION

Paediatric burn injuries profoundly impact children's physical and emotional well-being (Hornsby et al., 2020). Psychosocial recovery from burn injuries is influenced by numerous physical, psychological, relational, and reintegration challenges (Van Niekerk et al., 2020). In the long term, the rehabilitation process becomes complex as children must reintegrate into the school environment, facing interpersonal and academic challenges (Pan et al., 2018; Wilson et al., 2014).

The purpose of this qualitative research study was to explore the perceptions of teachers from low-resourced schools regarding a resilience-oriented burns intervention. The study focused on teachers' responses after watching a video depicting a burn-injured child's journey towards recovery. Despite the availability of interventions for burn survivors, there is a lack of focus on bolstering the psychosocial resilience of paediatric burn survivors. This study sought to understand how teachers perceived the messages of resilience conveyed in the video and how they related these messages to their own experiences in supporting burn-injured students.

In conclusion, teachers found that the resilience-oriented intervention effectively distilled a sense of resilience in burn-injured children through messages of hope, acceptance, and support within a sense of community. The findings of this study align with existing resilience research, which emphasizes the role of support structures in bolstering psychosocial resilience.

Participants highlighted different types of support structures that can help burn victims build resilience. These structures included family, friends, and teachers, all of which were depicted in a video clip. The research findings emphasized that parents were considered the

most important support system for children. However, the study also revealed some challenges that exist in low-income areas. Specifically, teachers in schools located in low-quintile areas often assumed parental roles and were also essential support systems for children.

The teachers also explored the intricacies of resilience and how burn victims may face stigma and bullying, which can hinder their resilience. The participants perceived hope and resilience to be interchangeable, but also viewed hope as foundational to resilience. They noted that hope is a vital aspect of resilience, which can be enhanced through external support and acceptance from a child's support systems. Therefore, the onus of resilience is not simply on the burned injured child, but rather it is bolstered through external acceptance and communal support which give one a sense of hope.

## **5.1 Strengths**

This study encompasses several strengths that enhance its validity and significance. Firstly, the adoption of a qualitative research design allowed for an in-depth exploration of teachers' perceptions and experiences regarding the resilience-oriented burns intervention. The use of focus groups facilitated a comprehensive understanding of teachers' thoughts and feelings, providing valuable insights into their perceptions of the multimedia animation depicting a burn-injured child's recovery journey. This qualitative approach allowed the research to delve deeply into the complexities of the teachers' perceptions of resilience in the context of a burn-injured child.

Secondly, the deliberate selection of teachers from low-resourced schools offered unique insights into the challenges and potential opportunities faced by educators in supporting burn-injured students in resource-constrained settings. By including participants from schools

with limited resources, the study addressed a gap in the existing literature, which often tends to be dominated by research from well-resourced areas. This approach enhanced the study's contextual relevance, highlighting the specific challenges and strengths that teachers encounter in low-resourced settings, and shedding light on the importance of tailored resilience-oriented interventions for burn-injured children.

In summation, the strengths of this study lie in its qualitative research design, which allowed for an in-depth exploration of teacher's perceptions and experiences, the inclusion of participants from low-resourced schools, offering unique insights, and the use of EST, enabling a comprehensive analysis of the complex interactions influencing psychosocial resilience in burn-injured children. The strengths contribute to the study's robustness and its potential to inform future interventions and support systems for burn-injured children.

## **5.2 Limitations**

While this study has made valuable contributions, it is essential to consider its limitations that impact the interpretation of its results. One notable limitation is the relatively small sample size of teachers from low-resourced schools, which could restrict the generalisability of the findings to other educational settings. To enhance the study's external validity, future research could include a larger, more diverse sample of teachers from various socio-economic backgrounds across South Africa.

Additionally, the study relied on self-reported data from teachers, which could be subject to social desirability bias, particularly in the context of a focus group setting. Participants may have been hesitant to express certain opinions or experiences leading to the potential limitations in the richness and completeness of the data collected. Thus, future

research could address this limitation by making use of individual interviews, or perhaps using a mixed-methods approach. Furthermore, one of the challenges faced in this study was the absence of translation, where focus groups could only be conducted in English.

Furthermore, the constrained time available for focus groups due to teachers' rushed and busy schedules also posed a challenge. Teachers were fatigued after a full day of lessons and this at times contributed to limited participation in the focus group, resulting in a possible loss of depth in the data. Furthermore, with the researchers' limited experience with interview skills, they were not fully equipped to deepen engagement with the participants, potentially limiting the richness of data obtained.

### **5.3 Recommendations for Future Research**

Considering the findings and discussions presented in this study, numerous recommendations emerged for future research within the burn injury field. Firstly, future interventions should prioritise comprehensive support systems that involve collaboration between schools, healthcare professionals, and families. This multidisciplinary approach would ensure a sense of community and belonging on each level. Thus, providing the burn-injured child with essential academic, emotional, and medical support.

Future research into interventions around collaboration and supportive environments can delve deeper into how these bolster a child's psychosocial resilience. It is recommended to provide psychoeducation about burn injuries to teachers, peers, and parents through interventions, like burn reintegration programs. This will enhance their ability to support children with burn injuries. In addition, it would be worth engaging with the relevant

stakeholders to share the findings of the study and apply these findings towards strengthening the interventions.

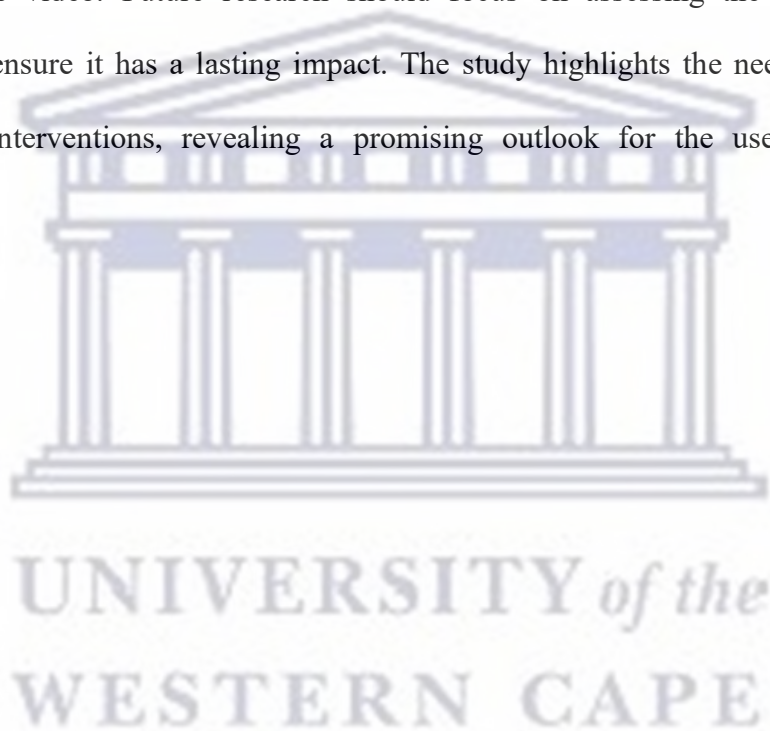
Secondly, future research within the burns field could engage with the stigma around burn injuries. This would raise awareness and advocate for the importance of addressing the psychological needs of burn-injured children. Furthermore, it would aim to understand the stigma around burn injuries and promote a culture of sensitivity and support among the burn-injured child's community. By increasing awareness of burn injuries, parents and teachers can be better equipped to provide appropriate support and care for children with burn injuries.

Thirdly, there is a notable gap in research on the specific role's teachers play in the recovery journey of burn survivors. Despite their extensive involvement with children, teachers seem to be overlooked in burn interventions. Future research should focus on understanding the unique experiences and challenges teachers encounter supporting burn survivors. In shedding light on the significant role teachers play, interventions can be tailored to provide improved support and training for educators, ultimately benefitting resilience in burn survivors.

Finally, future research in the field of burns should aim to include a wider range of languages and cultural backgrounds in the data collection process. By ensuring representation from diverse groups and cultures, a more nuanced understanding of resilience-oriented intervention would be achieved. This inclusivity would contribute to the development of interventions that are sensitive to the diverse needs of burn-injured children while enriching the knowledge base on psychosocial resilience in burn survivors. This further research would pave the way for more culturally relevant and effective interventions in the future.

#### 5.4 Concluding Thoughts

The research highlighted the complexity of resilience, shedding light on its multifaceted nature. Ecological Systems Theory provided a useful lens to explore resilience through a systemic framework, rather than through an individualistic lens. The perceptions of teachers regarding the resilience-oriented burns intervention emphasized the need for more interventions focused on resilience. This research suggests that the intervention has utility, yet it also reveals the need for further investigation, particularly regarding the portrayal of resilience in the video. Future research should focus on assessing the efficacy of this intervention to ensure it has a lasting impact. The study highlights the need for resilience-oriented burn interventions, revealing a promising outlook for the usefulness of such interventions.



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## APPENDICES

**Appendix A: Information Sheet (Provided in English, Afrikaans, isiZulu, isiXhosa, and Setswana)**



**UNIVERSITY of the  
WESTERN CAPE**

### **University of the Western Cape**

#### **DEPARTMENT OF PSYCHOLOGY**

Private Bag X 17, Bellville 7535, South Africa, Telephone: (021) 959-2283/2453  
Fax: (021) 959-3515 Telex: 52 6661

**FACULTY OF COMMUNITY HEALTH SCIENCES**

**Project Title:** *A Qualitative Study Exploring Perceptions of Teachers from low-resourced schools on a Resilience-Oriented Burns Intervention*

#### **What is this Study About?**

This is a research project being conducted by Reshma Wilson at the University of the Western Cape. The purpose of this research project is to explore teacher's perceptions of a resilience-oriented psychological intervention on children who had survived a burn-related injury.

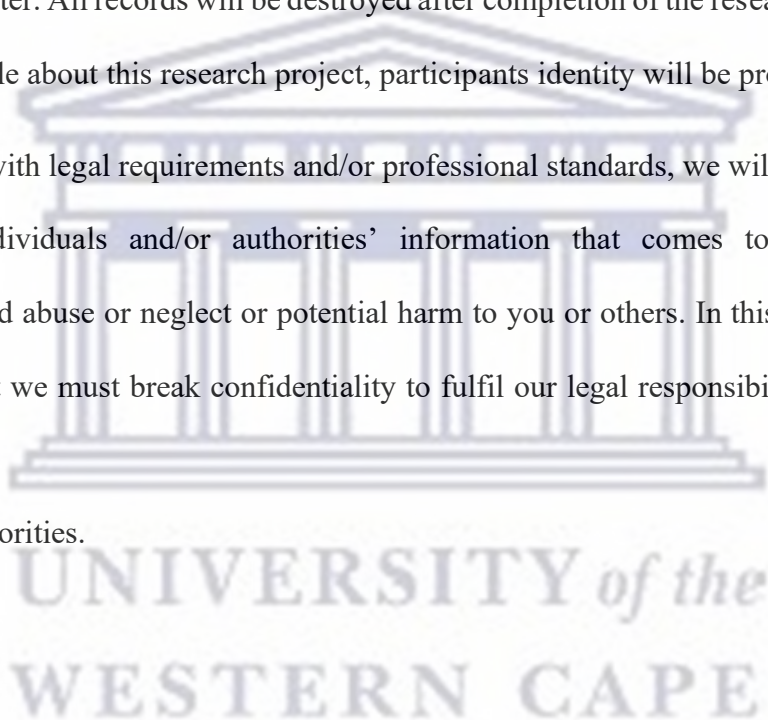
#### **What will I be asked to do if I agree to participate?**

If you agree to participate, you will be asked to take part in a focus group with the researcher about your thoughts on the short video clip that you will watch.

### **Would my participation in this study be kept confidential?**

The researchers aim to protect your identity and the nature of your contribution. To ensure your anonymity, the interview will change your name to a pseudonym (i.e. 'Participant A') and will not contain information that may personally identify you. To ensure your confidentiality, completed consent forms and questionnaires will be stored in a locked drawer and electronic research working papers will be stored on a password-protected personal computer. All records will be destroyed after completion of the research. If we write a report or article about this research project, participants identity will be protected.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities' information that comes to our attention concerning child abuse or neglect or potential harm to you or others. In this event, we will inform you that we must break confidentiality to fulfil our legal responsibility to report to the designated authorities.



### **What are the Risks of this Research?**

There may be some risks from participating in this research study (e.g., feeling uncomfortable with questions). All human interactions such as talking about one's self or others carry some amount of risk. Nevertheless, I will minimise such risks and act promptly to assist you if you experience any psychological discomfort, during the process of your focus group in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention. Lastly, you may discontinue with the study at any time without any repercussions to you.

If after the interview you feel you want to speak to someone anonymously about any discomfort that may have arisen during the interview you can also call these toll free lines.

SADAG: 0800 567 567

Lifeline: 021 461 1111

### **What are the Benefits of this Research?**

While there are no direct benefits of this research to you per se, the results may help the investigator learn more about resiliency in terms of exposure to distressing life experiences, and people's response to them. We hope that, in the future, other people might benefit from this study through improved understanding of burn injuries (particularly in children), resilience and interventions that are aimed at conferring resilience.

### **Do I Have to Be in this Research, and May I Stop Participating at any Time?**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized.

### **What If I Have Questions?**

This research is being conducted by Reshma Wilson, a psychology Master's student from the Department of Psychology at the University of the Western Cape. If you have any questions about the research study itself, please contact Reshma, e-mail: 4102567@myuwc.ac.za

Should you have any questions regarding this study and your rights as a research participant,



or if you wish to report any problems you have experienced related to the study, please contact:

**Head of Department:**

**Psychology**

Prof. Anita

Padmanabhanunni

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UNIVERSITY *of the*  
WESTERN CAPE

## Aanhangsel A: Inligtingsblad



**UNIVERSITEIT van WES-KAAPLAND**

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### INLIGTINGSBLAD

**Projek Titel:** *A Qualitative Study Exploring Perceptions of Teachers' from low-resourced schools on a Resilience Oriented Burns Intervention*

#### **Waaroor Gaan Hierdie Studie?**

Dit is 'n navorsingsprojek wat deur Reshma Wilson aan die Universiteit van Wes-Kaap gedoen word. Die doel van hierdie navorsingsprojek is om 'n beter begrip te hê van die verband tussen brandbeserings, 'n multimedia-siftingsmaatstaf en veerkragtigheid.

#### **Wat Word Daar Verwag van My?**

As u instem om deel te neem, sal u gevra word om 'n onderhoud met die navorser te hou oor u gedagtes oor die kort videogreep wat u gekyk het, spesifiek of u dink dat dit 'n gevoel van veerkragtigheid by u kind sal veroorsaak wat brandwonde opgedoen het.

#### **Sal My Deelname aan Hierdie Study Vertroulik Gehou Word?**

Die navorsers beoog om u identiteit en die aard van u bydrae te beskerm. Om u anonimiteit te verseker, sal die onderhoud u naam verander na 'n skuilnaam (d.w.s. 'Deelnemer A') en sal dit nie inligting bevat wat u persoonlik kan identifiseer nie. Om u vertroulikheid te verseker, word voltooië toestemmingsvorme en vraelyste in 'n geslote laai gestoor en elektroniese

navorsingswerkstukke word op 'n wagwoordbeskernde persoonlike rekenaar geberg. Na voltooiing van die ondersoek sal alle rekords vernietig word. As ons 'n verslag of artikel oor hierdie navorsingsprojek skryf, sal u identiteit beskerm word.

In ooreenstemming met wetlike vereistes en / of professionele standaarde, sal ons die toepaslike individue en / of owerhede se inligting bekend maak wat onder ons aandag kom rakende kindermishandeling of verwaarlosing of moontlike skade aan u of ander. In hierdie geval sal ons u inlig dat ons vertroulikheid moet verbreek om ons wettige verantwoordelikheid na te kom om aan die aangewese owerhede.

### **Wat is die Risiko's van Hierdie Navorsing?**

Daar kan 'n paar risiko's wees as gevolg van deelname aan hierdie navorsingstudie (bv. Om ongemaklik met vrae te voel). Alle menslike interaksies en om oor self of ander te praat, is 'n paar hoeveelheid risiko. Nietemin sal ek sulke risiko's verminder en sal ek dadelik optree om u te help as u sielkundige ongemak ervaar tydens u onderhoud in hierdie studie. Waar nodig, sal 'n toepaslike professionele persoon verwys word vir verdere hulp of ingryping. Laastens kan u te eniger tyd met die studie stop, sonder dat u enige gevolge daarvoor het.

### **Wat is die Voordele van Hierdie Navorsing?**

Alhoewel daar geen direkte voordele van hierdie navorsing vir u inhou nie, kan die resultate die ondersoeker help om meer te wete te kom oor veerkragtigheid ten opsigte van blootstelling aan ontstellende lewenservarings, en mense se reaksie daarop. Ons hoop dat ander mense in die toekoms ook voordeel kan trek uit hierdie studie deur 'n beter begrip van brandwondbeserings (veral by kinders), veerkragtigheid en multimedia-siftingsmaatreëls te meet wat daarop gemik is om veerkragtigheid te verleen.

### **Moet ek in Hierdie Navorsing Deelneem, en Mag Ek Enige Tyd Onttrek?**

U deelname aan hierdie navorsing is heeltemal vrywillig. U kan kies om glad nie deel te neem nie. As u besluit om aan hierdie navorsing deel te neem, kan u op enige tydstip ophou deelneem. As u besluit om nie aan hierdie studie deel te neem nie, of as u op enige tydstip ophou om deel te neem, sal u nie geenaliseer word nie.

### **Wat as Ek Vrae Het?**

Hierdie navorsing word gedoen deur Reshma Wilson, 'n meestersgraad in sielkunde van die Departement Sielkunde aan die Universiteit van Wes-Kaap. As u enige vrae het oor die navorsingstudie self, kontak Reshma email: [4102567@myuwc.ac.za](mailto:4102567@myuwc.ac.za)

As u enige vrae het rakende hierdie studie en u regte as deelnemer aan die navorsing, of as u probleme wat u ondervind het rakende die studie wil rapporteer, kontak:

### **Departementshoof van Sielkunde:**

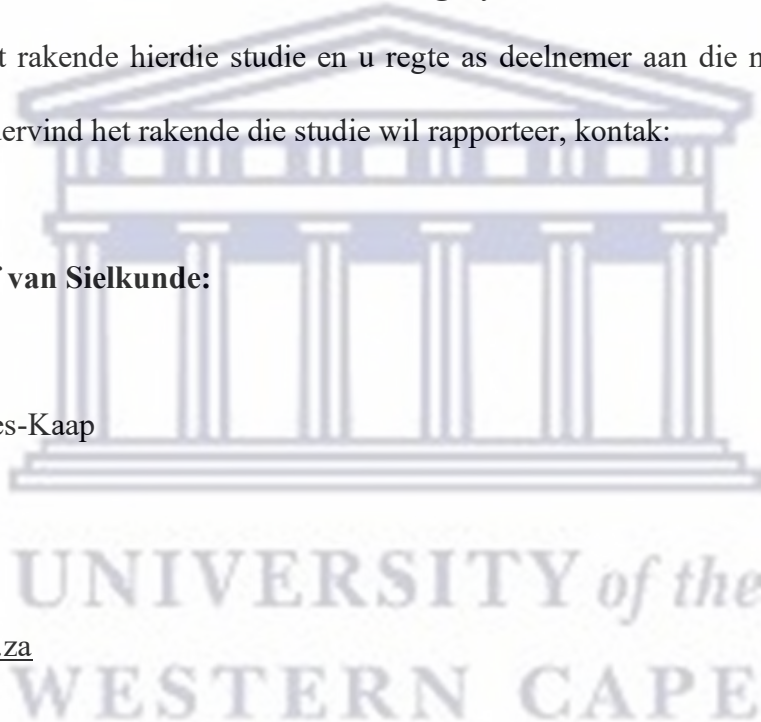
Dr Maria Florence

Universiteit van Wes-Kaap

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### **Hoof Studieleier: Departement Sielkunde:**

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[rasahmed@uwc.ac.za](mailto:rasahmed@uwc.ac.za)

**Mede-navorsingsstudent: Instituut vir Sosiale en Gesondheidswetenskappe, SAMRC:**

Prof Ashley Van Niekerk

Mediese

Navorsingsraad van

Suid-Afrika

Bellville 7535

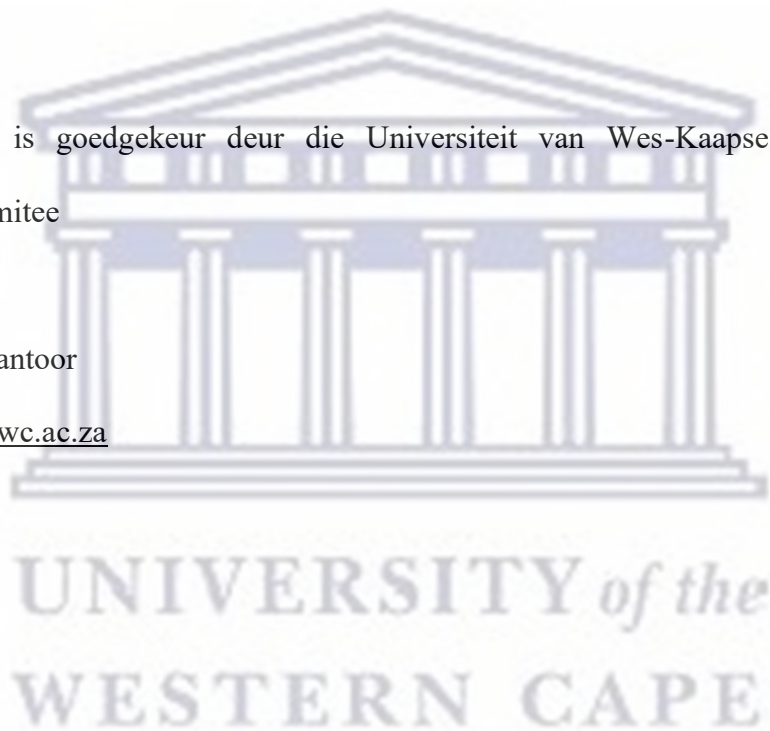
[\[c.ac.za\]\(mailto:c.ac.za\)](mailto:ashley.vanniekerk@mr</a></u></p></div><div data-bbox=)

Hierdie navorsing is goedgekeur deur die Universiteit van Wes-Kaapse se Biomediese Navorsingsetiekkomitee

UWK Navorsingskantoor

[Research-ethics@uwc.ac.za](mailto:Research-ethics@uwc.ac.za)

021 959 2988



## Isithasiselo A: Iphepha lolwazi – isiZulu Information Sheet



UNIVERSITY of the  
WESTERN CAPE

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Fax: (021) 959-3515 Telex: 52 6661

### FACULTY OF COMMUNITY HEALTH SCIENCES

**Isihloko socwaningo:** *Ucwaningo Olufanelekile Oluhlola Imibono Yothisha abavela ezikoleni ezingenazo izinsiza eziphansi ku-Resilience Oriented Burns Intervention*

#### **Lolu cwanningo lumayelana nani?**

Lolu cwanningo lu phenya ngu Reshma Wilson, umfundi eNyuvesi ye Western Cape. Inhloso yale phrojekthi yocwaningo ukuhlola imibono kathisha yokungenelela kwengqondo okugxile ekukhuthazeleni izingane ezisinde ekulimaleni okuhlobene nokusha.

#### **Ngizocelwa ukuba ngenzeni uma ngivuma ukubamba iqhaza?**

Uma uvuma ukubamba iqhaza, uzocelwa ukuthi ubambe iqhaza eqeqebeni lokugxila nomcwanningi mayelana nemicabango yakho kusiqeshana sevidiyo esifushane ozosibuka.

#### **Ingabe ukubamba kwami iqhaza kulolu cwanningo kuzogcinwa kuyimfihlo?**

Abacwanningi bahlose ukuvikela ubuwena kanye nohlobo lomnikelo wakho. Ukuqinisekisa ukungaziwa kwakho, inhlolokhono izoshintsha igama lakho libe igama-mbumbulu

(okungukuthi ‘Umbambi qhaza A’) futhi ngeke libe nolwazi olungakuhlonza. Ukuqinisekisa ubumfihlo bakho, amafomu emvume agcwalisiwe kanye nohlu lwemibuzo kuzogcinwa edroweni elikhiyiwe futhi amaphepha okusebenza ocwaningo lwe-elektronikhi azogcinwa kukhompuyutha yomuntu siqu evikelwe ngephasiwedi. Wonke amarekhodi azocekelwa phansi ngemva kokuphothulwa kocwaningo. Uma sibhala umbiko noma isihloko mayelana nale phrojekthi yocwaningo, ubuwena buzovikeleka.

Ngokuvumelana nezimfuneko zomthetho kanye/noma izindinganiso zobungcweti, sizodalula kubantu abafanelekile kanye/noma ulwazi lweziphathimandla esilutholayo olumayelana nokuhlukunyezwa kwezingane noma ukunganakwa noma okungaba ukulimaza wena noma abanye. Kulo mcimbi, sizokwazisa ukuthi kufanele sephule ubumfihlo ukuze sifeze isibopho sethu esingokomthetho sokubika kubangani iziphathimandla ezimisiwe.

### **Hini ubungozi lo cwaningo?**

Kungase kube khona ubungozi bokubamba iqhaza kulolu cwaningo (isb., ukuzizwa ungakhululekile ngemibuzo). Konke ukusebenzelana kwabantu nokukhuluma ngawe noma ngabanye kuthwala inani elithile lobungozi. Noma kunjalo, ngizozinciphisa izingozi ezinjalo futhi ngithathe isinyathelo ngokushesha ukuze ngikusize uma uhlangabezana nokungakhululeki ngokwengqondo, phakathi nenqubo yeqembu lakho okugxilwe kulo kulolu cwaningo. Lapho kunesidingo, ukudluliselwa okufanele kuyokwenziwa kuchwepheshe ofanelekayo ukuze athole usizo olwengeziwe noma ukungenelela. Okokugcina, ungayeka ukufunda nganoma isiphi isikhathi ngaphandle kwanoma yimiphi imithelela kuwe.

Uma ngemva kwenhlolekhono uzizwa ufuna ukukhuluma nomuntu ngokungaziwa mayelana nanoma yikuphi ukungaphatheki kahle okungenzeka kuvele phakathi nenhlolekhono ungashayela nalezi zintambo zamahhala.



SADAG: 0800 567 567

Lifeline: 021 461 1111

### **Yiziphi Izinzuzo zalolu cwaningo?**

Nakuba zingekho izinzuzo eziqondile zalolu cwaningo kuwena ngesethu, imiphumela ingase isize umphenyi ukuthi afunde kabanzi mayelana nokuqina mayelana nokuchayeka ekuhlangenwe nakho okukhathazayo kwempilo, kanye nokusabela kwabantu kuzo. Sithemba ukuthi, esikhathini esizayo, abanye abantu bangase bazuze kulolu cwaningo ngokuqonda okuthuthukisiwe kokulimala kokusha (ikakhulukazi ezinganeni), ukuqina kanye nokungenelela okuhloselwe ukunikeza ukukhuthazela.

### **Ingabe Kufanele Ngibe Kulolu cwaningo, Futhi Ngingayeka Ukuhlanganyela nganoma yisiphi isikhathi?**

Ukuhlanganyela kwakho kulolu cwaningo kungokuzithandela ngokuphelele. Ungase ukhethe ukungabambi iqhaza nhlobo. Uma unquma ukubamba iqhaza kulolu cwaningo, ungase uyeke ukubamba iqhaza noma nini. Uma unquma ukungabambi iqhaza kulolu cwaningo noma uma uyeke ukubamba iqhaza noma nini, angeke ujeziswe.

### **Kuthiwani Uma Nginemibuzo?**

Lolu cwaningo lwenziwa uReshma Wilson, ongumfundi wezifundo zePsychology eMnyangweni wezePsychology eNyuvesi yaseWestern Cape. Uma unemibuzo mayelana nocwaningo ngokwalo, sicela uthinte u-Reshma, i-imeyili: [4102567@myuwc.ac.za](mailto:4102567@myuwc.ac.za)

Uma unemibuzo mayelana nalolu cwaningo kanye namalungelo akho njengomhlanganyeli wocwaningo, noma ufisa ukubika izinkinga ohlangabezane nazo ezihlobene nocwaningo, sicela uthinte:

**Head of Department:**

**Psychology**

Prof. Anita

Padmanabhanunni

Tel: 0219592842

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.za

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Medical Research Council of South Africa

Bellville 7535

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[@mrc.ac.za](mailto:@mrc.ac.za)

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## Isihlomelo A: Iphepha loLwazi Ngolwimi lwesiXhosa (isiXhosa Information Sheet)



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Fax: (021) 959-3515 Telex: 52 6661

#### FACULTY OF COMMUNITY HEALTH SCIENCES

**Isihloko seProjekthi:** *iSifundo esineMfaneleko yokuPhonononga iiMvo zooTitshala abasuka kwizikolo ezinezibonelelo eziphantsi kwiResilience Oriented Burns Intervention (Resilience Oriented Burns Intervention)*

**Simalunga nantoni esi sifundo?**

Le yiprojekthi yophando eqhutywa nguReshma Wilson kwiYunivesithi yaseNtshona Koloni. Injongo yale projekthi yophando kukuphonononga iimbono zootitshala malunga nokungenelela kwengqondo okujoliswe kukomelela kubantwana abasindileyo kukwenzakala okunxulumene nokutsha.

**Ndiza kucelwa ukuba ndenze ntoni ukuba ndiyavuma ukuthatha inxaxheba?**

Ukuba uyavuma ukuthatha inxaxheba, uya kucelwa ukuba uthabathe inxaxheba kwiqela ekugxilwe kulo kunye nomphandi malunga neengcinga zakho kwikliphu yevidiyo emfutshane oza kuyibukela.

### **Ngaba ukuthatha kwam inxaxheba kolu phononongo kungagcinwa kuyimfihlo?**

Abaphandi bajonge ukukhusela ubuni bakho kunye nohlobo lwegalelo lakho. Ukuqinisekisa ukungaziwa kwakho, udliwano-ndlebe luya kutshintsha igama lakho libe ligama elingengowakho (oko kukuthi ‘uMthathi-nxaxheba A’) kwaye aliyi kuqulatha ulwazi olunokuthi likuchonge. Ukuqinisekisa ukuba imfihlo yakho, iifom zemvume ezigwalisiweyo kunye noluhlu lwemibuzo luya kugcinwa kwidrowa etshixwayo kwaye amaphepha okusebenza ophando nge-elektroniki aya kugcinwa kwikhompyuter yakho ekhuselweyo ngegama eliyimfihlo. Zonke iirekhodi ziya kutshatyalaliswa emva kokugqitywa kophando. Ukuba sibhala ingxelo okanye inqaku malunga nale projekthi yophando, isazisi sakho siya kukhuselwa.

Ngokuhambelana neemfuno zomthetho kunye/okanye nemigangatho yobungcali, siya kubhengeza kubantu abafanelekileyo kunye/okanye iinkcukacha zabasemagunyeni ezifika kwingqalelo yethu malunga nokuphathwa gadalala kwabantwana okanye ukungahoywa okanye ukwenzakalisa okunokwenzeka kuwe okanye kwabanye. Kwesi siganeko, siya kukwazisa ukuba kufuneka saphule imfihlo ukuze sifezekise uxanduva lwethu olusemthethweni lokunika ingxelo kwi amagunya amiselweyo.

### **Yeyiphi imingcipheko yoluPhando?**

Kusenokubakho umngcipheko wokuthatha inxaxheba kolu phononongo lophando (umzekelo, ukuziva ungakhululekanga ngemibuzo). Lonke unxibelelwano lwabantu kunye nokuthetha ngesiqu sakho okanye abanye kuthwala umngcipheko othile. Nangona kunjalo, ndiya kunciphisa imingcipheko enjalo kwaye ndisebenze ngokukhawuleza ukukunceda ukuba ufumana nakuphi na ukungonwabi ngokwasengqondweni, ngexesha lenkqubo yeqela lakho lokugxila kolu phononongo. Apho kukho imfuneko, ugqithiso olufanelekileyo luya kwenziwa kwingcali efanelekileyo ukuze ifumane uncedo okanye ungenelelo olungaphezulu. Okokugqibela, ungayeka nophononongo nangaliphi na ixesha ngaphandle kweziphumo kuwe. Ukuba emva kodliwano-ndlebe uziva ufuna ukuthetha nomntu ungaziwa malunga nakuphi na ukungonwabi okunokuthi kwenzeka ngexesha lodliwano-ndlebe ungatsalela umnxeba ezi ntambo zasimahla.

**SADAG: 0800 567 567**

**Umnxeba wobomi: 021 461 1111**

**Ziziphi iiNzuzo zolu Phando?**

Ngelixa kungekho zizibonelelo ezithe ngqo zolu phando kuwe, iziphumo zinokunceda umphandi ukuba afunde ngakumbi malunga nokuqina ngokubhekiselele ekuvezweni kumava obomi obunzima, kunye nokuphendula kwabantu kubo. Siyathemba ukuba, kwixesha elizayo, abanye abantu banokuzuzisa kolu phononongo ngokuphucuka kokuqonda amnxeba okutsha (ingakumbi ebantwaneni), ukomelela kunye nongenelelo ngoncedo olujolise ekunikeni ukomelela.

**Ngaba Ndifanele Ndibe Kolu Phando, kwaye Ngaba Ndingayeka Ukuthatha Inxaxheba Nanini na?**

Ukuthatha kwakho inxaxheba kolu phando kungokuzithandela ngokupheleleyo. Usenokukhetha ukungathathi nxaxheba kwaphela. Ukuba uthatha isigqibo sokuthatha inxaxheba kolu phando, unokuyeka ukuthatha inxaxheba nangaliphi na ixesha. Ukuba uthatha isigqibo sokungathathi nxaxheba kolu phanonongo okanye ukuba uyayeka ukuthatha inxaxheba nangaliphi na ixesha, awusayi kohlwaywa.

### **Kuthekani Ukuba Ndinemibuzo?**

Olu phando lwenziwa nguReshma Wilson, ongumfundi wezifundo zepsychology kwiSebe lePsychology kwiYunivesithi yaseNtshona Koloni. Ukuba unayo nayiphi na imibuzo malunga nophando ngokwalo, nceda uqhagamshelane no-Reshma, i-imeyile: [4102567@myuwc.ac.za](mailto:4102567@myuwc.ac.za) Ukuba unayo nayiphi na imibuzo malunga nolu phanonongo kunye namalungelo akho njengomthathi-nxaxheba kuphando, okanye ukuba unqwenela ukuchaza naziphi na iingxaki othe wadibana nazo malunga nolu phanonongo, nceda uqhagamshelane:

**Head of Department:**

**Psychology**

Prof. Anita

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Research

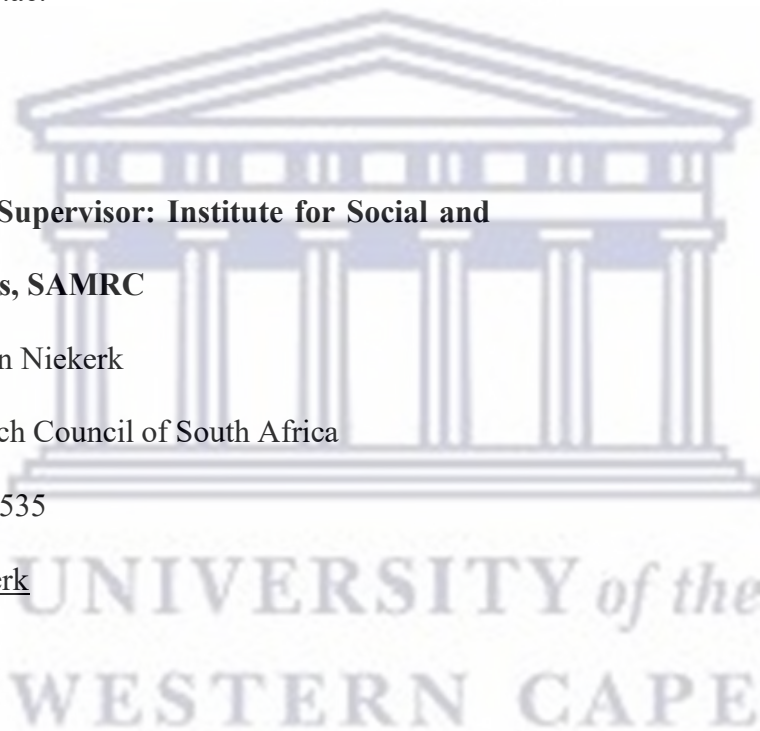
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(BMREC):

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## Appendix A: Tsebe ya Tshedimosetso ka Setwana (Setswana Information Sheet)



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FACULTY OF COMMUNITY HEALTH SCIENCES

**Leina la Porojeke:** *Thuto ya Boleng e e Tlathlobang Tsela e Barutabana ba Dikolo Tse di Nang le Metswedi e Mentsintsi ya Madi ba Lebang go Itshokela go Fisiwa ka Yone (Resilience Oriented Burn Intervention)*

#### **Thuto eno e bua ka eng?**

Eno ke porojeke ya dipatlisiso e e dirwang ke Reshma Wilson kwa Yunibesithing ya Kapa Bophirima. Maikaelelo a porojeke eno ya go dira dipatlisiso ke go sekaseka tsela e barutabana ba lebang ka yone go nna le seabe mo go tsa tlhaloganyo mo baneng ba ba falotseng go fisiwa ke molelo.

### **Ke tla kopiwa go dira eng fa ke dumela go nna le seabe?**

Fa o dumela go nna le seabe, o tla kopiwa gore o nne le seabe mo setlhopheng sa go bua le mmatlisisi ka se o se akanyang ka bidio e khutshwane e o tla e lebelelang.

### **A go nna le seabe ga me mo thutong eno go tla nna sephiri?**

Maikaelelo a babatlisisi ke go sireletsa boitseanape jwa gago le mofuta wa seabe sa gago. Go tlhomamisa gore ga o itsiwe, fa o botsolodiwa o tla fetola leina la gago go nna leina la sephiri (ke gore, (Kgatlhegelo A) mme ga e na tshedimosetso epe e e ka go tthaolang ka namana. Go tlhomamisa gore o boloka tshedimosetso ya gago e le sephiri, diforomo tsa tumelelo le dipotso tse di tladitsweng di tla bolokiwa mo khaontareng e e notletsweng mme dipampiri tsa go dira dipatlisiso tsa ileketeroniki di tla bolokiwa mo khomputareng e e sireleditsweng ka password. Direkoto tsotlhe di tla senngwa fa dipatlisiso di sena go wediwa. Fa re ka kwala pego kana setlhogo ka porojeke eno ya go dira dipatlisiso, tshedimosetso ya gago e tla sirelediwa.

Go ya ka ditlhokego tsa molao le/kgotsa ditekanyetso tsa tiro, re tla itsise batho ba ba tshwanetseng le/kgotsa badiredi ba puso tshedimosetso e re e itseng e e malebana le go sotliwa ga bana kgotsa go tlhokomologiwa ga bone kgotsa kotsi e e ka dirwang mo go wena kgotsa mo bathong ba bangwe. Mo lebakeng leno re tla go itsise gore re tshwanetse go roba sephiri go diragatsa maikarabelo a rona a semolao a go begela badiredi ba ba tlhomilweng.

### **Dikotsi Tsa Patlisiso Eno ke Dife?**

Go ka nna ga nna le dikotsi dingwe ka go nna le seabe mo thutopatlisisong eno (sekao, go ikutlwa o sa phuthologa fa o bodiwa dipotso). Ditirisano tsotlhe tsa batho le go bua ka bone kana ka batho ba bangwe go na le kotsi nngwe e e rileng. Le fa go ntse jalo, ke tla fokotsa dikotsi tse di ntseng jalo mme ke tla dira ka bonako go go thusa fa o ka nna le bothata bongwe jwa tlhaloganyo fa o ntse o dira patlisiso eno. Fa go tlhokega, go tla romelwa motho yo o tshwanelegang go ya go bona thuso e e oketsegileng kgotsa thuso. Sa bofelo, o ka kgona go emisa thuto ka nako nngwe le nngwe kwantle ga gore e go tshware.

Fa e le gore morago ga potsolotso o ikutlwa o batla go bua le mongwe o sa itse leina la gago ka bothata bope jo o ka tswang o na le jone ka nako ya potsolotso, o ka nna wa founela le megala eno ya mahala.

SADAG: 0800 567 567

Lifeline: 021 461 1111

### **Melemo ya Patlisiso Eno ke Efe?**

Le fa gone go se na melemo epe e e tlhamaletseng ya patlisiso eno mo go wena ka bowena, diphelelo tsa yone di ka thusa mmatlisisi go ithuta mo go oketsegileng ka go itshoka fa a lebane le dilo tse di ngomolang pelo mo botshelong, le kafa batho ba tsibogang ka teng mo go tsone. Re solofela gore, mo isagweng, batho ba bangwe ba ka solegelwa molemo ke thuto eno ka go tlhaloganya ka tsela e e botoka dikgobalo tsa go fisiwa (segolobogolo mo baneng), go itsetsepela le go tsaya dikgato tse di ikaeletseng go dira gore motho a itsetsepele.

### **A ke Tshwanetse go Nna le Seabe mo Patlisisong Eno, Mme A Nka Tlogela go Nna le Seabe Nako Nngwe le Nngwe?**

Go nna le seabe ga gago mo patlisisong eno ke ka go rata. O ka tlhopha go se nne le seabe gotlhelele. Fa o swetsa go nna le seabe mo thutopatlisong eno, o ka emisa go nna le seabe nako nngwe le nngwe. Fa o ka swetsa gore o se ka wa tsaya karolo mo thutopatlisong eno kgotsa fa o ka emisa go e tsaya nako nngwe le nngwe, ga o kitla o otlhaiwa.

### **Go Tweng fa ke Na le Dipotso?**

Patlisiso eno e dirwa ke Reshma Wilson, yo e leng moithuti wa borutegi jwa tlhaloganyo kwa Lephatheng la Thutotlhaloganyo kwa Yunibesithing ya Kapa Bophirima. Fa o na le dipotso ka ga thutopatlisiso ka boyone, tsweetswee ikgolaganye le Reshma, e-mail: 4102567@myuwc.ac.za

Fa o na le dipotso dipe ka ga thutopatlisiso eno le ditshwanelo tsa gago jaaka motsayakarolo mo thutopatlisong, kgotsa fa o batla go bega mathata ape a o itemogetseng one a a amanang le thutopatlisiso, tsweetswee ikgolaganye le:

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**Head of Department:**

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**Appendix B: Letter of Consent (Provided in English, Afrikaans, isiZulu, isiXhosa, and Setswana)**



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**FACULTY OF COMMUNITY HEALTH SCIENCES**

*A Qualitative Study Exploring Perceptions of Teachers' from low-resourced schools on a Resilience Oriented Burns Intervention*

I..... voluntarily agree to participate in this research study.

I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.

I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.

I understand that participation involves discussing a topic of sensitive nature, specifically child burns and interventions.

I understand that I will not benefit directly from participating in this research.

I agree to my interview being video-recorded.

I understand that all information I provide for this study will be treated confidentially, and in accordance with that I will treat everything that my colleagues say as also confidential.

I understand that in any report on the results of this research my identity will remain anonymous. This will be done by changing my name and disguising any details from my interviews which may reveal my identity or the identity of people I speak about.

I understand that if I inform the researcher that I or someone else is at risk of harm they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.

I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

Signature of research participant

Date

-----

-----

I believe the participant is giving informed consent to participate in this study

Signature of researcher

Date

-----

-----

*Thank you for your cooperation and wish you all the best. You are welcome to email me regarding any queries: [4102567@myuwc.ac.za](mailto:4102567@myuwc.ac.za)*



UNIVERSITY of the  
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## Aanhangsel B: Toestemmingsbrief



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#### FACULTY OF COMMUNITY HEALTH SCIENCES

Geagte Ouer:

Ek, Reshma Wilson, 'n meestersstudent in navorsingsielkunde aan die Universiteit van Wes-Kaapland, is besig met 'n navorsingsprojek met die titel: *A Qualitative Study Exploring Perceptions of Teachers' from low-resourced schools on a Resilience Oriented Burns Intervention*. Hierdie navorsingsprojek het ten doel om veerkragtigheid te verstaan in terme van die vraag of onderwysers sou dink dat hulle na 'n kort videogreep oor die oorlewende van 'n brandwond sou kyk as dit 'n gevoel van veerkragtigheid by hul kind sou veroorsaak.

Afhangend van COVID-19-regulasies, sal 'n onderhoud (ongeveer 20-30 minute lank) met u gevoer word op 'n voorafbepaalde lokaal, of via 'n digitale platform (d.w.s. Zoom). Dit is 'n laerisiko-studie, maar as u tydens die onderhoud ontstellende emosies ervaar, kan 'n kliniese sielkundige (my studieleier) u help. As u dit nie kan bekostig om data te koop om aan die aanlynbyeenkoms deel te neem nie, sal ek u met data gee. Ek sal die skakel van die videogreep óf na u stuur en dat u dit op u eie kan kyk, of ek sal my skerm met u deel 'en ons kyk albei saam na die video.

Alle inligting wat aangebied word, sal vertroulik bly. U word ook versoek om waarlik en akkuraat as moontlik te antwoord. Daarbenewens moet u in kennis gestel word dat u die reg

het om in enige stadium van die navorsingsproses te onttrek, asook toegang tot enige inligting rakende die navorsingsproses en die resultate wat verkry is.

Ek verstaan die navorsingsdoelwitte, my regte en my rol as deelnemer aan die studie, sowel as die kwessies rakende vertroulikheid, soos uiteengesit deur die navorser.

Deelnemer se Naam:

Handtekening van die Deelnemer:

Datum:



**Appendix B: isiZulu Incwadi Yemvume (isiZulu Letter of Consent)**



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**FACULTY OF COMMUNITY HEALTH SCIENCES**

*Ucwaningo Olufanelekile Oluhlola Imibono Yothisha abavela ezikoleni ezingenazo izinsiza eziphansi ku-Resilience Oriented Burns Intervention*

Ngi..... ngivuma ngokuzithandela ukubamba iqhaza kulolu cwaningo.

Ngiyaqonda ukuthi noma ngivuma ukubamba iqhaza manje, ngingahoxa noma nini noma ngenqabe ukuphendula noma yimuphi umbuzo ngaphandle kwanoma yimiphi imiphumela yanoma yiluphi uhlobo.

Ngichazelwe inhloso kanye nemvelo yocwaningo ngokubhala futhi ngithole ithuba lokubuza imibuzo mayelana nocwaningo.

Ngiyaqonda ukuthi ukubamba iqhaza kuhilela ukuxoxa ngesihloko esibucayi, ikakhulukazi ukushiswa kwezingane nokungenelela.

Ngiyaqonda ukuthi ngeke ngizuze ngokuqondile ngokubamba iqhaza kulolu cwaningo.

Ngiyavuma ukuthi inhlokhono yami iqoshwe ngevidiyo.

Ngiyaqonda ukuthi lonke ulwazi engilunikezayo kulolu cwaningo luzophathwa ngokuyimfihlo, futhi ngokuvumelana nalokho ngizophatha konke okushiwo ozakwethu njengokuyimfihlo nakho.

Ngiyaqonda ukuthi kunoma yimuphi umbiko wemiphumela yalolu cwaningo ubunikazi bami buzohlala bungaziwa. Lokhu kuzokwenziwa ngokushintsha igama lami futhi kufihlwe noma yimiphi imininingwane evela ezingxoxweni zami engaveza ukuthi ngingubani noma abantu engikhuluma ngabo.

Ngiyaqonda ukuthi uma ngazisa umcwaningi ukuthi mina noma omunye umuntu usengozini yokulimala kungase kudingeke ukuthi abike lokhu kwabasemagunyeni abafanelekile - bazoxoxa nami ngalokhu kuqala kodwa kungase kudingeke ukuthi babike ngemvume noma ngaphandle kwemvume yami.

Ngiyaqonda ukuthi ngikhululekile ukuthintana nanoma ibaphi abantu abahililekile ocwaningweni ukuze ngifune ukucaciselwa okwengeziwe nolwazi.

Isiginesha yomhlanganyeli wocwaningo

Usuku

-----

Ngikholwa ukuthi umhlanganyeli unikeza imvume enolwazi lokubamba iqhaza kulolu cwaningo

Isiginesha yomcwaningi Usuku

-----

Ngiyabonga ukubambisana kwenu futhi nginifisela konke okuhle. Wamukelekile ukuthi ungithumele i-imeyili mayelana nanoma yimiphi imibuzo: [4102567@myuwc.ac.za](mailto:4102567@myuwc.ac.za)



**Isihlomelo B: incwadi/ileta yemvume (isiXhosa Letter of Consent)**



**UNIVERSITY of the  
WESTERN CAPE**

**University of the Western Cape**

**DEPARTMENT OF PSYCHOLOGY**

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**FACULTY OF COMMUNITY HEALTH SCIENCES**

*iSifundo esineMfaneleko yokuPhonononga iiMvo zooTitshala abasuka kwizikolo ezinezibonelelo eziphantsi kwiResilience Oriented Burns Intervention*

Ndi.....  
.....  
..... ngokuzithandela ndiyavuma ukuthatha inxaxheba kolu phando.

Ndiyaqonda ukuba nokuba ndivuma ukuthatha inxaxheba ngoku, ndingarhoxa nangaliphi na ixesha okanye ndale ukuphendula nawuphi na umbuzo ngaphandle kweziphumo zalo naluphi na uhlobo.

Ndibe nenjongo kunye nohlobo loophononongo oluchazwe kum ngokubhaliweyo kwaye ndiye ndafumana ithuba lokubuza imibuzo malunga nophononongo.

Ndiyaqonda ukuba uthatho-nxaxheba lubandakanya ukuxoxa ngomxholo obuthathaka, ngakumbi ukutshiswa kwabantwana kunye nokungenelela.

Ndiyaqonda ukuba andizukuzuzwa ngokuthe ngqo ngokuthatha inxaxheba kolu phando.

Ndiyavuma ukuba udliwano-ndlebe lwam lurekhodwe ngevidiyo.

Ndiyaqonda ukuba lonke ulwazi endilunikayo kolu phononongo luya kuphathwa ngokuyimfihlo, kwaye ngokungqinelana noko ndiya kuphatha yonke into ethethwa

ngoogxa bam njengeyimfihlo.

Ndiyaqonda ukuba kuyo nayiphi na ingxelo kwiziphumo zolu phando isazisi sam siya kuhlala singaziwa. Oku kuya kwenziwa ngokutshintsha igama lam kunye nokufihla naziphi na iinkcukacha kudliwano-ndlebe lwam ezinokutyhila ukuba ndingubani okanye ngabantu endithetha ngabo.

Ndiyaqonda ukuba ukuba ndazisa umphandi ukuba mna okanye omnye umntu usemngciphekweni wokwenzakala kusenokufuneka akuxele kwabasemagunyeni abafanelekileyo - bayakuxoxa nam oku kuqala kodwa kungafuneka ukuba baxele ngemvume okanye ngaphandle kwemvume yam.

Ndiyaqonda ukuba ndikhululekile ukuqhagamshelana nabaphi na abantu ababandakanyekayo kuphando ukufuna ingcaciso kunye nolwazi olungakumbi.

Utyikityo lomthathi-nxaxheba kuphando

Umhla

Ndiyakholelwa ukuba umthathi-nxaxheba unika imvume enolwazi lokuthatha inxaxheba kolu phanongo

Utyikityo lomphandi

Umhla

Enkosi ngentsebenziswano yenu kwaye ndininqwenelela okuhle kodwa. Wamkelekile ukuba undithumelele i-imeyile malunga nayo nayiphi na imibuzo: [4102567@myuwc.ac.za](mailto:4102567@myuwc.ac.za)

## Appendix B: Lekwalo la Tumulano ka Setswana (Setswana Letter of Consent)



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#### FACULTY OF COMMUNITY HEALTH SCIENCES

*Thuto ya Boleng e e Tlathlobang Tsela e Barutabana ba Dikolo Tse di Nang le Metswedi e  
Mentsintsi ya Madi ba Lebang go Itshokela go Fisiwa ka Yone*

Ke dumalana ka boithaopo go nna le seabe mo thutopatlisong eno.

Ke tlhaloganya gore le fa nka dumela go nna le seabe gone jaanong, nka kgona go tlogela nako nngwe le nngwe kgotsa ka gana go araba potso epe fela kwantle ga ditlamorago dipe.

Ke ne ka tlhalosediswa ka go kwalwa boikaelelo le mofuta wa thuto mme ka nna le tshono ya go botsa dipotso ka yone.

Ke tlhaloganya gore go nna le seabe go akaretsa go tlotla ka kang e e masisi, segolobogolo go fisiwa ga bana le go dira dilo dingwe.

Ke tlhaloganya gore ga ke na go solegelwa molemo ka tlhamalalo ke go nna le seabe mo patlisong eno.

Ke dumalana gore motlotlo wa me o gatisiwe ka bidio.

Ke tlhaloganya gore tshedimosetso yotlhe e ke e neelang thutopatlisiso eno e tla tshwarwa ka tsela ya sephiri, mme go dumalana le seo ke tla tshwara sengwe le sengwe se badirimmogo le nna ba se buang ka tsela ya sephiri.



Ke a tlhaloganya gore mo pegong epe fela e e malebana le diphelelo tsa patlisiso eno, motho yo ke leng ene o tla nna a sa itsiwe. Seno ke tla se dira ka go fetola leina la me le go fitlha dintlha dipe fela tse di mo dipotsolotsong tsa me tse di ka senolang gore ke nna mang kgotsa gore ke bomang.

Ke tlhaloganya gore fa ke itsise mmatlisisi gore nna kana mongwe o sele o mo kotsing ya go gobadiwa, ba ka nna ba tshwanelwa ke go bega seno kwa balaoding ba ba maleba - ba tla tlotla ka seno le nna pele mme ba ka nna ba kopiwa go bega ka tetla ya me kgotsa ba sa e batle.

Ke tlhaloganya gore ke gololesegile go ikgolaganya le mongwe le mongwe yo o amegang mo patlisisong eno gore ke bone tshedimosetso e e oketsegileng.

Saena ya motsayakarolo wa patlisiso Letlha

---

Ke dumela gore motsayakarolo o naya tumelelo ya go nna le seabe mo thutopatlisisong e

Saena ya mmatlisisi Letlha

---

Ke lo leboga go bo lo dirisana mmogo mme ke lo eleletsa masego. O ka nthomelela melaetsa ka dipotso dipe fela: 4102567@myuwc.ac.za

**Appendix C: Confidentiality Binding Agreement (Provided in English, Afrikaans, isiZulu, isiXhosa, and Setswana)**



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**FACULTY OF COMMUNITY HEALTH SCIENCES**

*A Qualitative Study Exploring Perceptions of Teachers' from low-resourced schools on a Resilience Oriented Burns Intervention*

Confidentiality binding Form

I understand that all the information provided for this study will be treated confidentially, and in accordance with that I will treat everything that my colleagues say as confidential.

I understand that if I inform the researcher that I or someone else is at risk of harm they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.

I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

Signature of research participant

-----

Date

-----

*Thank you for your cooperation and wish you all the best. You are welcome to email me regarding any queries: 4102567@myuwc.ac.za*



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**Isithasiselo C: Isivumelwano Esibophezelayo Sokugcinwa Kuyimfihlo KwesiNgisi  
(isiZulu Confidentiality Binding Agreement)**



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**FACULTY OF COMMUNITY HEALTH SCIENCES**

*Ucwaningo Olufanelekile Oluhlola Imibono Yothisha abavela ezikoleni ezingenazo izinsiza  
eziphansi ku-Resilience Oriented Burns Intervention*

Ifomu elibophezela ukugcinwa kuyimfihlo

Nginyaqonda ukuthi lonke ulwazi oluhlinzekwe kulolu cwano ngokuyimfihlo,  
futhi ngokuvumelana nalokho ngizophatha yonke into eshiwo ozakwethu njengokuyimfihlo.

Nginyaqonda ukuthi uma ngazisa umcwano ukuthi mina noma omunye umuntu usengozini  
yokulimala kungase kudingeke ukuthi abike lokhu kwabasemagunyeni abafanelekile -  
bazoxoxa nami ngalokhu kuqala kodwa kungase kudingeke ukuthi babike ngemvume noma  
ngaphandle kwemvume yami.

Ngiyaqonda ukuthi ngikhululekile ukuthintana nanoma ibaphi abantu abahililekile ocwaningweni ukuze ngifune ukucaciselwa okwengeziwe nolwazi.

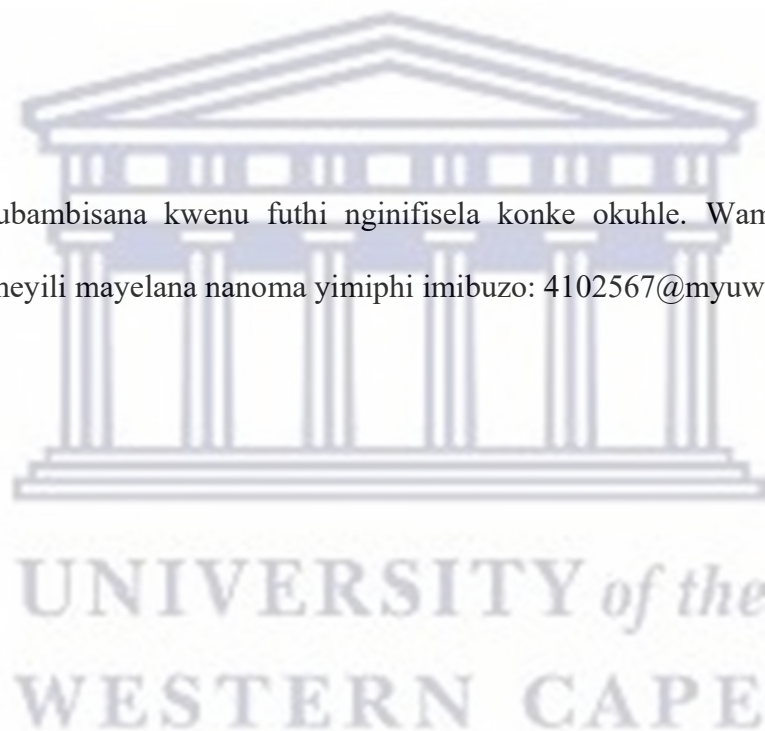
Isiginesha yomhlanganyeli wocwaningo

Usuku

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Ngiyabonga ukubambisana kwenu futhi nginifisela konke okuhle. Wamukelekile ukuthi ungithumele i-imeyili mayelana nanoma yimiphi imibuzo: [4102567@myuwc.ac.za](mailto:4102567@myuwc.ac.za)



**Isihlomelo C: IsiVumelwano esiBophela iMfihlo ngesiXhosa (isiXhosa Confidentiality Binding Agreement)**



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**FACULTY OF COMMUNITY HEALTH SCIENCES**

*iSifundo esineMfaneleko yokuPhonononga iiMvo zooTitshala abasuka kwizikolo ezinezibonelelo eziphantsi kwiResilience Oriented Burns Intervention*

Ifom ebophelelayo kwimfihlo

Ndiyaqonda ukuba lonke ulwazi olunikiweyo kolu phononongo luya kuphathwa ngokuyimfihlo, kwaye ngokungqinelana noko ndiya kuphatha yonke into ethethwa ngoogxa bam njengeyimfihlo.

Ndiyaqonda ukuba ukuba ndazisa umphandi ukuba mna okanye omnye umntu usemngciphekweni wokwenzakala kusenokufuneka akuxele kwabasemagunyeni abafanelekileyo - bayakuxoxa nam oku kuqala kodwa kungafuneka ukuba baxele ngemvume okanye ngaphandle kwemvume yam.

Ndiyaqonda ukuba ndikhululekile ukuqhagamshelana nabaphi na abantu ababandakanyekayo kuphando ukufuna ingcaciso kunye nolwazi olungakumbi.

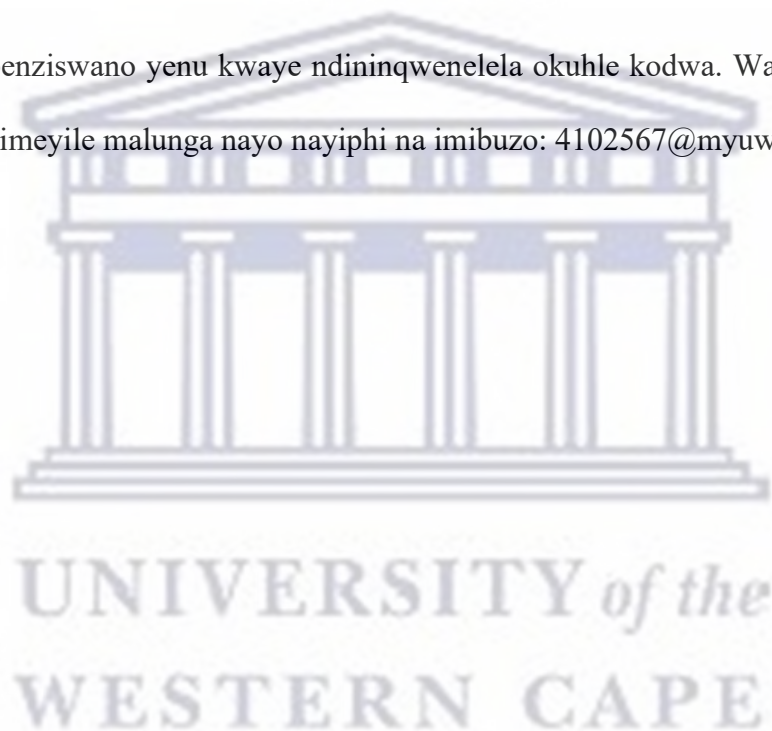
Utyikityo lomthathi-nxaxheba kuphando

Umhla

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Enkosi ngentsebenziswano yenu kwaye ndininqwenelela okuhle kodwa. Wamkelekile ukuba undithumelele i-imeyile malunga nayo nayiphi na imibuzo: [4102567@myuwc.ac.za](mailto:4102567@myuwc.ac.za)



## Appendix C: Tumulano e e Tlamelang ya Sephiri ka Setswana (Setswana Confidentiality)



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#### FACULTY OF COMMUNITY HEALTH SCIENCES

#### Binding Agreement)

*Thuto ya Boleng e e Tlathhobang Tsela e Barutabana ba Dikolo Tse di Nang le Metswedi e  
Mentsinsi ya Madi ba Lebang go Itshokela go Fisiwa ka Yone*

Foromo ya sephiri

Ke tlhaloganya gore tshedimosetso yotlhe e e neelwang mo thutopatlisisong eno e tla tshwarwa ka tsela ya sephiri, mme ke tla tshwara sengwe le sengwe se badirimmo go le nna ba se buang ka tsela ya sephiri.

Ke tlhaloganya gore fa ke itsise mmatlisisi gore nna kana mongwe o sele o mo kotsing ya go gobadiwa, ba ka nna ba tshwanelwa ke go bega seno kwa balaoding ba ba maleba - ba tla tlotla ka seno le nna pele mme ba ka nna ba kopiwa go bega ka tetla ya me kgotsa ba sa e batle.



Ke tthaloganya gore ke gololesegile go ikgolaganya le mongwe le mongwe yo o amegang mo patlisisong eno gore ke bone tshedimosetso e e oketsegileng.

Saena ya motsayakarolo wa patlisiso Letlha

-----

Ke lo leboga go bo lo dirisana mmogo mme ke lo eleletsa masego. O ka nthomelela melaetsa ka dipotso dipe fela: [4102567@myuwc.ac.za](mailto:4102567@myuwc.ac.za)



## Appendix D: English Permission Letter for school



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### **DEPARTMENT OF PSYCHOLOGY**

Private Bag X 17, Bellville 7535, South Africa, Telephone: (021) 959-2283/2453  
Fax: (021) 959-3515 Telex: 52 6661

**FACULTY OF COMMUNITY HEALTH SCIENCES**

To whom this may concern,

My name is Reshma Wilson, I am a student psychologist at the University of the Western Cape and I would like to conduct research at your school. My research aims to explore teacher's perceptions of a resilience oriented psychological intervention on children who had survived a burn-related injury.

If you agree, I would require teachers to volunteer to take part in a focus group with a researchers about their thoughts on a short video clip that would watch.

As a researcher I will aim to protect the identity and the nature of the teachers contributions and they will remain anonymous. Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research,

you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized.

If you consent and give permission for this research to be conducted at your school please sign below.

I \_\_\_\_\_ give permission for this research to be conducted at \_\_\_\_\_

Date:

### **What If I Have Questions?**

This research is being conducted by Reshma Wilson, a psychology Master's student from the Department of Psychology at the University of the Western Cape. If you have any questions about the research study itself, please contact Reshma, e-mail: 4102567@myuwc.ac.za

Should you have any questions regarding this study and your rights as a research participant, or if you wish to report any problems you have experienced related to the study, please contact:

**Head of Department:**

**Psychology**

Prof. Anita

Padmanabhanunni

Tel: 0219592842

apadmana@uwc.ac

.za

University of the Western

Cape Private Bag X17

Bellville 7535

**Main Research Supervisor: Department of  
Psychology**

Prof Rashid Ahmed

University of the Western

Cape Private Bag X17

Bellville 7535

rasahmed@uwc.ac.

za



**Co- Research Supervisor: Institute for Social and  
Health Sciences, SAMRC**

Prof Ashley Van Niekerk

Medical Research Council of South Africa

Bellville 7535

UNIVERSITY of the  
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**Appendix E: English Permission from the Head of Department at the Gauteng  
Department of Education**



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**DEPARTMENT OF PSYCHOLOGY**

Private Bag X 17, Bellville 7535, South Africa, Telephone: (021) 959-2283/2453  
Fax: (021) 959-3515 Telex: 52 6661

**FACULTY OF COMMUNITY HEALTH SCIENCES**

To whom this may concern,

This is a letter to the Head of the Department at the Gauteng Department of Education requesting permission to conduct research in schools in Johannesburg.

My name is Reshma Wilson, I am a student psychologist at the University of the Western Cape and I would like to conduct research at schools in Johannesburg. My research aims to explore teacher's perceptions of a resilience oriented psychological intervention on children who had survived a burn-related injury.

If you agree, I would like permission to collect data from various schools in Gauteng; this would require teachers to volunteer to take part in a focus group with a researchers about their thoughts on a short video clip that would watch.

As a researcher I will aim to protect the identity and the nature of the teachers contributions and they will remain anonymous; their participation in this research is completely voluntary. They may choose not to take part at all. If they decide to participate in this research, they may stop participating at any time. If they decide not to participate in this study or if they stop participating at any time, they will not be penalized.

If you consent and give permission for this research to be conducted within the Gauteng province please sign below.

I \_\_\_\_\_ give permission for this research to be conducted at \_\_\_\_\_

Date:

### **What If I Have Questions?**

This research is being conducted by Reshma Wilson, a psychology Master's student from the Department of Psychology at the University of the Western Cape. If you have any questions about the research study itself, please contact Reshma, e-mail: 4102567@myuwc.ac.za

Should you have any questions regarding this study and your rights as a research participant, or if you wish to report any problems you have experienced related to the study, please contact:

**Head of Department:**

**Psychology**

Prof. Anita

Padmanabhanunni

Tel: 0219592842

apadmana@uwc.ac

.za

University of the Western

Cape Private Bag X17

Bellville 7535

**Main Research Supervisor: Department of**

**Psychology**

Prof Rashid Ahmed

University of the Western

Cape Private Bag X17

Bellville 7535

rasahmed@uwc.ac.

za



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**Co- Research Supervisor: Institute for Social and**

**Health Sciences, SAMRC**

Prof Ashley Van Niekerk

Medical Research Council of South Africa

Bellville 7535

ashley.vanniekerk

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**Appendix F: Focus group Guide (Provided in English, Afrikaans, isiZulu, isiXhosa, and Setswana)**



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Fax: (021) 959-3515 Telex: 52 6661

**FACULTY OF COMMUNITY HEALTH SCIENCES**

- 1) What were your experiences from watching the video?
- 2) What message is the video trying to portray?
- 3) Did you learn anything new from this video that you did not know before?
- 4) Do you think that this video distills a message of resilience?
- 5) How do you see resilience?
- 6) Do you think that children will feel resilient, or more resilient, after watching this video?
- 7) Have your cultural beliefs helped you in any way in coping with your child's burn injury?
- 8) Do you think it is worthwhile to share this video to other teachers that are in a similar position as what you are?
- 9) How do you think the video would help/be beneficial?
- 10) How could the video be improved?
- 11) Is there anything else that you would like to add that you feel that was not asked or touched on.



## Aanhangsel F: Onderhoudsgids



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## **University of the Western Cape**

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Fax: (021) 959-3515 Telex: 52 6661

### **FACULTY OF COMMUNITY HEALTH SCIENCES**

- 1) Wat was u ervaring as u onderwysers was as u die video gekyk het?
- 3) Het u iets nuuts geleer uit hierdie video wat u nie vantevore geken het nie?
- 4) Dink u dat hierdie video 'n boodskap van veerkragtigheid distilleer?
- 5) Indien nie, wat dink u kan u doen om dit te doen?
- 6) Dink u dat u kind veerkragtig of veerkragtiger sal voel na die lees van hierdie video?
- 7) Het u kulturele oortuigings u op enige manier gehelp om die brandwond van u kind te hanteer?
- 8) Het u geloofsoortuigings u op enige manier gehelp om die brandwond van u kind te hanteer?
- 9) Dink u dat dit die moeite werd is om hierdie video aan ander ouers en / of versorgers te deel wat in 'n soortgelyke posisie is as wat u is?
- 10) Is daar iets anders wat u wil byvoeg dat u voel dat u nie gevra of aangeraak is nie?

## Isithasiselo : Isi-Zulu Focus group Guide



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## **University of the Western Cape**

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Fax: (021) 959-3515 Telex: 52 6661

### **FACULTY OF COMMUNITY HEALTH SCIENCES**

- 1) Yini ohlangabezane nayo ngokubuka ividiyo?
- 2) Imuphi umlayezo ividiyo ezama ukuwuveza?
- 3) Ingabe kukhona okusha okufundile kule vidiyo obungakwazi ngaphambilini?
- 4) Ingabe ucabanga ukuthi le vidiyo ihlakaza umlayezo wokuqina?
- 5) Ukubona kanjani ukuqina?
- 6) Ingabe ucabanga ukuthi izingane zizozizwa ziqinile, noma ziqine ngokwengeziwe, ngemva kokubuka le vidiyo?
- 7) Ingabe izinkolelo zakho zamasiko zikusize nganoma iyiphi indlela ekubhekaneni nokulimala kokusha kwengane yakho?
- 8) Ingabe ucabanga ukuthi kufanelekile ukwabelana ngale vidiyo kwabanye othisha abasesimeni esifana naleso oyikho?
- 9) Ucabanga ukuthi ividiyo ingasiza/izuzise kanjani?
- 10) Ividiyo ingathuthukiswa kanjani?
- 11) Ingabe kukhona okunye ongathanda ukukwengeza onomuzwa wokuthi akuzange kucelwe noma kuthintwe?

## Isihlomelo F: Isikhokelo seqela ekugxilwe kuso ngesiXhosa (isiXhosa Focus Group

### Questions)



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Fax: (021) 959-3515 Telex: 52 6661

### **FACULTY OF COMMUNITY HEALTH SCIENCES**

- 1) Athini amava akho ngokubukela ividiyo?
- 2) Ngowuphi umyalezo le vidiyo izama ukuwubonisa?
- 3) Ngaba ufunde nantoni na entsha kule vidiyo obungayazi ngaphambili?
- 4) Ngaba ucinga ukuba le vidiyo ikhupha umyalezo wokomelela?
- 5) Ukubona njani ukomelela?
- 6) Ngaba ucinga ukuba abantwana baya kuziva bomelele, okanye bomelele ngakumbi, emva kokubukela le vidiyo?
- 7) Ngaba iinkolelo zakho zenkcubeko zikuncedile nangayiphi na indlela ukujamelana nokwenzakala kokutsha komntwana wakho?
- 8) Ngaba ucinga ukuba kufanelekile ukwabelana ngale vidiyo kwabanye ootitshala abakwimeko efanayo nale uyiyo?
- 9) Ucinga ukuba ividiyo inganceda/ibe luncedo njani?
- 10) Ingaphuculwa njani ividiyo?
- 11) Ngaba kukho enye into ongathanda ukuyongeza ovakalelwa kukuba ayizange ibuzwe okanye ichukunyiswe?

## Appendix F: Kaelo ya dithlopha tse di buang ka Setswana (Setswana Focus Group)



UNIVERSITY of the  
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### University of the Western Cape

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#### FACULTY OF COMMUNITY HEALTH SCIENCES

#### Questions)

- 1) Ke maitemogelo afe a o nnileng le one fa o sena go leba bidio eno?
- 2) Bidio eno e leka go bontsha molaetsa ofe?
- 3) A o ithutile sengwe se sesha mo bidiong eno se o neng o sa se itse pele?
- 4) A o akanya gore bidio eno e re ruta gore re nne re nitame?
- 5) O leba jang go itshokelana?
- 6) A o akanya gore bana ba tla ikutlwa ba nonofile kgotsa ba nonofile fa ba sena go leba bidio eno?
- 7) A ditumelo tsa gago tsa setso di go thusitse ka tsela nngwe go itshokela go fisiwa ga ngwana wa gago?
- 8) A o akanya gore go botlhokwa go abelana bidio eno le barutabana ba bangwe ba ba mo maemong a a tshwanang le a gago?
- 9) O akanya gore bidio eno e ka go thusa jang?
- 10) Bidio eno e ka tokafadiwa jang?
- 11) A go na le sengwe gape se o ka ratang go se oketsa se o akanyang gore ga se a bodiwa kgotsa go buiwa ka sone?

## Appendix G: University of Western Cape Ethics Approval Letter



UNIVERSITY of the  
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Directorate: DVC, Research and Innovation  
Research and Postgraduate Support  
Tel: +27 21 959 4111  
Email: research-ethics@uwc.ac.za

05 June 2023

Ms R Wilson, Prof R Ahmed, Prof A van Niekerk and Mr L Daniels  
Psychology  
Faculty of Community and Health Sciences

**BMREC Reference Number:** BM21/6/24

**Project Title:** A qualitative study exploring perceptions of teachers from low-resources schools on a resilience-oriented burns intervention.

**Approval Period:** 23 April 2023 – 22 April 2024

I hereby certify that the Biomedical Science Research Ethics Committee of the University of the Western Cape approved the scientific methodology, ethics and amendment of the above-mentioned research project.

Any further amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

*Please remember to submit an annual progress report at least two months before expiry date. Failure to submit your annual progress report on time will result in the immediate lapse of your ethics approval and you will have to resubmit an entirely new ethics application.*

For permission to conduct research using student and/or staff data or to distribute research surveys/questionnaires please apply via: <https://sites.google.com/uwc.ac.za/permissionresearch/home>

*The permission letter must then be submitted to BMREC for record keeping purposes.*

The Committee must be informed of any serious adverse event and/or termination of the study.

A handwritten signature in black ink, appearing to read 'Josias'.

Ms Patricia Josias  
Officer: Research Ethics  
University of the Western Cape

NHREC Registration Number: BMREC-130416-050

University of the Western Cape, Robert Sobukwe Road, Bellville 7535, Republic of South Africa

## Appendix H: Gauteng Province Department of Education Ethics Approval Letter



### GAUTENG PROVINCE

Department: Education  
REPUBLIC OF SOUTH AFRICA

8/4/4/1/2

#### GDE RESEARCH APPROVAL LETTER

Date:	12 July 2023
Validity of Research Approval:	08 February 2023– 30 September 2023 2023/257
Name of Researcher:	Wilson R
Address of Researcher:	6 Pembray, 1 Eastleigh Avenue, Wendywood
Telephone Number:	079 841 0603
Email address:	reshmiawilson@gmail.com
Research Topic:	A Qualitative Study Exploring Perceptions of Teachers' from low-resourced schools on a Resilience Oriented Burns Intervention
Name of University:	University of Western Cape
Type of qualification	Masters in Clinical Psychology
Number and type of schools:	2 Primary Schools and 2 Secondary Schools
District/s/HO	Johannesburg East, Johannesburg Central, Johannesburg North, Johannesburg West

#### **Re: Approval in Respect of Request to Conduct Research**

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below are met. Approval may be withdrawn should any of the conditions listed below be flouted:

*Making education a societal priority*

#### Office of the Director: Education Research and Knowledge Management

7<sup>th</sup> Floor, 17 Simmonds Street, Johannesburg, 2001  
Tel: (011) 355 0488  
Email: Faith.Tshabalala@gauteng.gov.za  
Website: www.education.gpg.gov.za

1. The letter would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.
2. The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.
3. **Because of the relaxation of COVID 19 regulations researchers can collect data online, telephonically, physically access schools, or may make arrangements for Zoom with the school Principal. Requests for such arrangements should be submitted to the GDE Education Research and Knowledge Management directorate.**
4. **The Researchers are advised to wear a mask at all times, Social distance at all times, Provide a vaccination certificate or negative COVID-19 test, not older than 72 hours, and Sanitise frequently.**
5. A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s has been granted permission from the Gauteng Department of Education to conduct the research study.
6. A letter/document that outlines the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs, and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.
7. The Researcher will make every effort to obtain the goodwill and cooperation of all the GDE officials, principals, and chairpersons of the SGBs, teachers, and learners involved. Persons who offer their cooperation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.
8. Research may only be conducted after school hours so that the normal school program is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.
9. Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.
10. Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.
11. It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.
12. The researcher is responsible for supplying and utilising his/her research resources, such as stationery, photocopies, transport, faxes, and telephones, and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
13. The names of the GDE officials, schools, principals, parents, teachers, and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.
14. On completion of the study, the researcher/s must supply the Director: Knowledge Management & Research with one Hard Cover bound and an electronic copy of the research.
15. The researcher may be expected to provide short presentations on the purpose, findings, and recommendations of his/her research to both GDE officials and the schools concerned.
16. Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a summary of the purpose, findings, and recommendations of the research study.

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards



Dr. Gumani Mukatuni

Acting CES: Education Research and Knowledge Management

DATE: 12/07/2023

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*Making education a societal priority*

**Office of the Director: Education Research and Knowledge Management**

7<sup>th</sup> Floor, 17 Simmonds Street, Johannesburg, 2001

Tel: (011) 355 0488

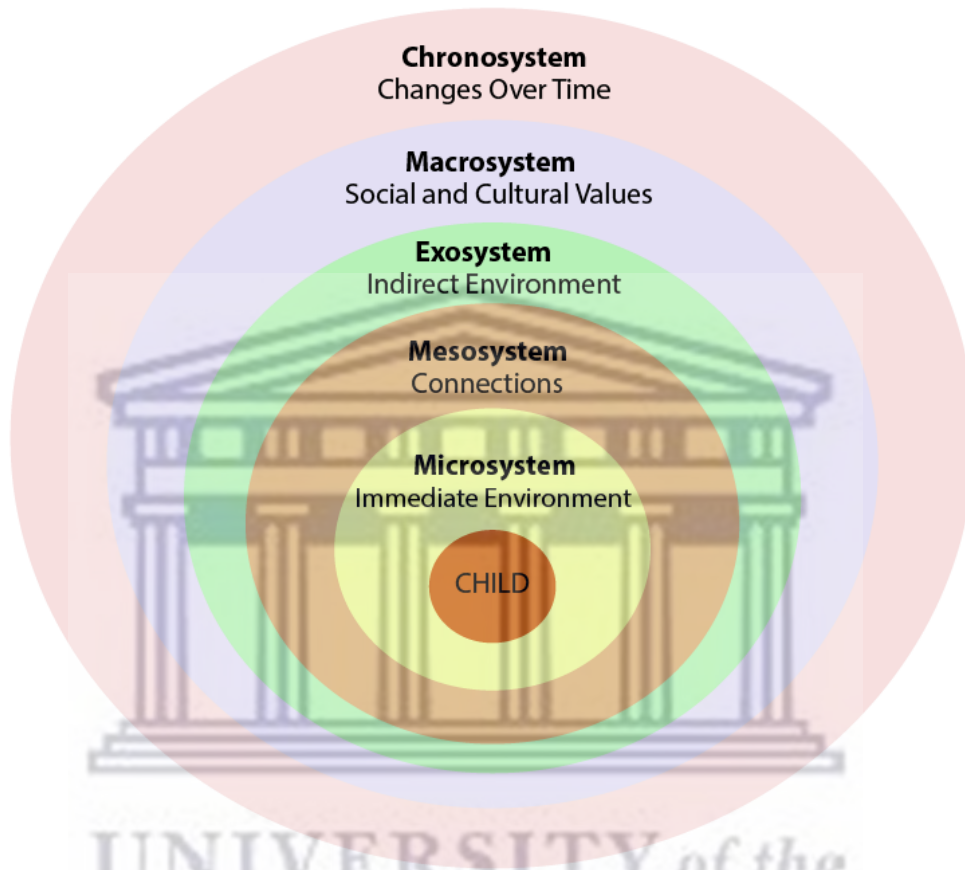
Email: Faith.Tshabalala@gauteng.gov.za

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**Figure 1**

**Bronfenbrenner's Ecological Systems Theory**

**Bronfenbrenner's Ecological Systems Theory**



(C) The Psychology Notes Headquarters <https://www.PsychologyNotesHQ.com>

*Note.* From “Bronfenbrenner's Ecological Systems Theory”. Adapted from “Psychologynoteshq” by Psychological Notes Headquarters, “2020, retrieved from <https://www.psychologynoteshq.com/bronfenbrenner-ecological-theory/>”.