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INTEGRATIVE REVIEW OF THE LITERATURE

Sentimentos vivenciados por mulheres vítimas de queimaduras: revisão integrativa

Feelings experienced for women burn victims: integrative review

Sentimientos experimentados por mujeres víctimas de quemadura: revisión integradora

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ABSTRACT

Objective: verifying in the literature the scientific production about the feelings of women victims of burns. **Method:** we conducted searches in research databases, through a research protocol based on the steps of the integrative review method, establishing goals, guiding question, searching strategies, selection of studies, data collection and the creation of spreadsheet for a critical evaluation of the studies. **Results:** 70 articles were found, of which we selected 17 from the established inclusion criteria. **Conclusion:** It was concluded that the burn is among the most serious trauma that affects women's health, because besides the physical problems, it also generates disorders in their body image, resulting in psychological and social problems. **Descriptors:** Women, Burns, Scars, Feelings and Body Image.

RESUMO

Objetivo: verificar na literatura a produção científica sobre os sentimentos de mulheres vítimas de queimaduras. **Método:** Realizou-se buscas nas bases de dados de pesquisa, através de um protocolo de investigação baseado nos passos do método da revisão integrativa, estabelecendo-se objetivos, questão norteadora, estratégias para busca, seleção de estudos, coleta dos dados, elaboração de planilha para avaliação crítica dos estudos. **Resultados:** Foram encontrados 70 artigos, destes selecionou-se 17 a partir dos critérios de inclusão estabelecidos. **Conclusão:** Concluiu-se que a queimadura está entre os traumas mais graves que afetam a saúde da mulher, pois, além dos problemas físicos, geram desordens na imagem corporal das mulheres acometidas, resultando em problemas de ordem psicológica e social. **Descritores:** Mulheres, Queimaduras, Cicatrizes, Sentimentos e Imagem Corporal.

RESUMEN

Objetivos: verificar la producción de literatura científica acerca de los sentimientos de las mujeres víctimas de quemaduras. **Método:** Se realizaron búsquedas en bases de datos de investigación, a través de un protocolo de investigación basado en las etapas del procedimiento de revisión integradora, el establecimiento de metas, guiando cuestión, la búsqueda de estrategias, la selección de los estudios, recopilación de datos, preparación de la hoja de cálculo para evaluación crítica de los estudios. **Resultados:** Hemos encontrado 70 artículos, de los cuales se seleccionaron 17 de los criterios de inclusión establecidos. **Conclusión:** Se concluyó que la quemadura es uno de los traumas más graves que afectan a la salud de las mujeres, ya que además de los problemas físicos, generar trastornos de la imagen corporal de la mujer en afectados, resultando en problemas de orden psicológico y social. **Descritores:** Mujeres, quemaduras, cicatrices, sentimientos y imagen corporal.

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INTRODUCTION

Burns are tissue injuries due to trauma of thermal origin resulting from exposure or contact with flames, hot liquids, hot surfaces, electricity, cold, chemicals, radiation, friction or rubbing. The thermal damage can cause partial or total destruction of the skin and its annexes, as well as compromising deeper structures such as muscles, tendons and bones¹⁻².

The lesions are graded according to the extent and depth of body surface burned, classified in first, second or third degree. The first degree burns hit only the epidermis, causes redness, pain, swelling, without forming bubbles, Peel for 4 or 6 days. The second degree affect epidermis and DermIS, with bubbles, bubble base rosea, wet, painful (lesions restore between 7 and 21 days). And the third degree are painless, have whitish or blackish plate appearance and no reepitelizam, require skin grafting (indicated in the II Degree deep)³.

The cases of burns in Brazil, represent a significant harm to public health. In 2011 were recorded 1.437 hospitalization in Intensive Care Units (ICU) of Burned, with a death rate of 17.95% of hospitalizations, i.e., 258 people dead. Already in 2010, 1283 ICU hospitalizations occurred, with 233 deaths or 18.16% percentage of death³.

The burnt person goes through an experience of transformation in its appearance that it requires an adaptation, new insights, ideas and concepts, because the burn does not damage your physical appearance, but also the psicoemocional dimension is achieved. After the burn, the patient undergoes a painful process where your body is vulnerable and weakened by injuries, and his mind becomes strongly weakened in the face of changing the appearance of your own body.

Each individual sees his own body in a unique way, image figuration of our body formed in our minds, that is, how the body presents itself to us. Front of it, you can assert the influence of burn on self body image, because the body changes due to injuries and your scars as well as physical are also on "soul"⁴.

The meaning of the body image is a mental representation that the individual has of his own body and that can affect your general health. Therefore, the perception of one's body image brings reflections on physical and mental health, which interfere in the life of the individual⁵.

Changes in appearance caused by burns, can lead to feelings of inferiority, sadness, shame, low self-esteem, motivation, disability and insecurity for both the injured party as to who the fence, which culminates in the destabilization of the individual as a whole. Women in particular suffer more intensely with this situation, because they are subject to standards of beauty and behavior dictated by society. That way, when you don't fit the standard of beauty, can be discriminated against, oppressed and even excluded socially,

affecting directly at work, in relationships with family, in interpersonal relationships and yourself^{1,7-8}.

The motivation for this study originated from the discussion on the female standards of beauty imposed by society and self-image of women scarred from burns. By this reality, arose the following question: what are the feelings of women victims of Burns, about the injuries and scars of burned skin?

On the above, the present work is justified by the necessity of multidisciplinary team recognize post-traumatic feelings of women burn victims, in order to seek care strategies, as well as providing subsidies to encourage the follow-up and the body, mental and spiritual rehabilitation of these patients.

In order to answer the questions proposed, the goal is to verify the scientific production in the literature about the feelings of women victims of burns.

METHOD

This is an integrative literature review, based on six stages as follows⁹:

Identification of the theme and selection of research question:

During the nursing care provided to women victims of Burns, it was observed the presence of varied feelings related to physical and psychic damage caused by burnt skin. From this observation, it was decided by the definition of the topic to be study, given its complexity. In order to respond to the proposed objective, selected the question of research.

Establishment of criteria for selection of the studies:

Based on the purpose of the research, devised the selection criteria of the studies the sample of this integrative review. Establishing the criteria for inclusion: articles published in national and international journals, available in full and for free, published and/or indexed in these databases for the past 5 years, with no restrictions on the type of methodology used, however, with reflections on the theme proposed. And exclusion criteria: works published in summary form, and articles indexed in more than one database, being considered just one of the papers.

The search in databases Latin American literature and Caribbean Health Sciences (Lilacs) and Scientific Electronic Library Online (SciELO), with the controlled descriptors: "Women", "Sunburn", "Self-esteem", "Self-image", "Scars" and "Emotions", since these descriptors take care desired characteristics for the study.

Definition of the information to be extracted from selected studies:

On the conditions of eligibility, were set the information to be extracted from selected studies, in order to answer the research question and, consequently, achieve the objective proposed. The eligibility process articles came about through the reading of respective summaries and identifying the information defined for the analysis.

The studies, in principle were divided into subgroups by year of publication, in order to facilitate the examination of articles. Were read first the titles and the abstracts for the selection of articles. In sequence, following the techniques of extraction of data from

primary sources, through preparation of fichamentos. And then the extracted data were analysed and coded, to compose the theoretical foundation of the present work.

Assessment of studies included in the integrative review:

The studies selected were evaluated from the reflective reading of its content individually by each researcher performed integral.

Interpretation of results:

From the individual reading, meetings between authors for discussion of the results presented by the selected studies.

Presentation of the review/knowledge synthesis:

Selected articles, assessed and analyzed, were grouped in summary table containing information published discussions and reflections on the theme chosen.

RESULTS E DISCUSSION

We found 40 articles in Lilacs and Scielo in 30 of these, it excluded 53 from the defined criteria. For analysis selected 17 articles. We consider relevant variables: Title, Authors; Goals; Conclusions and publication year (Table 1).

Nº	TITLE	AUTHORS	OBJETIVE	CONCLUSION	YEAR
E1	Rehabilitation and return to work after occupational burns.	Schiavon VC et al.	Meet the aspects that encourage or hinder rehabilitation and return to work of those who have suffered workplace accident by burns.	It is important that nursing professionals invest in actions that contribute in physical rehabilitation, emotional and aesthetic of workers who suffered occupational burns.	2014
E2	Feelings and doubts of the burn patient in a reference in Fortaleza-CE.	Castro ANP et al.	Identify the feelings and doubts of the burn patient in a reference in Fortaleza, CE.	It is necessary the elaboration of educational materials in order to promote the burn patient guidelines focusing on the hospital routines, therapy, care and role of professionals, providing a period of stay less traumatic.	2013
E3	Perceptions of nursing staff about their work in a burn unit.	Duarte MLC et al.	Analyzing the perception of nursing professionals about their work in a treatment unit Burned a public hospital in Rio Grande do Sul.	It is the duty of the institutions, where the Burned Treatment units are leased out, provide psychological support spaces in meeting the demands of professionals who provide assistance to trauma victims.	2012
E4	The role of the psychologist with patients in burn treatment unit.	Guimarães MA et al.	Analyzing the articles found listing the activities and tasks of the psychologist in this specialized unit, demonstrating the necessity of work and knowledge of the hospital psychologist in this and propose a treatment unit of the hospital psychologist protocol based on this review of the literature.	This article demonstrates the need for improvement and continuity of studies and academic papers about the acting in BURN CARE UNIT, able to gather and systematize the work of psychologist, possessor of knowledge and psychotherapeutic management, as well as the proper and systematic application of psychological intervention in charge.	2012
E5	Visibility of burn scars perceived by patients during the first year of rehab.	Guanilo MEE et al.	Analisar a percepção da visibilidade of scars of patients in the process of rehabilitation of Burns, about sex, body surface area burned (SCQ), parts of the body involved and changes in habit of dressing.	The SCQ, burns in areas of the body most exposed and changes in habit of dress suggest association with the perception of scars as visible by individuals who suffered burns.	2012

E6	Quality of life of adult burned: a systematic review.	Matos FL; Barros ALO.	Carry out a summary of the research of QV for adults burned	It was evidenced by the analysis of knowledge published the injury by burning form implies a negative impact on quality of life of the affected population and their families.	2011
E7	Women burn victims: a look at the daily life activities.	Bessa JKM et al.	Identify what activities of daily life are harmed as a result of the sequel to burn upper limbs in adult women, more specifically with regard to the above-mentioned task.	The importance of a specific intervention for people burn victims, in order to meet the functional deficits detected, a service that is deficit in Goiânia, since it was rather reported by participants.	2011
E8	Clinical and epidemiological aspects of burn patients admitted to a e9hospital.	Montes SF et al.	Characterize the burned patients according to the epidemiological and clinical variables and identify treatments, invasive procedures and complications	It should be noted that the lack of records on the charts was a difficult in this research. Another aspect highlighted was the need for implementation of protocols of care, treatment and care to burn patients that certainly will help to ensure the quality of care for this population.	2011
E9	Characterization of women hospitalized for burns.	Dutra AS et al.	Analyze the main features of women hospitalized for Burns Municipal Souza Aguiar Hospital - Rio de Janeiro, in the period from 2006 to 2008.	The main causes were: domestic-74 (56.1%), suicide attempt-27 (20.5%), assault (8.3%) and 11 - industrial accident-9 (6.8%) and other causes-11 (8.3%). The officers most often were: alcohol-58 (43.9%) and 26 (19.7%) superheated liquid.	2011
E10	Quality of life of patients hospitalized in a burn unit.	Souza TJA.	The present study addressed the quality of life (QV) of burned patients hospitalized in a burn unit. The objective of this study was to verify which domains of QOL of the patients were more committed or preserved, during hospitalization.	There has been the dominant influence of individual perception of QV on the conditions of reality. Even though we're in a position of great physical pain and restriction of movement, individuals tended to show positive, confident in their own recovery and demonstrating good insight into patterns of QV.	2011
E11	Biopsychosocial factors that interfere in the rehabilitation of burn victims: integrative review of literature.	Gonçalves N et al.	Identify the biopsychosocial factors influencing the rehabilitation of burn victims.	The quality of the studies, mostly classified evidence level VI, draws attention to the scarce production of strong evidence in this area of knowledge, requiring larger investments, given the important implications of the sequelae of burn on the social reintegration of these people.	2011
E12	The individual and the burn: changes the dynamics of individual subsystem in the burn process.	Pinto JM et al.	Study the changes experienced by the burn patient individual subsystem.	The burn may cause changes in the way of being of the people, that is, on how the person feels, giving more importance to the affective component (humor), behavior and body image as changed.	2010
E13	Posttraumatic stress disorder in patients with sequelae of burns.	Laporte GA; Leonardi GA.	Review the literature on post-traumatic stress disorder, patients with sequelae of burns.	Many complications and disabilities associated with a long period of illness, which can be prevented by an early assessment and early treatment after the traumatic event. The ideal patient treatment burn by burn with post-traumatic stress disorder consists of group therapy, individual and family therapy, anxiety management, desensitization and relaxation techniques.	2010
E14	Evaluation of the quality of life of individuals burned post hospital discharge.	Junior GFP et al.	Evaluate the impact of burn on quality of life (QV) in patients after discharge.	The physical and mental limitations caused by sunburn decreases the quality of life of those who suffer this trauma. If so, increasingly required the prompt and comprehensive rehabilitation of these patients, to minimize the damage caused by the trauma and improve their quality of life.	2010

E15	Body image and job satisfaction among adults in rehabilitation of burns	Costa MCS et al.	Identify and analyze the meanings of the body in burned patients	The first approach made it possible to deepen access to the meanings of the body over the items assessed and that the use of the two approaches in a complementary perspective enriches the knowledge.	2010
E16	Epidemiological study of sequelae of Burns: 12 years of experience of the burns unit of the Division of plastic surgery of the hospital das clínicas da faculdade de medicina da usp.	Herson MR et al.	Analyze epidemiological aspects involved in the late complications of Burns, as well as its management.	The knowledge of the epidemiological factors inherent to the sequelae of burns does is important for the recognition of the impact of burns and their sequelae. There are, undoubtedly, need multidisciplinary care to burn patient, since the acute phase until the late stage, including the treatment of sequelae and complications.	2009
E17	Post-traumatic stress disorder in burn patients: a literature review	Medeiros LG et al.	Examine what are the most relevant psychiatric and psychological harm presented by individuals who suffer accidents with burns.	The damage caused by a burn is extensive and beyond the physical sequelae, there's the psychological damage, pretty disturbing. In the study it was possible to meet the types of psychological disorders. Depression and anxiety disorders found among the most cited pathologies.	2009

Table 1. Selected articles

The burn is among the most serious trauma, because of physical problems, it may trigger other problems, psychological and social order. Many of the burn victims end up showing scars and these, in turn, represent potential social exclusion and prejudice⁶.

The skin consists of a physical protection and plays important role in the Organization of emotional aspects, so the loss of integrity of the skin can lead to disorders such as loss of personal identity, so, physical trauma caused by burns are closely connected to psicoemocionais and social problems related to personal identity, the "I" of the individual⁷.

The more visible and extensive sunburn, the greater the negative feelings regarding body image. The experience of trauma is associated with pain and feelings such as fear, worry, shame, anxiety, crying, sadness, guilt, loneliness, longing and guilt followed by depressive symptoms⁶.

Burn patients themselves as emotionally fragile, and some refer to the current situation as a barrier or constant struggle. The Burn sequelae can pass in order to make them more harsh, impatient, unhappy, angry, depressed or anxious. Showing negative self image and mental suffering, affecting the quality of life of affected⁸.

The burnt person happens to concern itself with the evolution of the wounds, the formation of scars, as well as more serious sequelae that may had compromised structure or function of the body, limiting the important activities of daily living such as self care, personal hygiene and the job after hospitalization/discharged. These thoughts can lead to projections that impact on mental health of the people affected¹⁰.

The body is directly associated with the image of power, beauty and social prestige, yet when changed by injuries caused by burns, has become a problem due to deformation of the body image. Women, being more vulnerable to pressure from socio-cultural, economic and aesthetic standards are the highest risk group for increased dissatisfaction with their own bodies violated the burns/scars, thus triggering negative feelings that interfere with their quality of life¹¹.

The physical and psychological consequences, for often end up destroying the self-esteem of women, making it more prone to psychiatric character problems such as phobia, panic disorder, suicidality, alcohol and drug abuse and stress post traumatic, and anxiety and depression frequently¹².

Burns can transform the body image, reflecting changes in social roles and interpersonal relationships because of the tendency of women to take the reclusive behavior, avoid contact situations with other people, because the perception of your self image is not the pleasure, culminating in isolation¹³.

Among women victims of burns there demonstration of feeling of sadness because most obvious injuries. Sometimes it is generated by dissatisfaction with, not to be held, to feel helpless. Maintaining this sadness board can generate more serious mental health problems like depression. Some women are prone to behavioral attitudes that affect their physical, mental and social health such as the abuse of alcohol, tobacco, drugs, unsafe sex practice, late demand for realization of prenatal care, poor adherence to examination prevention of uterine cervical cancer, low self esteem, depression and attempted suicide¹¹.

Women victims of burns are concerned about the changes in physical appearance, with the risk of loss of mobility and possible changes in everyday life. Difficulties in carrying out household tasks, role traditionally assigned to women in our society are a source of concern. It is evident as well the situation of dependence experienced by these women, because they are unable to perform their daily activities, which creates feelings of worthlessness and failure¹⁴.

Shame is also present among women victims of burns, which seek ways to hide the scars left on the skin burned, changing the way you dress, behave, your posture, which leads to difficulties in the workplace, locomotion and relationships, family and sex¹⁵.

Dissatisfaction and low self esteem are evident among women victims of burns. The self image can present significant distortions, generating other feelings such as insecurity, not feel confident in interpersonal relationships¹⁵.

Fear makes up more of the feelings experienced by these patients as suffering bodily harm, often irreversible, and, before his self distorted image, present fear of disfigurement and separation from family members, resulting in disorder of feelings such as fear of death. Fear interferes with the rehabilitation process as it cripples the woman to believe in herself, in her strength and potential, can foster a sense of hopelessness¹.

In addition to the observed feelings, patients report a feeling of guilt for having been the cause of burns, even if they have not been directly responsible for the accident¹.

CONCLUSION

Body image and personal identity are important so that you can live well, however, when affected by Burns cause changes of values and life style, health, interpersonal relations and social role of women. The scars are seen as features that the move away from the standard of beauty imposed by society, hindering even more the social conviviality, acceptance and self love.

The anguish and psychological suffering caused by scarring from burns involve the emergence of negative feelings like sadness, shame, guilt, anxiety, dissatisfaction, causing social isolation, professional are unproductive because of the remoteness of the work and the deterioration of the quality of life, the woman gets discouraged, depressed and with low self-esteem, which consequently ends and harm your psicoemocional State taking them too to have open sores in the soul.

Considering the necessity of multidisciplinary team know the feelings, concerns and wishes of the patients burn victims in order to seek care strategies can be inferred by means of reports, that the patients express feelings of pain, anxiety, suffering, fear of death and guilt during the time of hospitalization. Professional monitoring and family support are essential to the reduction of suffering and the promotion of the reconstruction image of women victims of Burns, aiming to minimize sequelae.

The patients must overcome physical and emotional pain, in this perspective, the multidisciplinary team should seek to understand how the woman realizes the bodily changes caused by burns.

The valuation of the feelings, the encouragement to express them, stimulating the trust to help and improvement of self-esteem, are actions that can promote auto multiprofessional care and reflect in the quest for a better state of health.

REFERENCES

1. Castro ANP, Silva DMA, Vasconcelos VM, Junior EML, Camurços MNS, Martins MC. Sentimentos e dúvidas do paciente queimado em uma unidade de referência em Fortaleza-CE. Rev Bras Queimaduras. 2013 12(3):159-64;
2. Chagas DC, Leal CNS, Teixeira FS. Assistência de enfermagem ao paciente com grandes queimaduras. R. Interd. out. nov. dez. 2014. 7(4):50-60 .
3. Brasil, Ministério da Saúde. Dicas em Saúde. Brasília, Ministério da Saúde 004 Disponível em:<http://bvsmms.saude.gov.br/bvs/dicas/54queimaduras.html>
4. SCHILDER, P. A Imagem do Corpo: as energias construtivas da psique. São Paulo: Martins Fontes, 1994.
5. Menezes TN, Brito KQD, Oliveira ECT, Pedraza DF. Percepção da imagem corporal e fatores associados em idosos residentes em município do nordeste brasileiro: um estudo populacional. Ciência & Saúde Coletiva, 2014. 19(8):3451-3460.
6. Duarte MLC, Lemos L, Zanini LNN, Wagnes ZI. Percepções da equipe de enfermagem sobre seu trabalho em uma unidade de queimados. Rev Bras Queimaduras. 2012; 11(3):120-4.
7. Pinto JM, Montinho LMS, Gonçalves PRC. O Indivíduo e a Queimadura: as alterações da dinâmica do subsistema individual no processo de queimadura. Revista de Enfermagem Referência 2010- 3(1):81 - 92
8. Guanilo MEE, Martinhs CL, Cantarelli KJ, Gonçalves N, Rossi LA. Visibilidade das cicatrizes de queimaduras percebida pelos pacientes durante o primeiro ano de reabilitação. Rev Bras Queimaduras. 2012; 11(3):120-4;

9. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto Contexto Enferm*, Florianópolis, 2008 Out-Dez; 17(4): 758-64.
10. Schiavon VC, Martins, CL, Antonioli L, Bartel TE, Turbelle ICS, Gonzales RIC, Guanilio MEE. Reabilitação e retorno ao trabalho após queimaduras ocupacionais. *R. Enferm. Cent. O. Min.* 2014 jan/abr; 4(1):929-39;
11. Dutra AS, Penna LHG, Vargens OMC, Serra MCVF. Caracterização de mulheres hospitalizadas por queimadura. *Rev. enferm. UERJ*, Rio de Janeiro, 2011 jan/mar; 19(1):34-39.
12. Laporte GA, Leonardi GA. Transtorno de estresse pós-traumático em pacientes com sequelas de queimaduras. *RevBras Queimaduras.* 2010. 9(3):105-14.
13. Junior GFP, Vieira AC, Alves GMG. Avaliação da qualidade de vida de indivíduos queimados pós alta hospitalar. *RevBras Queimaduras.* 2010 9(4):140-45.
14. Arruda CN. Inscrita no corpo, gravada na carne: experiência de ser queimada em mulheres nordestinas [disserta]. Fortaleza, 2009. Universidade de Fortaleza.
15. Costa MCS, Rossi LA, Dantas RAS, Trigueiros, LF. Imagem corporal e satisfação no trabalho entre adultos em reabilitação de queimaduras. *Cogitare Enferm.* 2010 Abr/Jun; 15(2):209-16.

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