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Issues and Challenges Faced by Nurses Caring for Patients with Burn Injuries in a Tertiary Care Hospital of the South Asia: A Qualitative Descriptive Study

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ABSTRACT

Background: Burn injuries are a major public health concern and require specialized, prolonged, and complex care. Nurses working in burn units are central to wound care, infection prevention, pain management, patient monitoring, psychosocial support, and family communication; however, their own practice-related challenges remain insufficiently described in resource-constrained settings. ***Purpose*:** This study aimed to describe the issues and challenges faced by nurses caring for patients with burn injuries in a tertiary care hospital. ***Methods:*** This study used a qualitative descriptive design, and semi-structured interviews were conducted in Urdu from August to September 2024. A purposive sampling approach was used to collect data from 14 nurses. Data collection and preliminary analysis were conducted iteratively. By the 12th interview, no new codes were identified, indicating code-level saturation; two additional interviews were conducted to confirm the emerging findings. Data was analyzed using Braun and Clarke's thematic analysis approach. ***Results*:** Four main themes were identified: organizational, environmental, psychosocial, and the burden of the burn care area. These themes reflected nurses' experiences of equipment and human resource shortages, poor unit mechanisms, high attendant flow, unpleasant odor, aggressive relative behaviors, emotional stress, difficult procedures, and pain-related challenges during dressing and invasive care. ***Conclusion*:** Burn care nurses face interconnected organizational, environmental, psychosocial, and procedural challenges that can negatively affect both their well-being and the quality of patient care. ***Implications for Nursing***: Addressing these issues requires institutional and policy-level interventions to strengthen staffing, improve infrastructure, reinforce infection control, ensure supply availability, enhance training, and provide psychological support systems.

Keywords: Burn injury, Issues, Challenges, Burn patients, Burn care, Qualitative.

What does this paper add?

This study contributes inductive qualitative evidence on the context-specific challenges encountered by burn nurses in a South Asian tertiary hospital setting. The findings reveal that organizational, environmental, psychosocial, and procedural issues are closely interrelated and collectively influence nurses' daily clinical practice, professional well-being, and the

quality of patient care. By highlighting practice-based experiences that may not be fully captured in quantitative research, this study expands current knowledge in burn nursing and underscores the importance of integrated system-level strategies to improve burn unit management and better support burn care nurses.

Introduction

Burn injuries are complex traumatic injuries that may involve damage to the skin, underlying tissues, and multiple body systems, depending on the mechanism, depth, and extent of injury (Jeschke et al., 2020; World Health Organization, 2023). Globally, burns remain a substantial public health problem, with most burn-related deaths occurring in low- and middle-income countries, where prevention systems, emergency care, specialized units, rehabilitation, and follow-up services are often limited (WHO, 2023).

The clinical consequences of burns extend beyond the immediate wound. Patients may require prolonged hospitalization, repeated painful procedures, fluid resuscitation, infection prevention, nutritional support, reconstructive procedures, rehabilitation, and long-term psychological care (Jeschke et al., 2020). In Pakistan, burn injury remains an important health concern, and local studies have reported preventable risk factors, variable severity, and substantial social and health-system consequences for affected individuals and families (Adil et al., 2016; Ali, 2022; Masud et al., 2024).

Nurses form the largest and most continuous professional group in burn units. Their responsibilities include monitoring patient condition, wound dressing, pain assessment, infection prevention, emotional support, patient education, and communication with distressed family members. Previous qualitative studies have shown that burn nurses may experience physical exhaustion, emotional distress, feelings of powerlessness, and concerns about care outcomes, particularly when resources are limited or when patients have extensive injuries (Bayuo, 2018; Kornhaber & Wilson, 2011; Shivanpour et al., 2020).

Although International studies have described burn care outcomes and professionals' experiences, most evidence comes from high-resource settings (Guest et al., 2018; Ribeiro et al., 2024). These findings may not reflect burn care realities in low-resource settings due to staffing shortages, resource limitations, infrastructural constraints, and limited psychosocial support (Potokar et al., 2020; Wang et al., 2023). There is a lack of context-specific qualitative evidence on how nurses experience and manage the complex demands of burn care in south Asian tertiary-care hospitals, where resource constraints, workload intensity, and infrastructural limitations are common. Existing literature has primarily focused on clinical outcomes or quantitative indicators, with limited attention to nurses' lived experiences, especially in specialized burn units. This creates a knowledge gap in understanding how organizational, environmental, and psychosocial factors shape nurses' daily practice and decision-making in burn care settings.

This area is important for nurses, because they play a central role in the continuous management of burn wounds, infection prevention, pain control, and psychosocial support. Any challenges that they face may directly affect patient safety, quality of care, and workforce retention. Therefore, this study aimed to describe the issues and challenges faced by nurses caring for burn-injured patients in a tertiary care hospital in South Asia.

Methodology

Study Design

A qualitative descriptive design was used to obtain a comprehensive description of nurses' experiences in caring for patients with burn injuries. It provides a real description of participants' perceptions and challenges within their clinical context (Bradshaw et al., 2017). The reporting of the methods was aligned with the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong et al., 2007).

Study Setting

The study was conducted in a specialized burn unit within a tertiary care teaching hospital. The unit provides care for patients with varying degrees of burn injuries requiring wound management, infection prevention, pain control, and continuous nursing care. It operates with multidisciplinary support and shift-based nursing coverage to ensure 24-hour service delivery. Infection prevention protocols are in place; however, high patient load and limited resources pose ongoing challenges. Nurses receive on-the-job orientation for burn care, while opportunities for specialized training

are limited.

Participants and Sampling

Registered nurses providing direct care to burn-injury patients were recruited through purposive sampling to ensure the inclusion of information-rich participants (Palinkas et al., 2015). Eligibility criteria included registered nurses working in the burn unit with at least six months of burn care experience. Charge and head nurses were excluded to focus on bedside clinical experiences. Maximum variation in age, gender, qualification, and experience was considered.

Fourteen nurses were interviewed. Data collection and initial analysis were carried out concurrently. After the 12th interview, no new codes emerged, suggesting that code-level saturation had been achieved. Two further interviews were conducted to verify the consistency and stability of the emerging findings. This sample size was also comparable to qualitative burn care and nursing studies that used a purposive sampling approach to report nurses' experiences (Bayuo, 2018; Guest et al., 2018; Nazeer et al., 2024).

Data Collection

Data was collected from August to September 2024 through semi-structured, face-to-face interviews using an interview guide developed from relevant literature and study objectives. The guide covered experiences with burn care, organizational and environmental barriers, psychosocial challenges, and clinical workload, with open-ended and probing questions as outlined in Table 1.

Table 1. Interview topic guide

Area explored	Main interview questions
Experiences of burn care	Can you describe your overall experience of caring for patients with burn injuries?
Difficult clinical situations	Can you describe a difficult situation that you faced while caring for a burn patient?
Organizational challenges	What organizational factors make burn care challenging in your unit?
Environmental barriers	How do the physical environment, equipment, or resources affect your work in the burn unit?
Psychosocial challenges	How does caring for burn patients affect you emotionally or psychologically?

Participants were approached in the burn unit and invited through purposive recruitment. Interviews were conducted in a private room within the hospital to ensure confidentiality and minimize interruptions. Each interview lasted approximately 30-45 minutes. Interviews were conducted in Urdu, audio-recorded with consent. Field notes were recorded during and after each interview to document contextual details and nonverbal observations not captured in the audio recordings. Examples included long pauses when nurses discussed patients' suffering and lower tone of voice when describing workplace stress. These observations facilitated the researchers' description, the emotional tone and the contextual meaning of participants' statements.

No repeat interviews were conducted; however, member checking was performed by summarizing key points at the end of each interview for participant confirmation.

Data Analysis

Interviews were transcribed verbatim in Urdu and translated into English using a forward translation approach. The translation was conducted by a bilingual researcher familiar with both Urdu and English. To enhance accuracy, the translated transcript was cross-checked against the original Urdu transcript and audio recordings with discrepancies were resolved by consensus.

Data was analyzed using Braun and Clarke's reflexive thematic analysis (Braun & Clarke, 2006). Six phases were followed: familiarization, coding, theme development, review, definition, and reporting. Coding was conducted inductively by the first author; for instance, participants' statement about "too many patients" were coded as high workload. A second researcher independently reviewed selected transcripts; disagreements were resolved through discussion. Analysis was performed manually without software. Themes were refined iteratively and supported with representative quotations.

Trustworthiness

Trustworthiness was ensured using Lincoln and Guba's criteria (Lincoln & Guba, 1985). Credibility was supported through purposive sampling, iterative probing, and member checking in which key points were summarized for participants. Dependability was maintained via an audit trail, while confirmability was enhanced through reflexive journaling and peer debriefing to reduce researcher bias. Transferability was ensured by providing a clear and detailed description of the study context, participants, and procedures.

Ethical Considerations

Ethical approval was obtained from the Review Committee of Khyber Medical University (No. DIR/KMU-AS&RB/IA/002876). Participants received information about the study purpose, voluntary participation, confidentiality, anonymity, and their right to withdraw before the interview. Written informed consent was obtained from all participants. Participant identities were protected by using participant codes, and no personally identifiable information was included in the report. All data was securely stored and accessible only to the research team.

Results

Demographic Data of the Participants

The proportion of nurses by gender was the same. In terms of qualifications, two-thirds of the participants have post-RN BSN degree. However, there were Pushto speakers among the participants, as well as Chitrali and Urdu speakers. The age range of study participants was 25 to 40 years.

Table 2. Characteristics of participants

SNo.	Age (Years)	Gender	Qualification	Total Experience	Experience in Burn Area
N1	33 years	Female	Post RN BSN	10 years	6 years
N2	28 years	Male	Post RN BSN	6 years	2 years
N3	35 years	Female	G.BSN	12 years	6 years
N4	32 years	Male	G BSN	8 years	4 years
N5	28 years	Female	Post RN BSN	7 years	3 years
N6	27 years	Male	G BSN	4 Years	3 years
N7	35 years	Male	G BSN	11 years	6 years
N8	32 years	Male	Post RN BSN	7 years	2 years
N9	25 years	Male	Post RN BSN	3 years	1 year
N10	27 years	Female	Post RN BSN	3 years	1 year
N11	31 years	Female	Post RN BSN	7 years	2 years
N12	40 years	Female	Post RN BSN	10years	2 years

Table 3. Emerging themes and sub-themes

Major Themes	Subthemes
Organizational Challenges	Equipment shortage Improper structure Human resource shortage
Psychosocial Challenges	Psychological, Social
Environmental Challenges	Large numbers of attendants Unpleasant odor Patients 'relatives interaction
Burden of Burn Area	Adhesion with wound Hard procedures Hardness in provision of care

Theme 1: Organizational Challenges

The themes generated in this study are as a result of

participants' experiences regarding difficulties and challenges in the provision of care to burn-injured patients. Most nurses faced these issues due to organizational factors, such as resource scarcity, human resource shortages, and an improper hierarchical structure.

Burn units are considered specialized areas to accommodate patients at different levels of care. Although these specifically designed areas require appropriate technology and equipment in order to provide quality care, there is a gap between the required and the available equipment. Moreover, these categories of clients are vulnerable to complications, as the risk of infection spreading increases due to the destruction of body defense organs, such as the skin; so, instruments are essential to break the channel. However, the unavailability of these items makes it difficult for nurses to deal with these conditions effectively.

"Sometimes patient movement and treatment require instruments and devices, but due to a lack of such equipment, we are unable to prevent infection". (p.1).

"In terms of challenges, we have shortages of facilities, lack of sterilization equipment, autoclave, and other equipment which make us unable to prevent and treat infection, and its spread" (p.10).

Each health care specialty has its own structure and hierarchy based on its criteria. In this study, participants also emphasized that irregular structures and improper mechanisms pose hurdles for nurses when interacting with patients in burn areas. As the risk of hospital-acquired infection increases with greater exposure of the victims' body, the sterilization process has a significant role in reducing the risk and avoiding further damage. Fumigation is the process of cleaning the entire unit to reduce the risk of infection. However, the study participants stated that the lack of proper mechanisms for fumigation and sterilization increases nurses' difficulties in providing care.

"Moreover, there is no proper mechanism of burn patient handling, such as the use of antiseptic technique, hypothermia management, and also no concept of fumigation" (p.5).

Theme 2: Environmental Challenges

The theme of environmental challenges has emerged from three categories: a large number of attendants, unpleasant odor, and patient relatives' behavior. Most nurses express concern about the influx of patients, as congestion affects the smooth running of operations. The influence of attendants in the treatment process makes the situation worse for both care provider and client. Despite these disturbances, nurses make greater efforts to address the condition properly.

"We experience a lot of difficulties in the burn unit, such as the arrival of more people with patients, which creates a panic situation, but we try to deal with patients" (p.2).

Burned tissue and wounds produce an unpleasant smell. That's why these burn units need proper cleanliness and fumigation, because health care professionals, especially nurses, spend more time with patients. As the study participants stated, there was no proper security and fumigation, the smell spread and became worse, making it hard for all people, especially nurses, to interact with patients.

"Moreover, I would like to add that smell is also a big issue while dealing with burn injured patients" (p.8).

The definition of health is not only about physicality, but it's also about emotional and psychosocial well-being. As the patient's relatives are nervous about the patient's condition, their emotional state becomes imbalanced, and they become aggressive, which can influence the chain of quality care.

"In terms of challenges, when we face patients' relatives in aggressive mode, this makes it difficult for us to deal with patients in a timely manner" (p.7).

Theme 3: Psychosocial Challenges

The study participants expressed deep concern over psychosocial aspects of health, and as a result, the psychosocial theme emerged from their responses. This theme comprises both psychological and social perspectives.

When the patient was admitted to the hospital with high percentages of burn injuries, the severity indicated the longevity and mortality chances. It is significant to counsel family members regarding the nature of the disease and potential consequences, especially the death rate. However, they refuse to acknowledge the background information and the bullying directed at us in response.

"At the time of arrival of burn injured patient, we instruct family members regarding the acceptance of disease nature, but it is hard for them to accept it; sometimes, they deny and use inappropriate words in response" (p.6).

"As percentages indicate mortality rates, so it's

difficult to persuade them regarding its intensity and mortality chances" (p.6).

Emotional intelligence is an important component of personality development. Health care professionals must gain insights into it to handle emergency situations effectively and provide the best possible care. The presence of more people creates panic situations that not only disturb the operation, but also influence nurses' emotions, leading to negative consequences. On the other hand, as the mother nurses see the children with almost full-body injury, their emotional level becomes imbalanced, resulting in ineffective decision-making.

"We experience a lot of difficulties in the burn unit, such as the arrival of more people with patients, which creates a panic situation, but we try to deal with patients" (p.1).

"Secondly, we become stressed to see patients in such conditions, with full body injury, especially children" (p.1).

Theme 4: Burden of Burn Area

The theme of burden of burn area has been generated from the participants' view and has three categories: adhesive items to wounds, hard procedures, and hardness in the provision of care. The adhesion of clothing and dressings with burn-injured wounds is a major concern in the dressing procedures. The removal of these items can exacerbate pain and sometimes increase its severity. Due to restrictions on medicines, especially pain relievers, the process has become challenging.

"It's difficult to remove adhesive clothes from burnt parts of the body, as it causes severe pain due to restriction regarding kidney function; we don't administer painkillers" (p.10).

"Renewal or removal of old dressings is a tough task because of its adhesion with the wound, when we remove them, the patient feels pain and cries sometimes" (p.3).

The procedures in burn-injured patients are considerably more difficult than those in other patients due to damage to body defense organs and the patient's inability to cooperate with health care professionals. Intravenous cannulation and dressing change are the two main repeated procedures in the burn unit.

"In terms of challenges that we faced while interacting with burn-injured patients, passing an IV line is the main issue in burn-injury patients due to dehydration (p.1).

"I always find it difficult to deal with such injured patients. When dressing, it is initially difficult to touch the wounded area and gradually become adopted with such conditions. "Renewal or removal of old dressings is a tough task because of their adhesion to the wound, and when we remove them, the patient feels pain and cries sometimes (p.3).

Discussion

This qualitative descriptive study described the issues and challenges faced by nurses caring for patients with burn injuries in a tertiary care hospital in the South Asian context. The findings show that nurses' challenges were not limited to individual clinical tasks. Instead, they were shaped by four interconnected domains: organizational, environmental, psychosocial challenges, and the burden of the burn care area. This finding aligns with previous evidence indicating that burn nursing is characterized by complex clinical demands, emotional distress, heavy workloads, work-life challenges, and insufficient organizational support (Bayuo, 2018; Karahan et al., 2022; Shivanpour et al., 2020; Wang et al., 2023). However, this study extends the existing literature by demonstrating that these challenges are more obvious in resource-constrained settings where nurses' experiences are shaped by limited resources and inadequate infrastructure.

The first major finding concerned organizational challenges, particularly equipment shortages, inadequate sterilization mechanisms, improper unit structures, and insufficient human resources. Burn care requires timely access to sterile equipment, dressing materials, infection-control resources, pain-management supplies, and trained staff, because severe burn injury is clinically complex and demands, coordinated, multidisciplinary, resource-intensive care. This finding is consistent with previous qualitative studies reporting that burn nurses require specialized skills and institutional support to provide safe and effective care (Bayuo, 2018; Jeschke et al., 2020; Shivanpour et al., 2020). Compared with qualitative studies from higher-resource settings, where challenges often focus on emotional burden, psychosocial support, and palliative care decision-making (Bayuo et al., 2021; Guest et al., 2018; Ribeiro et al., 2024), nurses in the present study emphasized more basic structural barriers, including shortage of supplies, weak sterilization

system, and insufficient training.

Environmental challenges were also prominent. Nurses described difficulty in managing a crowded burn unit, a high number of attendants, an unpleasant odor, and aggressive behavior from relatives. Evidence indicates that nurses in burn units often work in physically and emotionally demanding environments, with a heavy workload, and pressure from patient families (Karahan et al., 2022; Shivanpour et al., 2020; Wang et al., 2023). Moreover, this study adds a culturally specific contribution by showing how family attendance and relatives' involvement influence the burn unit environment. Family participation can provide emotional support for patients; however, unregulated attendant flow may contribute to overcrowding, infection control difficulties, and interruption in nursing care (Nazeer et al., 2024; Wang et al., 2023).

The psychosocial challenges reported by participants were closely related to the severity of burn injuries and the emotional reactions of patients' relatives. Nurses described stress when caring for severely burned patients, particularly children, and difficulty in communicating mortality risk to families. These findings align with studies showing that burn nurses may experience powerlessness, emotional exhaustion, and distress when they witness severe suffering or feel unable to change outcomes (Bayuo, 2018; Karahan et al., 2022; Kornhaber & Wilson, 2011). Moreover, burn patients and their families often face significant psychological distress and uncertainty, which may increase the emotional burden experienced by nurses (Bayuo, 2018; Guest et al., 2018). This indicates that nurses' emotional distress should not be viewed only as an individual coping issue, but also as a system-level concern requiring organizational support.

The fourth theme, burden of the burn care area, reflected the procedural difficulty of burn nursing. Participants identified painful dressing removal, adhesion of clothes or dressings to wounds, difficulties in intravenous cannulation, and challenges in providing care when patients were in severe pain or unable to cooperate. Burn care is procedurally demanding and physically exhausting, because nurses frequently perform procedures, provide wound care, and provide patient support (Jeschke et al., 2020; Karahan et al., 2022). These procedures become more challenging with inadequate human resources and medical resources (Potokar et al., 2020; Wang et al., 2023). Therefore, effective burn care requires not only nurses' practical skills, but also emotional intelligence and organizational support.

Overall, the findings show that burn nursing issues are complex and interconnected. Resource scarcity may worsen environmental and procedural challenges, while the heavy flow of patient relatives increases stress for both nurses and patients. Therefore, improving burn care requires integrated system-level interventions.

This study was conducted in one hospital with a relatively small sample size of nurses; the findings should not be generalized to all resource-constrained settings; however, this may be transferable to similar units with limited resources and poor organizational support. Future multicentered studies are needed to examine how organizational, cultural, and health care-system factors influence burn nursing practice. Moreover, studies should focus on nurses, physicians, and patients to develop comprehensive interventions to improve the quality of burn care.

Implications for Nursing

The findings suggest several implications for nursing practice. Burn units should ensure adequate supplies, effective sterilization systems, personal protective equipment, and clear infection control procedures. Visitor management, family education, communication guidelines, and security support should be strengthened to reduce overcrowding and conflict. Furthermore, psychological support and procedural guidelines delivered through continuous nursing education are needed to promote safer and more effective burn care.

Conclusion

This study concludes that nurses caring for patients with burn injuries face complex and interrelated challenges in the organizational, environmental, psychosocial, and procedural domains of care. Equipment shortages, inadequate unit mechanisms, high attendant flow, unpleasant odor, aggressive relative behaviors, emotional distress, painful dressing procedures, and difficulty in performing invasive procedures collectively increase the burden of burn nursing. Addressing these challenges requires institutional commitment to adequate resources, specialized training, infection-control systems, pain-management protocols, family communication strategies, and psychological support for nurses. Strengthening these areas can improve nurse well-being,

enhance patient safety, and support more compassionate and effective burn care in tertiary care settings.

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Authorship

All listed authors meet the authorship criteria, contributed to the conception, conduct, analysis, writing, or critical revision of the manuscript, approved the final version, and agree to be accountable for the work.

Conflict of Interests

The authors declare that they have no financial or non-financial conflict of interests that could be perceived as influencing the objectivity of this manuscript.

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Author Contributions

Study Design: **MB, SKh, SK**. Data Collection: **MB, NA**. Data Analysis: **MB, SKh, SK**. Study Supervision: **SKh, MI**. Manuscript Writing: **MB, SK**. Critical Revision for Important Intellectual Content: **SKh, MI, SK.**

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