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Original Article

Burn Patients' Experiences of Hospitalization: A Content Analysis Study

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Abstract

Introduction: Burn patients who may be hospitalized for a few days to a few months find themselves in an unfamiliar environment over which they often have no control. Since the successful management of these patients requires a comprehensive understanding of their experiences, this study aimed to explain the burn patients' experiences of hospitalization using a content analysis approach.

Methods: The present study was conducted using a qualitative design with a conventional content analysis approach. The participants were 9 burn patients admitted to the burn unit of Amir al-Momenin Ali Hospital in Zabol in 2019 who were selected through purposive sampling. The data were collected using semi-structured interviews. The collected data were analyzed based on the steps proposed by Graham and Landmann. The validity and robustness of the data were checked.

Results: Based on the results of data analysis, 2 main categories and 5 subcategories were extracted: (1) bitter moments of hospitalization (emotional bitterness during hospitalization, bitter dressing moments, and bitter moments of pain perception) and (2) duality of nursing care (lack of nursing care and nurses' compassionate care).

Conclusion: The analysis of the experiences of the burn patients showed that they experienced bitter moments after their hospitalization, while in addition to compassionate care, sometimes they felt the lack of nursing care. It is hoped that this study, by providing a clear picture of the hospitalization experiences of burn patients, can help officials and managers of burn units to take appropriate measures to address existing nursing care gaps, improve the hospitalization of these patients, and guide the implementation of nursing care strategies at the time of hospitalization of these patients.

Keywords: Hospitalization experiences, Burn patients, Content analysis

Introduction

Burn injuries are known to be one of the most devastating and fatal injuries in the world, with an estimated 265,000 deaths from burns each year worldwide (2), as well as a major problem in low- and middle-income countries (1) and Iran (3). The physical, psychological, and social problems of burn sufferers and the costs they incur have made burn injuries one of the most important challenges in the health system (4). In Iran, at least 8 people die every day due to burns, and after traffic accidents and trauma, it is the third leading cause of accidental death and the sixth leading cause of death in the country (5). Survivors of burn injuries experience a life with disability and many psychosocial problems (6). In other words, extensive and severe burns have a profound effect on various aspects of the victim's life, so that 50% of the burn load is related to its complications (5).

Economically, burns are also one of the most costly injuries (4) because burn injuries are considered an important disorder that often leads to hospitalization, surgery, and expensive treatments (7). It is estimated that 1.4 to 2 million burns happen a year in the United States, and 70,000 burn patients are hospitalized (8). Patients with burn injuries in developing countries account for 5% of hospitalizations (9). These patients, who may be hospitalized for a few days to several months in the intensive care unit, find themselves in an unfamiliar environment that have often no control over it (10). Facing the unfamiliar environment of the hospital is an unpleasant experience that can lead to emotional and psychological responses such as shock, anxiety, fear, and feelings of despair and hopelessness in patients and their family members (11). Burn dressing, debridement, surgical incisions, skin grafts, and physiotherapy are some of the painful methods for treating burns (10). Clinical experience of burn survivors suggests that burn injuries are associated with devastating stress and can lead to permanent psychological and physical changes in the individual (5). Although specialized burn care personnel are constantly striving to help these patients adapt to extensive injuries and regain most of their functions, the findings suggest that these efforts have not been sufficient in Iran and nurses in burn units care for a large number of patients simultaneously, while the distressing and different experiences of these patients necessitate personal care planning for these patients (4). One of the methods of recognizing and explaining the dimensions of a concept based on the context of the phenomenon is the method of qualitative content analysis (12). In content analysis, the analysis process begins with the collection of information and continues continuously (13).

Therefore, given that successful patient management requires a comprehensive understanding of their experiences (14), this qualitative study aims to explain hospitalization experiences of burn patients using a content analysis method particularly given that the understanding of care needs varies between different cultures and researchers (2). Furthermore, given a limited number of studies in this field, the present study seeks to explore the effects of burn injuries on the individual by focusing on existing socio-cultural and religious beliefs (4).

Methods

Using a conventional content analysis approach, the present study examined experiences of 9 burn patients admitted to the burn unit of Amir al-Momenin Ali Hospital in Zabol. The participants were selected using purposive sampling. The inclusion criteria were having burn injuries on the face or limbs (there was no restriction for the burn site), having an age of 15 to 50 years (being able to describe their experience accurately and without any exaggeration and cooperate with the researcher patiently), having burn injuries for a maximum of one year (to have no difficulty remembering memories and experiences), the willingness for voluntary participation in the study, having no communication (sight and hearing) difficulty, and the ability to speak in Persian. To collect the data, the researcher went to the burn unit upon making prior arrangements with the hospital officials and the patients. First, the researcher explained the objectives of the study to the patients. The sampling process continued to the data saturation point where no new codes or themes were observed in the data. The data were collected via in-depth semi-structured interviews using open-ended questions such as: "Talk about your post-hospitalization experiences", "Can you describe your one-day hospital stay?", "What did the nurses do for you when you were hospitalized?", and "What were your expectations that were not met by them". During the interviews, the researcher helped participants express their experiences without affecting and guiding the participants' statements. Probing questions were also asked if necessary. The interviews were conducted in a calm environment (the burn unit or the patients' house). Each interview was conducted for 45 to 60 minutes in one or two sessions depending on the participants' conditions. All interviews were recorded, transcribed word by word, reviewed, coded, and analyzed immediately. Data analysis was performed simultaneously and continuously with data collection using a conventional content analysis approach. To this end, each interview transcript was read carefully to come up with a general understanding of its content and the important statements in it were underlined and recorded as codes (initial coding). For initial coding, participants' own words and statements and indicative codes (the researcher's perceptions of the statements) were used. The codes that were conceptually similar to each other were then summarized and classified into subcategories for further clarification. The data analysis process was performed according to the steps proposed by Graham and Landmann (15) (Tables 1 and 2). To ensure the credibility of the findings, the coded

transcripts of the interviews were given to the participants to confirm their compliance with their experiences, and necessary corrections were made in some cases. To ensure the confirmability of the data, the researcher's presumptions were set aside and the resulting codes and concepts were checked by experts and members of the research project. Besides, some parts of the interview transcripts were peer-coded to check the inter-coder agreement. To ensure the dependability of the data, the data were presented to another researcher who was not a member of the research team, and the resulting findings were compared with the original findings obtained by the researcher. To confirm the transferability of the findings, it was tried to select patients with different demographic characteristics and different experiences so that patients of different age groups, of both sexes, with different levels of education (primary school, middle school, high school diploma, associate degree, bachelor's degree), various occupations (housewives, employees, retirees, self-employed people, and students) with grade 2 and 3 burns in different areas of the body (face, hands, feet, abdomen, chest) were included in the study. To comply with ethical principles, the researcher obtained a letter of introduction and explained the research objectives to the participants. Moreover, informed consent for recording the interviews was obtained from the participants and they were assured that audio files of the interviews would be deleted after transcribing the audio files and analyzing the data. The participants were also told that their information would be kept confidential, they were free to leave the study at any time they wished, and the results of the study would be shared with them if they were interested in knowing the results.

Results

Table 3 shows the participants' demographic characteristics.

Table 4 presents the main categories and subcategories extracted from the data.

1. Bitter moments of hospitalization

The analysis of the burn patients' experiences suggested that they experienced emotional bitterness during hospitalization, bitter dressing moments, and bitter moments of pain perception:

1.1 Emotional bitterness during hospitalization

Hospitalization of burn patients was full of feelings of fear, pain, and grief, loneliness, and feeling imprisonment during hospitalization, feeling of losing the beautiful days of life during hospitalization, negative feelings, and despair at the time of hospitalization so that these feelings caused bitterness to these patients. As a 29-year-old participant with 30% burns on the face, hands, and feet stated, "*Hospitalization, especially for a burn patient, is horrible*".

Table 1. The reduction of meaning units into main categories and subcategories

Main category	Subcategories	Codes	Meaning units
Duality of nursing care	Lack of nursing care	Expecting more kindness from nurses	I urge nurses to be kinder to burn patients.
		Patients felt that nurses treated them like animals	When the nurses wanted to remove the dressing from my wounds I asked them to do it gently. But they removed the dressing very suddenly and firmly as if they had a blood feud with me and I told them: "What the hell you are doing! I'm a human".
		Nurses' violence during dressing	When dressing, the nurses made me cry. I took their hand and asked them to remove the dressing more slowly but they shouted at me to take off my hand.
		Improper dressing of the patient by the nurse	On the first day of the accident, a male and a female nurse were there to admit me to the emergency room, but they did not dress me well. They dressed some parts of my body very tightly and some parts very loosely.
	Nurses' compassionate care	Nursing care beyond expectation	During my stay in the hospital, some nurses did their duties beyond expectations and handled all the patients' affairs very well.
		Nurses' conscientiousness	The nurses did their duties perfectly and scratched my back. They cleaned my wounds and gave me painkillers when I was in pain.
		Satisfaction with nursing services offered	When I was staying in the hospital, the nurses changed my dressing, did my medical tests, gave me an antipyretic when I had a temperature, and I'm very grateful to them.
		Satisfaction with the good behavior of nurses	Most of the nurses treated me well and kindly.

Table 2. The process of classification of codes and extraction of categories

Main category	Subcategories	Open codes
Bitter moments of hospitalization	Emotional bitterness during hospitalization	Lack of comfort due to the dressing on arms and legs Feeling frustrated during the hospital stay Feeling uncomfortable because the patient's spouse is hospitalized at the same time Negative feelings of the patient during the hospital stay Feeling imprisoned during the hospital stay The feeling of losing good days of life during the hospital stay "I feel the days of hospitalization are all pain and sorrow" "It's horrible to be hospitalized" Patient feeling lonely during hospitalization The patient bursting into tears and feeling sad when meeting relatives and friends
	Bitter dressing moments	The moment of cleaning wounds is the most painful moment of life The patient's screaming after the first surgery and debridement "Changing the dressing is like removing your skin alive" Feeling of great agony and pain when changing the dressing The patient's fear of the moment of cleaning the wound The patient feels stressed when seeing the painful change of the dressing of other patients Feeling disgusted with life when changing the burn dressing "The thought of changing my dressing drove me crazy" Daily mental occupation with changing the dressing Crying and shedding tears when changing the dressing The restlessness of the patient due to pain when changing the dressing
	Bitter moments of pain perception	Feeling of severe pain causing awakening and neutralizing the effect of analgesics Starting burn pain with the least movement "The burn pain is equivalent to a burn in the oven" "The burn pain is not comparable to other pains" "The burn pain is a kind of mental torture". "Burn is an incurable pain" "Burn is a permanent pain" "Until a person does not suffer from a burn injury, he/she doesn't know what pain is" "Burn pain is so severe that even if you take painkillers you will still have pain" "The burn pain is like being on a plate full of needles, it keeps bothering you" "When the open air hits my burn wound, it looks like someone is shooting at my body" "Burn pain is worse than labor pain" "Bun pain is indescribable" "Burn pain makes me not understand nurses' decisions" The incomprehensibility of burn pain for other people

Table 3. The participants' demographic characteristics

No.	Age	Gender	Marital status	Education	Occupation	Extent of the burn (%)	Degree of the burn	Burn area
1	30	Male	Married	Bachelor's degree	Employee	20	Second	The face and hands
2	50	Male	Married	Associate degree	Retired employee	25	Second & third	The face and hands
3	26	Female	Married	Bachelor's degree	Housewife	30	Second	The face, hands, and feet
4	49	Female	Married	Primary school	Housewife	25	Second	The abdomen, hands, and feet
5	29	Female	Married	Bachelor's degree	Housewife	30	Second & third	The face, hands, and feet
6	48	Female	Married	Middle school	Housewife	15	Second	The face and hands
7	30	Female	Married	High school diploma	Housewife	25	Second & third	The face, chest, and hands
8	28	Male	Married	High school diploma	Mechanic	20	Second	The hands and feet
9	21	Male	Single	Associate degree	Student	30	Second & third	The hands and feet

Table 4. The main categories and subcategories identified in the study

Subcategories	Main categories
Emotional bitterness during hospitalization	Bitter moments of hospitalization
Bitter dressing moments	
Bitter moments of pain perception	
Lack of nursing care	Duality of nursing care
Nurses' compassionate care	

1.2 Bitter dressing moments

For burn patients, the change of dressing was a very difficult experience and when they thought about it, they became frightened and stressed and they were always preoccupied with changing their dressing. At the time of dressing, they also showed reactions such as restlessness, crying, shedding tears, and shouting. As a case in point, a 48-year-old woman with 15% grade-2 burns on her hands and face described her feelings at the time of dressing as follows: "*Changing the dressing is like removing your skin alive*".

1.3 Bitter moments of pain perception

The burn patients described the pain as one of their worst experiences and considered it unbearable, severe, and incomprehensible to others, and provided numerous unpleasant descriptions of it as permanent mental torture and incurable pain that could not be relieved even by injecting painkillers. A 26-year-old female patient with 30% burns said, "*Burn pain is so severe that even if you take painkillers you will still have pain*".

2. Duality of nursing care

A review of the burn patients' experiences reflected the dual experience of nursing care, with patients sometimes experiencing a lack of care and sometimes receiving compassionate care from nurses.

2.1 Lack of nursing care

The burn patients sometimes expected to receive care that was not provided by nurses. For example, the expected gentle, non-violent cleaning of a sore wound, a feeling of the need for a family member to tolerate the change of dressing, nurses' resistance to injecting painkillers, the lack of understanding of the patient's pain on the part of nurses, nursing violent care, unkind treatment, nurses' anger and maltreatment, delays in the patient's care by nurses, and irregular visits by doctors. A 29-year-old female patient with 30% burns on the face, hands, and feet stated, "*I urge nurses to be kinder to burn patients and to understand them*".

2.2 Nurses' compassionate care

Some burn patients in this study stated that they received compassionate care from nurses. For instance, the nurses provided the patients with some training for rapid recovery, injected painkillers to facilitate night sleep, encouraged them, treated them kindly, and provided timely and accurate nursing services. The patients were also satisfied with the nurses as they responded to their questions, took care of them during the hospital stay, and were satisfied with medical and nursing services following the discharge, and the nurses' good treatment and their benevolent efforts to improve the patients' health. For instance, a 30-year-old woman with a 25% burn on the face, chest, and hands stated, "*During my stay in the hospital, I saw that some nurses were really beyond expectations and handled the patients perfectly*".

Discussion

This study explored the experiences of burn patients. The content analysis of the participants' experiences reflected emotional bitterness during hospitalization, bitter moments of dressing and pain perception, and the duality of nursing care services. The burn patients in the present study stated that they experienced bitter feelings such as panic, pain and sadness, loneliness, the feeling of imprisonment during hospitalization, and despair. Similarly, Rashidinejad et al. confirmed that burn patients during the recovery period are struggling with several social and psychological problems. To adapt to the changes, they face some problems such as irritability, sadness, isolation, and depression (6). Kherad et al. also pointed to the involvement of burn victims with a range of psychological problems such as depression, anxiety, fear, sleep disorders, and nightmares (16). Accordingly, medical staff should pay attention to patients' feelings and emotions in addition to physical care provided to them. According to Zamanzadeh et al., patients with burn injuries experience very frightening events, and the experiences of painful hospital treatments add to their fears. Nightmares and recollection of the accident that led to the burn often disturb them, and this could affect their mental health and readiness to participate in their treatment program (4).

The results of the present study also indicated that the burn patients experienced bitter moments during the dressing change. For instance, some of them stated that they felt stressed even from the day before when they were thinking of the dressing moment. In a similar vein, Lalegani et al. suggested that burn patients experienced pain mostly during the treatment, especially dressing change (17). Koohi et al. also pointed out that daily care of burn wounds is the main cause of pain experience in

patients with burn injuries (10). Therefore, due to the sensitivity of the dressing moment for patients, there is a need for knowledgeable and skillful nurses to handle burn patients. However, Ibrahim et al. assessed the knowledge of nurses who were involved in burn wound care activities to be weak and suggested that necessary training programs be planned for nurses working in this field (18).

The patients in the present study pointed to bitter moments of pain perception as one of their painful experiences. Similarly, Tengvall suggested that burn pain is a major clinical problem that has remained untreated, and although pain relief may not be realistic, the goal should be to reduce pain as much as possible (19). In their qualitative study, Mohammadhossini et al. emphasized relief from pain in burn patients as one of the extracted themes (2). Yuxiang et al. also reported that pain is the most common symptom experienced by burn patients that requires hospital treatment, causes anxiety and reluctance to treatment in these patients, and is associated with depression and suicidal thoughts in these patients (20). The patients in this study likened the burn to the burn in the oven, a form of mental torture, incurable and permanent pain, and pain worse than labor pain. Rafiei et al. also reported that patients remember burn pain as the hell of life or the most deadly pain they have ever experienced (7).

In the present study, the burn patients had dual experiences in terms of receiving nursing care. Some stated they had received the compassionate care of nurses, and some of them had their care needs unanswered and experienced a care gap. The care gap experienced by the patients can be justified with reference to the fact that in addition to infrastructural deficiencies in burn units such as lack of medicine and nursing services, etc., especially problems of caring for burn patients have also been effective in the formation of this care gap. Similarly, Sheini-Jaberi et al. suggested that caring in the burn unit is challenging. Performing heavy and painful care procedures such as debridement and dressing for extensive burn wounds, inhaling the odor of the burned limb, observing patients' physical deformities, and deep wounds advanced to the bone all subconsciously affect nurses' perceptions, shaping an experience that cannot be understood and identified in other wards and among other nurses (21). Marwa et al. identified positive and negative factors that affected the care of burn patients and stressed that efforts need to be made to maintain positive (motivating) factors and eliminate negative (inhibitory) factors (1). Cultural factors are among effective factors also pointed out by Mohammadhossini et al. that require an understanding of care needs in different cultures (2).

Underlining the need for compassionate care from nurses, Sheini-Jaberi et al. stated that the care provided by burn nurses is of great importance. A nurse that cares for a patient with burn injuries should be able to start the rehabilitation treatment to recover the patient from the acute conductions and provide vital and compassionate care (21). Peyrovi et al. stated that patients expect all matters related to their treatment and care to be performed in a timely and uninterrupted manner, with the necessary skills and high accuracy and continuity (22).

It should be noted that there were no limitations in conducting the present study. However, given the features of qualitative research, the generalization of the results of this study is limited to the study environment (23), thus, it is recommended to conduct similar studies in other hospital units and wards.

Conclusion

The analysis of the experiences of the burn patients showed that they had experienced bitter moments following their hospitalization and that in addition to compassionate care; they had experienced a gap in receiving nursing care. It is hoped that by providing a clear picture of the hospitalization experiences of burn patients, this study can help managers of burn departments to take appropriate measures to address existing nursing care problems, improve hospitalization conditions, and guide the implementation of nursing care strategies at the time of the hospitalization of burn patients.

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Conflict of Interest

The authors declared no conflict of interest in this study.

References

1. Marwa NP, Tarimo E A.M. Provision of care to hospitalized pediatric burn patients: A qualitative study among nurses at Muhimbili national hospital, Dar es Salaam, Tanzania. BMC Nurs. 2019; 18(8). doi: 10.1186/s12912-019-0335-1.
2. Mohammadhossini S, Ahmadi F, Gheibizadeh M, Saki Malehi A, Zarea K. Comprehensive physical domain care needs of burn patients: A qualitative study. Clin Cosmet Investig Dermatol. 2019; 21(12):573-81. doi: 10.2147/CCID.S215517.
3. Zamanzadeh V, Valizadeh L, Lotfi M, Salehi F. Burn survivors' experience of core outcome during return to life: A qualitative study. J Caring Sci. 2014; 3(4):227-37. doi:10.5681/jcs.2014.025.
4. Zamanzadeh V, Valizadeh L, Lotfi M, Salehi F. Self-disruption: Experiences of burn survivors. J Qual Res Health Sci. 2014; 3(3):269-80. [In Persian].
5. Pishnamazi Z, Kiani Asiabar A, Heravi Karimavi M, Zaeri F, Norooz Zadeh R. Quality of life in burn patients. Payesh. 2012; 11(1):103-10. [In Persian].
6. Rashidinejad M, Karimi A, Jafarpoor M, Mahmmodi M. Psychosocial problems of clients suffering from burn deformities. Iran Journal of Nursing. 2001; 13(26):44-9. [In Persian].
7. Rafiei F, Mohammadi Fakhar F, Jamshidi Orak R, Inanlo M. Effect of jow relaxation on pain intensity of burn dressing. Iranian Journal of Critical Care Nursing. 2010; 3(2):51-6. [In Persian].
8. 8. Khorasani GH, Salehifar E, Eslami G. Causes of burns and their outcomes in patients hospitalized in the burn division of Zare hospital 2006-2007. J Mazandaran Univ Med Sci. 2007; 17(61):122-30. [In Persian].
9. Afkhamzadeh A, Majidi F, Ahmadi C. Risk factors for nosocomial infections among burn patients hospitalized in Tohid hospital, Sanandaj, Kurdestan Iran. Medical Journal of Mashhad University of Medical Sciences. 2016; 59(4):225-32. [In Persian].
10. Koohi M, Bagheri Nesami M, Esmaeili R, Mousavinasab N, Hosseini H. Effect of family participation in primary care provision to reduce pain anxiety among burn ICU patients. J Mazandaran Univ Med Sci. 2017; 26(146):88-99. [In Persian].
11. Gaeeni M, Ashghali- Farahani M, Mohammadi N, Seyed fatemi N, Abbasi M. To restore the stability: Family experiences of patients in intensive care unit. J Qual Res Health. 2018; 7(1):103-18. [In Persian].
12. Naderifar M, Goli H, Hosseinzadeh M, Ghaljaei F. Adolescents' experiences of hospitalization in pediatric ward: A phenomenological study. J Qual Res Health Sci. 2017; 6(2):124-33. [In Persian].
13. Hassanpour Dehkordi A, Mohammadi N, Nikbakht Nasrabadi A. Exploration of self-care in patients with Chronic Hepatitis: A qualitative study. J Qual Res Health Sci. 2016; 5(1):96-104. [In Persian].
14. Elahi N, Kaardani M, Alhani F, Salehi Tali S. Transplantation living with mastectomy: Explaining the experiences adaptation with mastectomy of young women undergoing chemotherapy. Nurs Midwifery J. 2014; 12(10):908-18. [In Persian].
15. Rayyani M, Salsali M, Abbaszadeh A. Coping strategies in renal transplants recipients: A qualitative study. J Qual Res Health Sci. 2013; 2(3):208-20. [In Persian].
16. Kherad M, Arab M, Afrasiabi Z, Sadeghimehr R. Investigate the effect of family visit on sleep quality and anxiety of hospitalized burn patient in Ghotbeddin hospital at 2015. Journal of Psychological Models and Methods. 2018; 8(30):193-204. [In Persian].
17. Lalegani HA, Esmaili SA, Safdari A. The effects of breathing techniques on pain intensity of burn dressing: A clinical randomized trial. Journal of Clinical Nursing and Midwifery. 2014; 2(4):61-8. [In Persian].
18. Ibrahim MR, Elsayed Abusaad F, Ahmed Elbilgahy A. Current nursing practices for managing children with burn injuries. International Journal of Nursing Didactics. 2018; 8(04):1-6. doi: 10.15520/ijnd.v8i04. 2113.
19. Tengvall O, Wickman M, Wengstrom Y. Memories of pain after burn injury- the patient' s experience. J Burn Care Res. 2010; 31(2):319-27. doi: 10.1097/BCR. 0b013e3181d0f5dd.
20. Yuxiang L, Lingjun Z, Lu T, Mengjie L, xing M, Fengping S, et al. Burn patients' experience of pain management: A qualitative study. Burns. 2011; 38(2):180-6.
21. Sheini-Jaberi P, Zarea K, Shariati A, Moradi M. Holistic care as a response to the needs of burn patients: A qualitative content analysis. Journal of Clinical Nursing and Midwifery. 2014; 4(3):17- 27. [In Persian].
22. Peyrovi H, Bahadori A, Ashghali-Farahani M, Haghani H. Comparison of in-patients' satisfaction with different domains of nursing care. Quarterly Journal of Nursing Management. 2013; 2(1):59-66. [In Persian].
23. Naderifar M, Zagheri Tafreshi M, Ilkhani M, Kavousi A. The outcomes of stress exposure in hemodialysis patients. J Renal Inj Prev. 2017; 6(4):275-81. doi: 10.15171/jrip.2017.52.