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IN THE BURN UNIT: THROUGH THE LENS OF BURN CARE NURSES CARING FOR BURN PATIENTS

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Abstract

Burn care nursing is a specialized and highly demanding field that requires advanced clinical competence, emotional resilience, and extensive knowledge. This qualitative hermeneutic-phenomenological study explored and described the lived experiences of burn care nurses providing care to long-term burn patients. A purposive sample of ten nurses assigned to a burn unit in Davao City participated in in-depth interviews. Guided by Van Manen's (1990) phenomenological method, the study ensured systematic verification, validation, and validity. Results revealed three major themes that characterized the experiences of burn care nurses that include Specialized Attributes, Adaptive Strategies, and Transformative Learning. These themes captured how nurses develop distinct competencies, adjust to complex care demands, and grow personally and professionally through their work. The study also identified three coping strategies commonly used by nurses: Setting Priorities, Cultivating Compassion, and Managing Resources, which enabled them to manage workload pressures, emotional strain, and resource limitations. The insights shared by participants emphasized the importance of Technical Mastery, Mentorship and Knowledge Sharing, and Continuous Learning in sustaining high-quality burn care practice. These reflections highlighted the value of supportive professional relationships and ongoing education in enhancing both individual and team performance. Overall, the findings demonstrate that burn care nurses deliver compassionate, skilled, and resilient care. Their lived experiences profoundly shape how they advocate for and support burn patients. Despite significant emotional and physical challenges, nurses remain dedicated to providing dignified, empathetic care affirming that caring, at its core, is a relational and transformative human act.

Keywords: *Health, Burn care nurses, Hermeneutic-Phenomenology, Davao City*

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Introduction

Burn nurses operate at the heart of interdisciplinary teams, coordinating with various specialties, including physicians, physical therapists, dietitians, and mental health professionals (Applebaum et al., 2025). Hence, burn care nurses manage patients who experience intense pain, emotional distress, and complex physical needs. In spite of their vital importance, they often face heavy workloads, limited resources, and emotionally demanding situations that can impact the standard of care they provide.

Globally, in the United States of America, frameworks tend to emphasize an adapted interprofessional model that includes ten generic competency domains: professional attitude, clinical care in practice, communication and collaboration, health promotion and prevention, organization and planning of care, leadership, quality and safety of care, training and continuing education, technology and e-health, and assistance for self-management and patient empowerment (Wit et al., 2023). The idea of well-being among burn nurses aligns with self-determination theory, which highlights autonomy, competence, and belonging as essential components for sustaining professional engagement (Esra Yeter et al., 2024).

In the Philippines, with the challenges of burn care nursing, the outcomes are often detrimental, including reduced job performance, compromised quality of care, and intentions to leave the profession. Furthermore, the challenges pose a significant challenge to the healthcare system, leading to the downsizing of hospital operations (Alibudbud, 2023). Adding on, burn care nurses experience emotional stress and pressures at the work settings, having an effect on

both mental and physical health (World Health Organization, 2024).

In Davao City, appreciation for general Filipino nursing values and the application of lessons from analogous resource-limited settings provide a sound basis for understanding and supporting these dedicated professionals (Soriano, 2021). Additionally, These challenges are very closely related to excessive workloads, emotional demands, and inadequate support, all of which are amplified in a burn unit where the complexity of care and patient suffering are particularly intense (Feliciano et al., 2022).

Although burn care is recognized as physically, emotionally, and technically demanding, limited qualitative research explores the lived experiences of burn care nurses, particularly in developing or resource challenged settings. Existing studies often focus on clinical protocols, patient outcomes, or resource issues but do not deeply examine how nurses make meanings of their daily encounters, emotional labor, and coping strategies while taking care of burn patients. According to Nazeer et al. (2024) the emotional, physical, and psychological difficulties experienced by burn care nurses remain a research gap, particularly in relation to understanding the organizational and systemic factors that contribute to these challenges. This study aims to explore and describe the challenges, coping strategies, and insights of nurses assigned to the burn unit.

Methods

This study utilized hermeneutic phenomenology combines phenomenology (the study of lived experiences as they are consciously experienced) with hermeneutics (the theory and methodology of interpretation, especially of text and meaning). In practice, this design seeks not just to describe experiences but also to interpret the meanings woven through the narratives of those who live them. The research process involves collecting detailed accounts through interviews, reflective journals, or focus groups, followed by an iterative analysis where both participant and researcher perspectives are considered. The phenomenology involves collecting and analyzing non-numerical data to understand concepts, opinions, or experiences. It can be used to gather in-depth insights into a problem or generate new ideas for research.

The study was conducted in a tertiary hospital in Mindanao where there is the presence of a burn unit. Since there are not so many burn units in the Philippines and only one in Mindanao, the study was conducted to this particular hospital after permission from concerned authorities were granted. This tertiary hospital in Davao City is officially the largest Department of Health-owned government hospital in the country with bed capacity of 1,500. A tertiary hospital, also known as a tertiary referral hospital, tertiary referral center, tertiary care center, or tertiary center, is a hospital that offers tertiary care. This is a level of health care that specialists in a big hospital provide after being referred by primary and secondary care providers. There isn't a more specific or formal definition than that, but tertiary centers usually have a major hospital with a full range of services. When a patient needs a major surgery, a consultation with a sub-specialist, or advanced intensive care facilities, they are often sent from a smaller hospital to a tertiary hospital.

Phenomenological studies typically employ purposive sampling techniques to recruit participants who have direct lived experience with the phenomenon being investigated (Rimando et al., 2023). This intentional selection ensures that participants can provide rich, detailed descriptions of their experiences. Purposive sampling may be combined with other strategies such as snowball sampling (where participants refer others with similar experiences (Mangondato & Barra, 2025) or maximum variation sampling (to ensure diversity in perspectives (Shibiru et al., 2024). Sample sizes in phenomenological studies tend to be relatively small, as the focus is on depth of lived experiences of nurses caring for burn patients.

To be included in the study, the participants had to be working in the tertiary hospital as burn care nurses in the Burn Unit for at least six months. The participants had to sign the Certificate of Consent Form in order to be included in the study.

The researcher conducted the study using step-by-step process based on the implemented protocols by the college for conducting qualitative research. The first step was the development of the interview guide questions evaluated by validators, and checked by the adviser and panelist for thorough examination and validation procedures. The instrument was subjected to content validity to check and ensure that all domains and aspects were covered in the interview. All data needed in the study were taken from literatures, in-depth interviews and focus group discussions with the participants through face-to-face interviews.

Results and Discussion

Table 1 shows the participant's profile:

Code Name	Age	Sex	Years in Service	Study Group
P1	24	F	9 months	IDI
P2	40	M	1 year	IDI
P3	25	M	1 year	IDI
P4	38	F	3 years	IDI
P5	50	M	3 years	IDI
P6	37	F	5 years	IDI
P7	46	F	6 months	IDI
P8	46	M	3 years	FGD
P9	50	F	5 years	FGD
P10	49	F	2 years	FGD

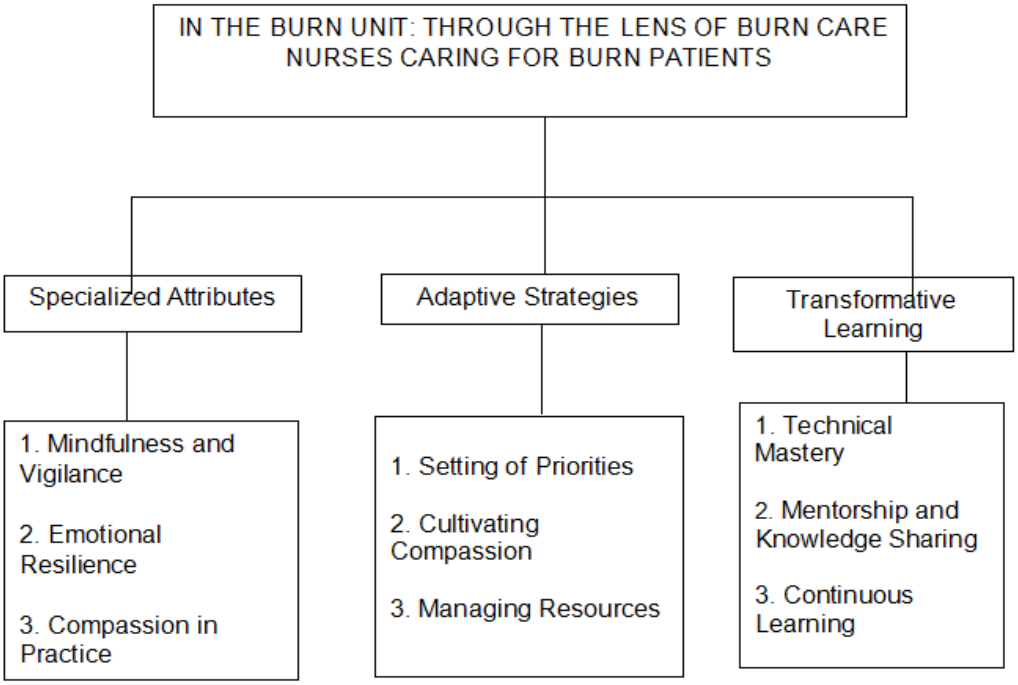

Figure 1. Thematic Map

Results and Discussion

The study aimed to explore and describe the lived experiences of burn care nurses caring for long-term burn patients in the burn unit in one of the government tertiary hospital in Davao City. The participants were 10 burn care nurses. The data gathering of the study was conducted through in-depth interview and focus group discussion in semi-structured interviews with burn care nurses, allowing participants to share their lived experiences in caring for burn patients. The interviews were conducted in a private and comfortable setting to encourage openness, and all responses were audio-recorded and transcribed for accuracy. Ethical considerations

were strictly followed, ensuring voluntary participation and confidentiality of the participants. The research participants were obtained informed consent and verbal confirmation, and measures were taken to protect their privacy. The participants were asked to choose their most convenient time to be interviewed, in the in-depth interview group and focus group discussion which lasted not more than 30 minutes to 1 hour. Ensuring their confidentiality and anonymity and allowing them the right to withdraw at any time without any consequences. Additionally, the researcher maintained respect and sensitivity toward the participants experiences, ensuring that the study upheld the principles of beneficence, and respect throughout the study.

Utilizing Van Manen's phenomenological data analysis, 51 significant statements were identified from 71 transcripts. This approach is widely recognized for its rigor in uncovering the essence of lived experiences through reflective interpretation of participants narratives (Manen, 2016). Further analysis of the formulated meanings resulted to 9 cluster themes which were categorized into 3 major emergent themes, namely: Specialized Attributes, Adaptive Strategies, and Transformative Learning. Similar thematic structures have been reported in qualitative studies exploring nurses' professional growth, coping mechanisms, and meaning making in emotionally demanding care settings (Gonella et al., 2022).

The first emergent theme, ***Specialized Attribute***, delineates the distinctive technical proficiency that sets burn care nursing apart from other specialties. This encompasses advanced wound care management, evidence-based pain protocols, fluid resuscitation strategies tailored to burn pathophysiology, and stringent infection control measures to mitigate risks in thermally injured patients (Werthman et al., 2025). The inherent complexity of burn care necessitates not only mastery of these skills but also perpetual vigilance for sterility and complications such as hypothermia or sepsis.

Sustaining competency demands structured, competency-based education programs integrating didactic instruction with psychomotor skill verification (Klinkhamer et al., 2023). Post-course assessments, including practical simulations like deploying fluid warmers and heat shields for thermoregulation or executing precise debridement techniques, bridge theory and practice (Werthman et al., 2025). This theme aligns with broader nursing competency frameworks, highlighting how specialized attributes foster patient safety and outcomes in high-acuity environments.

The second theme, ***Adaptive Strategies,*** elucidates nurses' deliberate cultivation of multifaceted approaches to navigate the specialty's exigencies, including acute time pressures, interdisciplinary coordination, and emotional tolls. Key strategies encompass optimized time management, collaborative care models, and nurtured professional patience, which collectively enhance resilience and job satisfaction (Hernandez et al., 2022).

Thriving burn care nurses actively deploy diverse coping mechanisms—such as reflective learning, peer support networks, meaning-making, self-compassion, and patient-centered empathy—transforming potential stressors into professional strengths (Foster et al., 2023; Bui et al., 2023). Far from indicating vulnerability, these adaptations signify hallmarks of excellence and underpin sustainable, compassionate practice. However, achieving equilibrium across cluster themes (e.g., technical skills and emotional regulation) proves challenging amid relentless demands, underscoring the need for institutional support like resilience training programs.

Lastly, the theme ***Continuing Development,*** highlighted that lifelong education as indispensable for burn care nurses to remain abreast of rapid advancements in wound healing modalities, multimodal pain management, antimicrobial stewardship, and rehabilitative interventions. In this dynamic field, ongoing learning ensures delivery of safe, evidence-based care, sharpens clinical judgment, bolsters confidence in complex cases, and catalyzes professional identity formation (Blanchette & Reeves, 2022; Azimirad et al., 2023).

Beyond technical updates, continuous development cultivates expanded capacities for patience, empathy, and theoretical-practical integration, instilling pride in mastery. The immersive intensity of burn care often precipitates transformative learning experiences, reshaping nurses' practice philosophies and competencies. This theme interconnects with the others, reinforcing that sustained adaptation and specialization hinge on proactive professional growth.

Discussion

Further analysis of the formulated meanings resulted to 9 cluster themes which were categorized into 3 emergent themes, namely: Specialized Attributes, Adaptive Strategies, and Transformative Learning. Similar thematic structures have been reported in qualitative studies exploring nurses' professional growth, coping mechanisms, and meaning making in emotionally demanding care settings (Gonella et al., 2022).

Emergent Theme 1: Specialized Attributes

Specialized attributes refer to having specialized technical expertise that distinguishes this practice from other nursing specialties. This expertise encompasses wound care management techniques, pain management protocols, and fluid resuscitation strategies that are unique to burn patients' needs. The technical complexity of burn care requires mastery of specific clinical skills while maintaining vigilance about infection control and sterility. Maintaining burn care nurses competency requires ongoing education and assessment (Werthman et al., 2025). Burn units increasingly implement structured competency-based education programs that include both didactic content and hands-on skill verification (Klinkhamer et al., 2023). Adding on, Werthman et al. (2025) post-course assessments combined with practical demonstrations ensure nurses can apply knowledge in clinical situations, such as properly using fluid warmers and heat shields for thermoregulation or performing appropriate wound care techniques.

The development of specialized attributes represents recognition that burn care demands expertise beyond general nursing skills. Burn care nurses with moderate to good competency levels demonstrate better patient outcomes, emphasizing the importance of specialized knowledge, critical thinking skills, and continuous professional development in burn care settings (Feng et al., 2022). Hence, in a specialized settings it involves the ability to assess, diagnose, and manage complex patient conditions independently while collaborating effectively with interdisciplinary teams (Solberg et al., 2023). Burn care nurses demonstrate technical competence in infection prevention protocols specific to burn care. This encompasses understanding sterile technique, wound contamination prevention, and implementation of infection control bundles (Zabihi et al., 2023). This theme generated three cluster themes namely: Mindfulness and Vigilance, Emotional Resilience, Compassion in Practice.

Cluster Theme 1.1: Mindfulness and Vigilance

Mindfulness and vigilance in maintaining proper aseptic technique during wound care represent a foundational skill for burn care nurses. The compromised skin barrier in burn patients creates significant infection risks, making sterile technique during dressing changes and wound assessment critically important to patient outcomes. Burns disrupt the protective function of the skin, exposing underlying tissues to external pathogens and requiring meticulous attention to prevent infection (Greenhalgh, 2021).

According to Baiez & Mohammed (2022) highlighted that mindfulness and vigilance to aseptic technique in burn wound management requires strict adherence to sterile procedures during all wound manipulations, including assessment, debridement, dressing changes, and application of topical therapies. Wound care for burn patients is complex and requires specialized knowledge about different dressing materials, debridement techniques, and assessment of healing progress that evolves throughout the recovery process.

"You have to be always mindful of the sterility in wound dressing to prevent infection." (SS: P6 Line: 269-270 IDI)

"It is also a wonderful experience, you will learn to be cautious in aseptic technique in terms of wound dressing. (SS: P1, Line 7-8 IDI)

"I always do proper handwashing before and after handling the patients. (SS: P3, Line 115 IDI)

"Hand hygiene must be performed before any aseptic task. (SS: P4, Line 157 IDI)

The emphasis on mindfulness and vigilance on aseptic technique in participants' responses reveals how this technical skill becomes integrated into the professional identity of burn care nurses. Their awareness of the connection between proper wound care technique and patient outcomes demonstrates the development of specialized clinical reasoning. The participants' statements suggest that mastering aseptic technique is not merely about following procedures but involves developing heightened vigilance and specialized knowledge that transfers to other aspects of their practice and

even to their personal lives. According to Lachiewicz et al. (2022) stated that healthcare-associated infections are a leading cause of morbidity and mortality in burn patients, highlighting the essential role of proper aseptic technique.

It was found that nurses with specialized training in burn wound management were able to significantly reduce infection rates through adherence to strict aseptic protocols, demonstrating the importance of this technical skill in burn care nursing practice. Hence, Alotaibi et al. (2024) noted that patients receiving enhanced nursing care emphasizing aseptic techniques achieve optimal wound healing in 73.3% of cases compared to only 30% with standard care. The application of appropriate aseptic technique during dressing changes requires both theoretical knowledge and practiced skill, representing a core competency for burn care nurses (Kamolz et al., 2021). Furthermore, their studies represents one of the most critical competencies for burn care nurses, serving as a fundamental protective measure that directly impacts patient survival, recovery outcomes, and quality of life. The importance of being mindful and vigilance in proper aseptic technique in burn nursing cannot be overstated, as it forms the cornerstone of infection prevention in one of the most vulnerable patient populations.

Cluster Theme 1.2: Emotional Resilience

Emotional Resilience pertains to burn care nurses ability to stay strong and adaptive. The intense emotions burn care nurses experience as they provide psychological support to patients facing physical pain, body image concerns, and emotional distress. This theme encompasses the nurses' recognition of the psychological dimensions of burn care and the emotional work required to support patients through their recovery journey. According to Kornhaber et al. (2023) stated that burn care nurses experience distinctive emotional challenges, including managing their own responses to patients' suffering while providing empathetic care that addresses both physical and psychological needs. Similarly, studies show that nurses exposed to intense emotional environments experience moderate to high levels of compassion fatigue, which deteriorates their professional quality of life (Gohentsemang et al., 2024).

Developed strategies for managing their own emotional responses to patient suffering while maintaining professional effectiveness. The visibility and severity of burn injuries, combined with patients' pain and distress, can trigger intense emotional reactions in healthcare providers that require conscious management. Research by Adnan et al. (2022) emphasized that the review found that self-care, social support, self-awareness, and self-efficacy are prime components of emotional intelligence and resilience for healthcare professionals.

"I remind myself to stay strong for the patient, even when the situation is emotionally heavy." (SS: P6 Line 277-278 IDI)

"I learned how to manage my emotions so I don't break down in front of my patients." (SS: P4 Line 177-178 IDI)

"Everytime the patients share their experiences and makes me emotional, I take a moment to breathe, reset, and continue caring. (SS: P5 Line 240-241 IDI)

The comments reveal that even experienced burn care nurses continue to experience emotional reactions to critical patient situations, particularly when patients become unstable or when they fear being unable to provide necessary care. The persistent nature of these emotional challenges highlights the need for ongoing support and resilience-building strategies throughout a burn care nursing career. According to Lopez et al. (2022) stated that developing emotional resilience is essential for sustained practice in burn care, requiring nurses to balance empathy with emotional boundaries. Rafii and Nikbakht (2020) found that experienced burn care nurses develop personalized strategies for processing their emotional responses to patient suffering, including collegial support, reflective practice, and self-care routines that help them sustain their ability to provide compassionate care. Their research suggested that emotional resilience in burn care nursing develops over time through experience and mentorship. Emotion-focused coping involves regulating your emotional reactions to stressors rather than changing the stressors themselves (Bakhsh et al., 2023). Managing emotions is particularly important in burn care nurses where many stressors (patient suffering, deaths, disfigurement) cannot be eliminated but must be emotionally processed.

Cluster Theme 1.3: Compassion in Practice

Compassion in Practice describes the deeper compassion nurses develop through their experiences in caring for burn patients. The prolonged suffering and challenging recovery process of burn patients appeared to cultivate

greater patience, understanding, and emotional connection among nurses. Research by Hammond et al. (2021) emphasized that burn care nurses often developed distinctive approaches to compassionate care that balanced emotional connection with professional boundaries. Hence, D''emeh et al. (2025) highlighted that much focus is placed on compassion fatigue, research emphasizes the importance of compassion satisfaction the positive feelings derived from helping others and making a difference.

"I am just happy to see them recovered and going home." (SS: P5, Line 240 IDI)

"Proper care given to the patients and patience, because the transition of burn healing and treatment of patients is different from none burn patients." (SS: P6, Line 285-286 IDI)

"My experience here in Burn Unit makes me have more patience to patients." (SS: P3, Line 141 IDI)

"The patients should feel and see what you are doing so that they will appreciate it. And you should have concern to them also." (SS: P3 Line 450-452 IDI)

The participants' responses reveal how caring for burn patients cultivates expanded capacity for patience, concern, and understanding. Their comments suggest that the challenging nature of burn care and the prolonged patient relationships foster deeper emotional investment in patient well-being. The reference to patient appreciation suggests that receiving recognition from patients reinforces compassionate approaches to care, creating a positive feedback loop that supports professional development. Hence, professional compassion in burn care nursing involves both emotional resonance with patient suffering and practical expression of care through technical interventions (Neumann & Wong, 2022).

According to Villarreal et al. (2020) demonstrated that experienced burn care nurses integrated compassionate awareness into their technical practice, approaching wound care and pain management with heightened sensitivity to patient experience. Their research highlighted how professional compassion in burn care becomes embodied in both interpersonal interactions and technical care delivery.

The delivery of compassionate care by burn nurses involves multiple interconnected dimensions. Research identifies that compassionate nursing practice includes using verbal and non-verbal communication to express feelings, performing empathetic activities, organizing patient-centered care, and adhering to cultural contexts (Babaei et al., 2022).

This patient-centered emotional discourse forms the foundation of compassion in burn nursing, where nurses demonstrate sensitivity, awareness, non-judgmental approaches, positive demeanor, empathic understanding, and altruism (Younas et al., 2022). Likewise, compassion and respect for the dignity of every patient forms the framework upon which therapeutic relationships are built. This is particularly significant because nursing ethics emphasizes the creation and nurturing of relationships as a distinguishing feature of the profession. Throughout nursing education and practice, compassion is emphasized not as optional kindness but as a core professional competence the very foundation of nursing science rests on creating meaningful interpersonal experiences and human connection (Pilkington & Giuliante, 2023).

Emergent Theme 2: Adaptive Strategies

Adaptive Strategies describe how nurses create specific ways to handle the unique challenges of their specialty. These strategies include refinement of time management skills, development of collaborative approaches to care, and cultivation of professional patience. According to Hernandez et al. (2022) noted that burn care nurses who develop effective adaptive strategies demonstrate greater resilience and job satisfaction despite the challenges inherent in burn care nursing. Also, burn care nursing demands sophisticated adaptive strategies. The nurses who thrive in this specialty are those who actively employ diverse coping mechanisms, continuously learn and grow, maintain supportive relationships, find meaning in their work, and practice self-compassion alongside patient compassion (Foster et al., 2023). The adaptive strategies are not signs of weakness they are hallmarks of professional excellence and the foundation of sustained, compassionate burn nursing practice (Bui et al., 2023). Successful adaptation of these theme required attention to all the cluster themes, though achieving balance remained challenging given the demands of burn care work. This theme has three cluster themes: Setting Priorities, Cultivating Compassion and Managing Resources.

Cluster Theme 2.1: Setting Priorities

Setting priorities means managing time wisely and choosing what tasks to do first to manage

workload and avoid procrastination.The intensive nature of burn care, with multiple competing demands including wound care, pain management, and psychological support, requires nurses to develop sophisticated approaches to organizing their work and prioritizing interventions. According to Vizeshfar et al. (2022) stated that burn care nurses experience significant time constraints related to multiple competing demands. Educational interventions targeting time management have demonstrated measurable improvements in critical care settings. A time management workshop for emergency and intensive care nurses resulted in significantly increased time management scores at three months post-intervention, helping nurses better adjust the time required to perform and prioritize various tasks (Vizeshfar et al., 2022). This suggests that time management skills can enhance nurses' ability to make faster clinical decisions a particularly crucial capability in burn care where rapid assessment and intervention are essential.

"The problems that I encountered as burn care nurse is lack of time management. Because with proper time management I can manage to take care of my assigned patients." (SS: P3, Line 116-118 IDI)

"Time management to cater the needs of the patients." (SS: P5, Line 246 IDI)

"Time planning also, so that I can focus to the patient one at a time." (SS: P10, Line 441 IDI)

"I am more on time management. Ever since before I am more on time management. I am very particular to time for me to finish my duty at the right time. It's really time management. (SS: P8, Line434-436 IDI)

The workload distribution reveals concerning patterns. Research indicates that nurses perform clinical and administrative work while having little face-to-face time with patients, which can lead to emotionally and physically burned-out nurses who lack job satisfaction (Alrowili et al., 2024). In burn care specifically, the use of negative pressure wound therapy has been shown to decrease nurse workload scores while simultaneously reducing pain scores for patients, demonstrating how technological interventions can address time management challenges (Singh et al., 2021). Based on their studies, the process of establishing priorities in burn nursing involves multiple dimensions spanning clinical decision-making, workload management, and organizational factors.

The repeated emphasis on prioritization of time management across participants indicates its central importance as a coping strategy. The connection participants make between time management and preventing procrastination suggests an awareness that the demanding nature of burn care could lead to avoidance behaviors without conscious strategies to manage workload. Their brief but direct responses suggest that time management has become an internalized professional value rather than a conscious technique.

Time management in burn care is complicated by the unpredictable nature of patient conditions, requiring nurses to balance planned care activities with responsive interventions as patient needs change (Paterson et al., 2021). Additionally, Molina and Sánchez (2023) demonstrated that burn care nurses who received training in adaptive time management strategies showed improved ability to complete essential care activities and reduced feelings of being overwhelmed, suggesting that time management is a learnable skill that can be developed through both experience and targeted education.

Cluster Theme 2.2: Cultivating Compassion

Cultivating compassion pertains to developing a deep sense of understanding, empathy, and patience toward individuals who are in severe pain and emotional distress. The extended recovery timeline for burn patients, combined with the pain and emotional distress they experience, requires nurses to cultivate patience as both a professional skill and a personal virtue. Tanner and Vasquez (2021) stated that burn care nurses developed patience through conscious practice and reframing of challenging situations as opportunities for growth.

Furthermore, patience is regulated through normalizing practices culturally embedded in healthcare organizations, including reframing patients' challenging behaviors, diffusing undesired emotions through detachment when necessary, and employing disengagement practices that allow nurses to maintain professional boundaries while remaining compassionate (Roitenberg, 2021). This cultivation of patience involves both individual emotional regulation and organizational support systems that enable nurses to sustain therapeutic presence with patients over extended recovery periods.

"You have to be more patience in dealing with burned patient's because they are suffering from

pain due to burn wounds. (SS: P2, Line 56-57 IDI)

"I learned to have patience always in dealing with burned patients, because some burned patients are combative, restless and anxious." (SS: P3, Line 128-129 IDI)

"There are times that, you have to be a good listener to the patients because most of the patients are depress and want to talk to you and verbalize their feelings." (SS: P4, Line 155-157 IDI)

The challenges in giving care, its more on extra care to patients and long patience. (SS: P9, Line 403 FGD)

The participants responses reveal the centrality of patience in their coping strategies, with multiple nurses identifying it as their primary adaptation to the challenges of burn care. Their comments connect patience with the long-term nature of burn recovery, suggesting an awareness that providing care with limited immediate visible improvement requires conscious cultivation of patience. The directive nature of their statements suggests that patience is viewed as an essential professional requirement rather than an optional personal quality. Patience in burn care encompasses multiple dimensions, including tolerance for slow progress, acceptance of setbacks, and persistence in providing care despite limited immediate rewards (Kang & Miller, 2022). Moreover, burn care nurses emotional regulation training might address recognizing one's own emotional responses to patients' suffering, managing frustration when patients are uncooperative or progress is slow, and maintaining equanimity when faced with setbacks or complications (Salem et al., 2025). Their research suggested that patience development is an active process that becomes an essential component of burn care nursing practice.

Cluster Theme 2.3: Managing Resources

Managing resources refers to dealing with challenging problems such as limited staff, equipment, and supplies. These challenges require nurses to develop skills in resource management, prioritization, and adaptation to maintain quality care despite limitations. According to Rousseau et al. (2021), resource constraints in burn care units create additional stress for nursing staff and may contribute to burnout if not addressed through systematic improvements in resource allocation and workload management. Furthermore, in resource-limited settings like Nepal, burn pain management faces challenges including limited access to specialized facilities, inadequate palliative care, medication shortages, and insufficient healthcare professionals (Adhikari et al., 2024). Nurses in these settings must adapt through collaborative health-aid partnerships and development of context-appropriate protocols.

This cluster theme managing resources has significant challenge for burn care nurses, requiring them to develop strategies for managing heavy workloads while maintaining quality care. Burn patients often require intensive nursing interventions, including frequent dressing changes, pain management, and psychological support, creating high workload demands that are exacerbated when staffing is insufficient. Insufficient staffing in specialized burn units has been associated with decreased nurse satisfaction, increased burnout, and potential impacts on patient outcomes (Davidson et al., 2021). In resource-limited settings, achieving competence is complicated by inadequate equipment, limited supplies, and insufficient specialized training opportunities (Shaarbafchizadeh et al., 2021). Nurses must adapt their technical approaches to work within available resources while maintaining safety and quality standards.

The consistent identification of staffing challenges and inadequate supplies and equipment across participants suggests that this is a systemic issue rather than an individual experience. The nurses' brief but direct responses indicate that staffing inadequacies are a fundamental challenge that affects their daily practice and contributes to physical exhaustion. The prevalence of this theme suggests that burn care nurses must develop strategies for managing workload pressures as an essential aspect of their practice. According to Simmons et al. (2022) emphasized that burn units frequently operate with staffing levels below recommended ratios, creating workload pressures that require nurses to prioritize care activities and develop efficiency strategies.

"The problem here is lack of manpower and equipment. Sometimes the duty were two nurses only in a shift, still we were able to manage it." (SS: P1, Line 14-15 IDI)

"Physical exhaustion because of not enough staffing. (SS: P5, Line 238 IDI)

"We only have two nurses on duty per shift." (SS: P2, Line 64 IDI)

"Understaffing and not enough materials for wound dressing, that's why we were asking donations from consultants." (SS: P7, Line 324 IDI)

The participants' responses highlight their awareness of resource limitations, shortage of nurses and their perception that addressing these limitations requires administrative intervention. Their comments suggest that while they develop strategies to work within existing constraints, they recognize that systemic solutions are needed to optimize care delivery. The connection between equipment needs and team functioning in their responses suggests that resource limitations may increase reliance on teamwork as a compensatory strategy.

Burn care requires specialized equipment and supplies that may be costly or have limited availability, creating ongoing challenges for resource management (Nehme et al., 2021). Similarly, Kahramaner and Yeşil (2022) reported that burn care nurses often develop creative approaches to resource utilization, including prioritization strategies and adaptation of standard protocols to accommodate available supplies. Their research suggested that resource management skills become an essential competency for burn care nurses working in settings with limited resources

Emergent Theme 3: Continuing Development

Continuing education is essential for burn care nurses because it helps stay updated on the latest techniques in wound management, pain control, infection prevention, and rehabilitation. Hence, burn care is a highly specialized and rapidly evolving field, so ongoing learning ensures that nurses can provide safe, effective, and evidence-based care. It also strengthens clinical judgment, boosts confidence when managing complex cases, and supports professional growth within the burn care specialty. Caring for burn patients cultivates expanded capacity for patience, concern, and understanding, and demonstrate pride in technical mastery and recognition of the importance of applying theoretical knowledge in practical context. According to Blanchette and Reeves (2022) stated that the intensive nature of burn care nursing often catalyzes learning experiences that reshape nurses' professional identity and practice approach. Adding on, continuous development helped registered nurses build up their competencies and form new professional identities (Azimirad et al., 2023). This theme has the following cluster themes: Technical Mastery, Mentorship and Knowledge Sharing and Continuous Learning.

Cluster Theme 3.1: Technical Mastery

Development of technical skill mastery is an important outcome of burn care nurses experience. It encompasses a comprehensive range of specialized skills and knowledge that are essential for providing optimal care to burn patients. The specialized nature of burn care, including complex wound management, fluid resuscitation, and pain control, requires development of advanced technical skills beyond basic nursing education. Research by Coles et al. (2023) stated that technical mastery in burn nursing represents the culmination of clinical expertise, knowledge, skill, and competence that are hallmark features of specialty nursing practice.

Therefore, technical mastery in burn care involves more than simple task completion. It encompasses the ability to integrate theoretical knowledge with practical application in the clinical environment, developing what researchers describe as "technical competence coupled with professional behavior" (Putra & Nency, 2024). This emphasize that it is essential to have a technical mastery, because burn care requires nurses to manage complex wound care regimens, administer specialized treatments, monitor for complications, and make rapid clinical decisions based on their assessment of patient status.

"I gain more experience and learned the proper way of wound dressing that I can apply at home and and work." (SS: P5, Line: 256-257 IDI)

"Everyday is a learning process. You have to improve yourself by gaining new knowledge everyday and practice it." (SS: P6, Line: 301-304 IDI)

"I was able to master the proper computation for fluids resuscitation. And was able to apply it to my patients." (SS: P6, Line: 279-281 IDI)

The participants' responses highlight the integration of mastering the knowledge of wound dressing into both professional practice and personal life. Their comments demonstrate pride in technical mastery and recognition of the importance of applying theoretical knowledge in practical contexts. The emphasis on specific technical skills (fluid resuscitation, sterility in

wound care) suggests that developing expertise in these areas has become an important component of professional identity for burn care nurses. Technical skill development in burn care nursing involves both acquisition of specialized knowledge and refinement of procedural skills through repeated practice (Woodward & Klein, 2022).

According to Patel et al. (2021) demonstrated that burn care nurses who engaged in intentional skill development through mentored practice showed accelerated progression from novice to expert performance in specialized procedures, suggesting that technical mastery involves both knowledge acquisition and embodied skill development. Their research highlighted the importance of creating learning environments that support both theoretical understanding and practical skill refinement. Interprofessional collaboration is also essential for providing safe, high-quality care to burn patients (Palacio & Iacobelli, 2025). It is also includes the ability to work effectively within the interdisciplinary burn team, understanding workflow patterns, communicating effectively about technical procedures, and coordinating complex care interventions.

Cluster Theme 3.2: Mentorship and Knowledge Sharing

Mentorship and Knowledge Sharing pertains to the importance of support from colleagues and knowledge sharing as key elements of the support system. The specialized nature of burn care requires transmission of knowledge from experienced nurses to newcomers, creating relationships that provide both practical guidance and professional socialization. In burn care, where specialized expertise is concentrated in a limited number of centers and experienced practitioners, mentorship becomes particularly vital for ensuring knowledge continuity and developing the next generation of expert burn nurses.

The quality of mentorship directly impacts knowledge retention and skill acquisition. Research demonstrates that mentorship programs focusing on professional and personal development, without favor or bias, contribute to clinical excellence, enhancement of academic productivity, career advancement, improved communication skills, effective team building, and development of professional leadership (Sohail, 2025). Additionally, in peer-to-peer knowledge sharing might occur through formal buddy systems pairing experienced and novice nurses, informal consultation when nurses encounter unfamiliar situations, or shared problem-solving when teams face complex clinical challenges. Research indicates that peer learning helps nurses improve attitudes toward professional development, fosters personalized learning experiences, promotes cooperative learning, and contributes to higher achievement (Jafari & Ghalibaf, 2022).

"The daily task feels not heavy to do because the team is good and approachable." (SS: P1, Line 42-43 IDI)

"My co-nurses are very kind and approachable. I can easily ask questions to them without hesitation. Learning from my seniors makes me learn new things." (SS: P3, Line 132-133 IDI)

"They are not intimidating, they teach me how to compute for fluid resuscitation and proper wound care. With this, I am able to update my learning's and knowledge in giving care to burn patients." (SS: P2, Line 86-89 IDI)

The participants' responses highlight the comprehensive nature of support from colleagues and knowledge sharing in burn care, encompassing technical skills (fluid resuscitation, aseptic technique), specialized knowledge (caring for burn patients), and emotional support (being approachable, not intimidating). Their comments suggest that effective support from colleagues creates an environment where new nurses feel comfortable asking questions, facilitating knowledge transfer and skill development. The positive emotional tone in these responses indicates that mentorship relationships from colleagues are experienced as supportive rather than hierarchical. Effective support from colleagues in burn care involves both technical knowledge transfer and guidance in developing the emotional resilience needed for this specialty (Landry & Chan, 2022).

According to Nishimura et al. (2021) highlighted that structured mentorship programs in burn units led to improved retention of new nurses and accelerated development of specialized skills, suggesting that mentorship serves both individual and organizational needs. Their studies highlighted the importance of creating formal structures to support the natural tendency toward mentorship in specialized nursing units.

Cluster Theme 3.3: Continuous Learning

Continuous learning refers to burn care nurses stay updated with new techniques in wound care, pain management, and rehabilitation, ensuring

safe and high-quality care for patients. This is an essential aspect of the practice and a key insight from their experiences. The complex and evolving nature of burn care requires ongoing learning and adaptation to new evidence and techniques. Research by Garrison and Mehta (2023) noted that burn care nurses who engaged in continuous professional development demonstrated greater clinical confidence and improved patient outcomes.

Continuous learning is central to nurses' lifelong learning and constitutes a vital aspect for keeping knowledge and skills. Nurses value continuous professional development and believe it is fundamental to professionalism and quality care, with perceived benefits including improved patient care standards and enhanced clinical competence (Mlambo et al., 2021). In burn care, where treatment modalities, wound care technologies, and rehabilitation approaches continually evolve, lifelong learning ensures that nurses can provide state-of-the-art care based on the most recent evidence and innovations. Continuous learning enhances both confidence and competence, creating a positive reinforcement cycle that motivates further learning.

"We have mini lectures during monthly meeting. With this, I am able to update my learning's and knowledge in giving care to burn patients." (SS: P2, Line 88-89 IDI)

"Our headnurse make sure that we have a seminar's or training's conducted by the hospital for continuous learning's." (SS: P3, Line 134-135 IDI)

":Everyday is a learning process. You have to improve yourself by gaining new knowledge every day and practice it." (SS: P6, Line 290-291 IDI)

The participants' responses reveal diverse approaches to continuous learning include formal education (mini lectures), mentorship relationships, and self-directed learning. Their comments suggest that professional development is viewed as an ongoing process rather than a discrete event. The emphasis on both acquiring new knowledge and applying it in practice indicates a pragmatic approach to learning focused on improved patient care. Professional development in burn care nursing encompasses both formal education through courses and conferences and informal learning through practice and collegial knowledge sharing (Torres et al., 2021). Confidence gained through continuous learning translates into improved clinical performance, greater willingness to take on challenging cases, and enhanced ability to advocate for patients' needs (Holland et al., 2024). Their research highlighted the importance of creating organizational structures that support ongoing learning in specialized practice areas.

Continuous learning in burn care nursing represents a career-long commitment to developing and refining the specialized knowledge, technical skills, emotional competencies, and adaptive capabilities required to provide expert care for patients with burn injuries. This lifelong learning encompasses formal structured education through workshops, conferences, simulation, and certification preparation, as well as informal experiential learning through daily practice, mentorship, peer collaboration, and reflective inquiry. Effective continuous learning requires supportive organizational cultures that value and resource professional development, accessible educational opportunities using multiple modalities.

As burn care continues to evolve with new evidence, technologies, and approaches, robust continuous learning systems become increasingly critical for ensuring that all nurses can access current knowledge and translate it into practice improvements that benefit patients. When the continuous learning is prioritized, well-designed, and sustainably resourced, it enhances nurses' competence and confidence, builds resilience against burnout, promotes career longevity, and ultimately delivers measurably better outcomes for the patients and families served by burn care nurses.

The supportive environments include units where learning is valued and protected, where experienced nurses mentor novices, where errors are viewed as learning opportunities rather than occasions for blame, and where resources are allocated to support attendance at conferences, workshops, and other educational activities. According to Ryan et al. (2025) stated that studies emphasize that change is needed to ensure professional learning becomes a shared responsibility among policy makers and healthcare leaders, leading to increased safety and quality of care.

Recommendations for Future Research

Based on the findings in the study, the researcher recommends the following on which future research would be beneficial:

The hospital administrators may initiate holistic well-being seminar for the burn care nurses, recognizing the emotional and psychological strain they often carry while caring for patients with severe injuries. Continuing to offer sustained professional development centered on trauma informed care, compassionate in giving care, fatigue prevention, and self-care strategies. With this, it can help ensure that nurses feel valued, supported, and empowered. Integrating this learning opportunities into ongoing competency.

Finally, future researchers may consider conducting related studies to deepen more the understanding of burn care nursing. These may include repeating the study at different periods, exploring it on a broader scale, or applying varied research designs to capture richer perspectives. Further studies that continue to honor and explore the lived experiences of burn care nurses can provide deeper insights into meaning of their work and the compassionate care they tirelessly provide.

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