

Exploring the Experiences of Burn Pain From the Perspectives of Patients and Healthcare Providers: A Descriptive Qualitative Study

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Abstract

Burn pain is among the most distressing and complex aspects of burn injuries, significantly impeding the treatment process and overall patient care. Despite advancements in pain management, many patients with burn injuries continue to experience inadequate relief. Investigating the experiences of both patients and healthcare providers offers valuable insights into the challenges of pain management. This qualitative study was conducted in Iran between 2024 and 2025. Eighteen hospitalized patients with burn injuries and 21 healthcare providers—including physicians, nurses, psychologists, and physiotherapists—were selected through purposive sampling. Data were gathered via semi-structured individual interviews until saturation and analyzed using Graneheim and Lundman's content analysis method, supported by MAXQDA 2020 software. Four main categories and 13 subcategories emerged: "Endless suffering accompanied by a sense of collapse," "The cycle of suffering and restlessness," "Barriers to pain relief," and "A holistic approach to pain management." Findings showed that patients endured severe physical pain along with psychological distress such as anxiety, despair, and sleep disturbances, while healthcare providers emphasized systemic barriers, resource limitations, and the restricted effectiveness of current approaches. These results highlight the multifaceted and enduring nature of burn pain and underscore the importance of addressing both patient experiences and provider challenges. In conclusion (shortened), burn pain represents one of the most intense and debilitating forms of suffering, with consequences extending beyond the physical dimension. Targeted strategies informed by these insights may improve the quality of care and patient outcomes.

Key words: pain; burn; healthcare providers; qualitative study.

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INTRODUCTION

Burn injuries, defined as damage to the skin and underlying tissues resulting from the transfer of energy from a heat source, represent one of the most severe types of trauma.¹ They often lead to significant organ dysfunction² and are among the most critical injuries individuals can endure.³ According to the World Health Organization (WHO), it is estimated that nearly 11 million people worldwide suffer severe burns annually, necessitating specialized care.⁴ Over the past 5 decades, advancements in burn care have significantly reduced mortality rates among patients with burn injuries. However, substantial challenges remain, particularly in addressing key issues such as "pain."⁵

Pain associated with burn injuries is a constant and often exacerbated by anxiety, fear, and other contributing factors.⁶ In burn care, repeated procedures—such as dressing changes and surgeries—frequently result in significant pain, disrupting treatment and patient care.⁷ Even routine activities like self-care, mobility, and physical therapy can be painful.⁸ Research shows that burn-related pain is still often inadequately

managed.⁹ One of the primary reasons for this difficulty is the complex interaction between the physical, neurological, and psychological components of burn pain.¹⁰ Unlike traumatic injuries, which typically resolve with healing, burn pain persists over prolonged periods, even long after discharge.¹¹ Improper pain management not only leads to acute suffering but also increases the risk of long-term psychological distress, such as anxiety, posttraumatic stress, sleep disturbances, social withdrawal, and delayed wound healing.^{12,13} Furthermore, unaddressed burn pain can contribute to reluctance in pursuing physical therapy, emotional disturbances, and, in some cases, suicidal thoughts.¹⁴ Insufficient pain relief negatively impacts recovery, self-esteem, and adherence to treatment plans.¹⁵ Even healthcare providers experience psychological trauma due to their inability to alleviate patients' suffering.¹⁶ Effective pain control can reduce rehospitalization rates, shorten hospital stays, and lower treatment costs,¹⁷ thereby improving the overall quality of care.¹⁸

The standard approach to pain management in burn care is multifaceted, involving both pharmacological and non-pharmacological techniques.¹⁹ Most guidelines for burn pain management emphasize opioid analgesics.²⁰ However, despite these interventions, patients with burn injuries continue to report insufficient pain relief.²¹ This highlights the need for individualized and tailored pain management strategies that address the specific needs of each patient. To refine these strategies, understanding the pain experiences of patients is invaluable.²² In addition, given the complexity of pain management, gathering insights from healthcare providers, especially regarding burn pain, is critical.²³ Burn pain, with its multifaceted nature, poses substantial challenges for both patients and healthcare providers. Gaining a deep understanding of the experiences of both groups can contribute to more effective pain management strategies, ultimately leading to better treatment outcomes and patient care. This qualitative study aims to explore the experiences of patients with burn injuries and healthcare providers regarding burn pain, examining the various barriers and challenges to pain relief, as well as identifying strategies to improve pain management.

METHODOLOGY

Study design and setting

This qualitative study was conducted between 2024 and 2025. Participants were recruited from Imam Musa Kazem (AS) Hospital in Isfahan, Iran, which serves as a main referral center for patients with burn injuries in central and southern Iran. The hospital has 120 beds and admits an average of 70-80 patients with burn injuries each month. A total of 18 patients with burn injuries and 19 healthcare providers—comprising physicians, nurses, psychologists, and physiotherapists—were selected through purposive sampling with maximum variation in terms of age and gender, drawn from both hospitalized patients with burn injuries and healthcare providers with experience in burn care. The inclusion criteria for patients with burn injuries were: willingness to participate, Iranian nationality, the ability to understand and speak Persian, and

current hospitalization. For healthcare providers, the inclusion criteria included at least 2 years of experience in burn care and willingness to participate in the study.

Data collection

Data were collected through semi-structured, individual interviews conducted by the first author. The timing and place of the interviews were arranged according to the participants' preferences. Interviews with healthcare providers were mainly conducted in one of the workrooms at Imam Musa Kazem (AS) Hospital, with the interviewer and participant present alone to ensure privacy. Interviews with patients with burn injuries were conducted in the inpatient setting, ensuring that the patients were physically and mentally prepared to engage in the interview. Each interview lasted between 30 and 45 min. At the beginning of each session, the study's objectives were briefly explained, and participants were invited to share their understanding and experiences regarding pain, its causes, related factors, pain relief, and the challenges associated with it. Interviews began with general questions to establish rapport. Sample questions for patients with burn injuries included: "Can you describe your pain experience?", "How did you feel?", "What factors worsened or alleviated your pain?", and "What has been your experience with pain relief?". For healthcare providers, key questions included: "What is your experience as a burn care provider?", "Can you describe your experience with pain relief?", and "What challenges have you faced in managing burn pain?". To encourage deeper insights, probing and exploratory questions such as "Why?", "How?", and "Could you elaborate further?" were also used. Participant selection and sampling continued until data saturation was reached.

Analysis

Data analysis followed the Graneheim and Lundman method (2004).²⁴ The recorded interviews were transcribed verbatim, and all transcripts were reviewed to ensure a comprehensive understanding of participants' perceptions. Meaningful units (sentences or paragraphs) were identified, condensed, and assigned codes. These codes were then grouped into subcategories and broader categories through an inductive process of constant comparison, reflection, and interpretation. The data analysis process was managed using MAXQDA 2020 software.

Trustworthiness

Trustworthiness was ensured using the confirmability, credibility, dependability, and transferability criteria.²⁵ Confirmability was enhanced by keeping a clear audit trail of all research activities. To strengthen the credibility, peer debriefing or reviewing of the data, codes, categories, and subcategories was done. Some interviews, along with the extracted codes, were printed and sent to the relevant participants to be compared to their own experiences. Dependability was achieved through the collaboration of the first and second authors in data analysis. In addition, a sample of coded interviews was presented to an expert in qualitative research to check and verify the coding process. By selecting participants with

Table 1. Demographic Characteristics of Patients

Participant code	Age	sex	Marital status	Burn percentage (TBSA)	Burn agent
P1	49	Male	Married	70	Flame
P 2	22	Male	Single	30	Scald injury
P 3	40	Male	Married	35	Flame
P 4	23	Male	Single	35	Gas explosion
P 5	80	Female	Married	45	Flame
P 6	49	Male	Married	40	Flame
P 7	58	Female	Married	55	Scald injury
P 8	24	Male	Married	90	Gas explosion
P 9	23	Female	Married	60	Flame
P 10	29	Male	Single	60	Acid
P 11	42	Male	Married	65	Flame
P 12	23	Male	Married	40	Electrical burns
P 13	54	Female	Married	40	Gas explosion
P 14	16	Male	Single	70	Flame
P 15	39	Male	Married	40	Flame
P 16	55	Male	Married	50	Electrical burns
P 17	49	Male	Married	45	Gas explosion
P 18	21	Male	Single	35	Hot oil

different demographic characteristics, an attempt was made to increase the transferability of the study results.

Ethics

The study received ethical approval from the Ethics Committee of Isfahan University of Medical Sciences (approval number: IR.MUI.NUREMA.REC.1403.124). Informed consent was obtained from the participants. We used numeric codes in place of personal names to secure the confidentiality of the interviews. The participants were free to withdraw from the study at any time. All methods were performed in accordance with the relevant ethical guidelines and regulations.

RESULTS

This study is part of the results of a larger study (PhD thesis in nursing). Patient participants ranged in age from 16 to 80 years (mean age: 38.6), with burn injuries covering 30%-90% of the TBSA. The most common cause of burns was flame (Table 1). Healthcare provider participants were aged between 30 and 64 years (mean age: 44.09), with an average of 17 years of experience in the field of burn care (Table 2).

Through an inductive data analysis process, 4 main categories and 13 subcategories emerged (Table 3). The main categories were “Endless suffering accompanied by a sense of collapse,” “The cycle of suffering and restlessness,” “Barriers to pain relief,” and “Comprehensive pain relief approach.” Each category is detailed with its respective subcategories in the following sections.

Endless suffering accompanied by a sense of collapse

Severe burn injury is often described as one of the most excruciating experiences a person can endure. Survivors report

the pain as unimaginable, and it extends beyond the skin to affect all body organs, resulting in a terrifying experience. This category encapsulates the intensely painful, traumatic, and physically demanding experiences patients with burn injuries face immediately following the injury. It includes 3 subcategories discussed below.

Hellfire at the moment of injury

This subcategory captures the profound and excruciating pain experienced by patients with burn injuries, many of whom describe it as the worst pain they have ever endured. The intensity of this pain is so overwhelming that, when recalling the experience, patients often undergo intense emotional and psychological reactions. The sensation of burning, coupled with the inability to alleviate it, causes significant stress and fear. One participant likened the pain to “hellfire,” underscoring the horrific and unbearable nature of the experience:

... I felt like I was in hell for a moment, my whole body was on fire, I don't think there's any pain like this. (P 4)

Melting in endless heat

The intense heat and high temperature of the burn source cause irreversible damage to the body's tissues, resulting in severe destruction of all layers of the skin and underlying structures. This subcategory reflects the sensation described by patients as a physical collapse and disintegration of their bodies due to the pain. The intensity of the pain and the extent of tissue destruction are so overwhelming that the individual feels as though their body is literally falling apart. One participant shared their experience:

... When the acid splashed on my body and face, at first I thought someone was jokingly splashing water on me. But then I felt my body

Table 2. Demographic Characteristics of Burn Care Providers

Participant code	Age	Sex	Marital status	Role in the burn care team	Education level	Length of experience working in a burn center
P 19	42	Female	Single	Nurse	Master's degree	14
P 20	34	Female	Single	Nurse	Bachelor's degree	12
P 21	37	Male	Married	Nurse	Bachelor's degree	7
P 22	30	Male	Married	Nurse	Master's degree	6
P 23	46	Male	Married	Nurse	Master's degree	18
P 24	33	Female	Married	Nurse	Master's degree	8
P 25	42	Female	Married	Nurse	Bachelor's degree	15
P 26	50	Male	Married	Physician	Anesthesiologist	26
P 27	64	Male	Married	Physician	General surgeon	32
P 28	59	Male	Married	Physician	Plastic surgery specialist	31
P 29	47	Male	Married	Physician	Plastic surgery specialist	7
P 30	45	Male	Married	Physician	Plastic surgery specialist	10
P 31	46	Male	Married	Physician	Plastic surgery specialist	8
P 32	35	Male	Married	Physician	Internal medicine Specialist	5
P 33	40	Female	Married	Physician	Psychiatrist	10
P 34	54	Female	Married	Physician	Infectious disease specialist	25
P 35	43	Female	Married	Physician	Cardiologist	9
P 36	49	Female	Married	Psychologist	Master's degree	19
P 37	48	Male	Married	Physiotherapist	Master's degree	24
P 38	31	Male	Single	Physiotherapist	Bachelor's degree	6
P 39	51	Female	Married	Spiritual caretaker	Bachelor's degree	20

Table 3. Main Categories and Their Related Subcategories

Subcategories	Categories
<i>Hellfire at the moment of injury</i>	<i>Endless suffering accompanied by a sense of collapse</i>
<i>Melting in endless heat</i>	
<i>Untreatable pain</i>	
<i>Dressing nightmare</i>	<i>The cycle of suffering and restlessness</i>
<i>Longing for restful sleep</i>	
<i>Torturous empathy</i>	
<i>Attitudes and behaviors of healthcare providers</i>	<i>Barriers to pain relief</i>
<i>Medication and protocol-related factors in pain relief</i>	
<i>Adequate pain relief: the key to increasing patient cooperation</i>	<i>Comprehensive pain relief approach</i>
<i>Interprofessional collaboration in optimal pain relief</i>	
<i>The necessity of pain relief before and after dressing changes</i>	
<i>The synergistic effect of combining analgesics</i>	
<i>Nonpharmacological approaches in pain relief</i>	

slowly growing hotter. The intensity of the heat increased to the point where I felt like I was being burned alive, and I was just screaming. (P 10)

Untreatable pain

The intensity of burn pain is so profound that patients often feel that no medication can alleviate it. This subcategory refers to the experience of pain that seems endless, with no treatment fully capable of controlling it. Due to the complex nature of the pain and the difficulty in managing its underlying causes, many patients express frustration with its persistence. They feel as though the pain is constantly with them, and even

after receiving palliative treatments, it never fully disappears, lingering in the background of their emotional experience. One participant shared:

... When I was first burned and brought to the emergency room, I was writhing in pain. The nurses injected me with narcotic painkillers, but they had no effect on my pain, and I continued to suffer. It felt like this burn pain doesn't respond to any painkiller. (P13)

The cycle of suffering and restlessness

The pain caused by burns is not only a physical experience but is also accompanied by emotional distress and profound

mental turmoil, which are inseparable aspects of the overall experience. Patients endure not only intense physical pain but also significant psychological consequences that deeply affect their emotional well-being and quality of life. Anxiety, stress, fear of future pain, and even feelings of hopelessness regarding recovery are common psychological reactions among these patients. This category includes 3 subcategories discussed below.

Dressing nightmare

One of the most significant sources of pain for patients with burn injuries is the daily dressing changes, a critical procedure for preventing infection and promoting healing. However, it often leads to intense pain due to the irritation of sensitive, damaged tissues, becoming unbearable for many patients. This pain is so severe that patients experience anxiety, distress, and physical symptoms such as sweating, palpitations, and restlessness hours before the procedure. The pain peaks during the dressing change, leaving some patients feeling trapped in their discomfort. Even after the procedure, many continue to suffer from burning sensations and severe pain for several hours. Patients in this study identified the pain from dressing changes as one of the most difficult and stressful aspects of their hospitalization. For many, it's not only painful but also terrifying, with the fear of future dressing changes further exacerbating their anxiety and distress. One participant described the experience:

...When they removed the previous dressing from my body, it felt like they were ripping my skin off my body, and it was really agonizing. Changing the dressing is very scary. It's so terrifying that my heart rate increases several hours before, and I become anxious. (P 15)

Longing for restful sleep

Sleep is a fundamental need for maintaining both physical and mental health, playing a vital role in restoring energy, regulating the immune system, and promoting healing. However, the intense pain from burns can significantly disrupt sleep, presenting major challenges for patients during hospitalization.

This subcategory reflects the patients' strong desire for peaceful, pain-free sleep, a goal that seems nearly impossible given the severity of burn pain. Many patients, particularly at night when distractions are minimal and emotional and physical pain intensify, suffer from insomnia and sleep disturbances. The pain, compounded by ongoing medical treatments such as dressing changes and injections, further disrupts sleep, preventing adequate rest and hindering recovery. These disturbances often create a vicious cycle, where poor sleep exacerbates pain and delays healing. Many patients voiced frustration over their inability to sleep due to pain, with the hope for restful, pain-free sleep remaining elusive. This issue not only affects physical health but also has long-lasting consequences for mental well-being and overall quality of life. As one participant shared:

... Since the moment I first felt pain, I haven't had a single night of restful sleep. My sleep has been completely disturbed. I fall asleep late and keep waking up, plagued by nightmares—nightmares of the moment I was burned. It has become my greatest wish to just sleep peacefully, even for just one night. (P18)

Torturous empathy

The presence of numerous patients with burn injuries, accompanied by sounds of crying, wailing, and screams of pain, significantly impacts the atmosphere of the burn unit. This environment not only intensifies the suffering of the patients but also creates an emotionally charged atmosphere that affects everyone in the unit, including both patients and nurses. Patients with injuries, who endure severe pain themselves, often develop a deep empathy for fellow patients due to their shared experience of suffering. This empathy fosters a sense of belonging among individuals who understand each other's pain. However, witnessing the pain of others, especially those in more severe conditions, can become a source of distress for many patients.

These emotional effects can heighten feelings of hopelessness and even depression, as patients are exposed to both their own physical suffering and the pain of others. This emotional burden can severely impact their psychological well-being, underscoring the need for emotional and psychological support. Many patients, during interviews, expressed that witnessing the pain of others—despite their own suffering—created immense psychological pressure, deepening their feelings of helplessness and despair. One participant shared:

... The yelling and screaming of the patient in the next room is very distressing. I feel for that patient who is in so much pain, but it also causes fear and anxiety in me. (P 11)

The participants' experiences revealed that burn pain, particularly during medical procedures like dressing changes, not only affects patients physically but also imposes significant psychological stress. This pain leads to anxiety, restlessness, and sleep disturbances, which ultimately hinder the healing process. In addition, the shared empathy among patients, along with constant exposure to others' suffering, can amplify feelings of hopelessness and depression. Therefore, alongside physical treatments, psychological and emotional support are crucial for enhancing patients' overall well-being. These findings emphasize the importance of addressing the psychological aspects of pain and highlight the need for more holistic approaches to burn pain management.

Barriers to pain relief

Ineffective pain relief in patients with burn injuries is often the result of various barriers and challenges within the treatment process. Some of these barriers are related to healthcare providers, such as a lack of specialized training or the failure to accurately assess the severity of pain. In addition, standardized pain management protocols that apply to all patients may not address the unique needs of each individual. Other factors, such as resource limitations, heavy workloads, and economic constraints, also hinder effective pain relief and disrupt the patients' recovery process. This category includes 2 subcategories discussed below.

Attitudes and behaviors of healthcare providers

A key factor contributing to ineffective pain relief in patients with burn injuries is the attitudes and behaviors of healthcare providers, which play a crucial role in the treatment process. Many nurses and doctors, due to low sensitivity or insufficient

attention to the patients' pain cues, may underestimate the severity of pain or fail to manage it effectively. In addition, misconceptions—such as concerns about the potential for addiction to pain medications—can lead to reluctance in prescribing analgesics, resulting in prolonged and distressing pain for the patient. These misguided attitudes and lack of adequate awareness can severely hinder pain relief efforts and delay the patient's recovery. Several participants highlighted:

... Some of the nurses I tell that I'm in pain and need pain relief, they don't accept it and tell me it will make me addicted, and I just curl up in pain. (P 2)

... The belief that we shouldn't give narcotic painkillers to patients because they might become addicted is completely wrong. If a patient has a psychological predisposition to addiction, they will become addicted regardless of whether they receive pain medication or not. This belief is deeply ingrained among the staff and needs to be changed. (P 26)

Medication and protocol-related factors in pain relief

Frequent complaints from patients with burn injuries about severe pain, despite following medication protocols, underscore the inefficiency of current pain management strategies. This inefficiency may arise from a mismatch between prescribed medications and the intensity of the pain or from failure to administer the appropriate doses. Furthermore, the side effects of painkillers, such as their negative impact on the patients' hemodynamics and overall therapeutic outcomes, create limitations for healthcare providers, preventing them from prescribing higher doses or more effective medications. In addition, the development of tolerance to painkillers, which reduces their effectiveness over time, requires higher doses to achieve relief. This poses a significant challenge, as increasing the dosage can lead to more severe side effects while the pain persists. Several participants noted:

... One of the challenges I think is very important in the burn hospital is that we haven't been able to fully control the patient's pain, especially during painful procedures like dressing changes and physical therapy. (P 34)

... One of the problems we have is that when we want to completely relieve the patient's pain, due to the effects of the medication, the patient's cooperation during procedures like dressing changes decreases significantly, and this creates problems for the staff because we need the patient to be alert and cooperative in these procedures. (P 26)

The participants' experiences suggest that inadequate pain relief in patients with burn injuries is not only a result of medication limitations and the side effects of painkillers but also primarily due to the attitudes and behaviors of healthcare providers. Low sensitivity to the patient's expression of pain, coupled with unfounded concerns about addiction to pain medications, often leads to inadequate pain management, causing increased suffering. These issues highlight the need to reevaluate treatment protocols and enhance education for healthcare providers to implement more effective pain relief

strategies. In addition, addressing patients' experiences and understanding their needs during treatment can improve care quality and accelerate recovery.

Comprehensive pain relief approach

Burn pain is a complex and multifaceted experience that involves physical, psychological, and social dimensions. This pain arises not only from the severe damage to tissues and various areas of the body but also from its profound psychological and emotional impact. As a result, managing burn pain is particularly challenging at the clinical level due to numerous barriers to effective relief. Existing treatment methods and protocols often fail to provide complete pain relief, with complications such as drug tolerance and side effects of painkillers further complicating management.

A single approach is insufficient to manage burn pain comprehensively. To achieve effective pain relief and improve the quality of life for patients with burn injuries, a comprehensive, multifaceted approach is necessary. This approach should integrate the expertise of healthcare providers—nurses, doctors, and psychologists—to address both the physical and psychological aspects of pain. In addition, incorporating the experiences and perspectives of patients with burn injuries when designing pain relief protocols can provide valuable insights into their actual needs, ultimately enhancing the effectiveness of pain management strategies. This category consists of 5 subcategories discussed below.

Adequate pain relief: the key to increasing patient cooperation

Adequate pain relief in patients with burn injuries not only alleviates physical suffering but also plays a crucial role in fostering effective communication and building trust in the care process. When patients experience severe pain without effective relief, they may lose trust in the treatment and healthcare providers. Pain can become a significant barrier to patient cooperation, as patients may feel their needs are being ignored in the care process. One participant shared:

... In general, when the patient's pain is relieved, their cooperation increases significantly. I mean, when the patient expresses pain and you acknowledge it, it makes a big difference. During procedures like dressing changes, physical movements, and even while repositioning, they cooperate much better with the nurse. (P 19)

Interprofessional collaboration in optimal pain relief

Effective pain relief in patients with burn injuries requires close collaboration and coordination within the healthcare team. No single healthcare provider can manage burn pain alone, as it involves significant physical and psychological complexities. Seamless interaction between doctors, nurses, pain specialists, and other healthcare professionals is essential for developing a coordinated approach. This collaboration leads to more effective treatment plans, better pain management, and an improved quality of life for patients with burn injuries. One participant shared:

... When the nurse collects feedback on the pain relief effects from the patient during and after administering the medication and shares it with us as doctors, it greatly helps us manage the patient's pain

more effectively. In fact, this coordination and collaboration between the doctor, nurse, and the overall treatment team significantly enhances the quality of care. (P 26)

The necessity of pain relief before and after dressing changes

Pain management for patients with burn injuries should be continuous throughout the treatment process. Pain relief before starting the dressing change is especially critical, as it can help reduce both anxiety and pain during the procedure. In addition, providing pain relief after the dressing change is essential to prevent residual pain and side effects, thereby aiding in the recovery process. An effective pain relief plan that encompasses prevention, management during, and postprocedure pain alleviation can enhance the patients' experience and contribute to their overall healing. In this regard, one healthcare provider shared:

... In my opinion, pain relief should definitely be administered to the patient before the dressing change. We are not here to cause the patient more suffering, so it's better to provide pain relief beforehand, as the process of removing the dressing is extremely painful and stressful for the patient. After the dressing change, pain relief should also be given to alleviate the pain that follows the closure of the wound. (P 19)

The synergistic effect of combining analgesics

Given the complexity and intensity of burn pain, using a combination of analgesic medications simultaneously can be more effective than relying on a single drug. This integrated approach enhances pain relief and reduces the need for high doses of individual medications. In addition, combining different drugs may help minimize the side effects of each and improve pain control at various levels. This strategy is particularly important in managing long-term pain and in addressing painful procedures, such as daily dressing changes. One participant shared:

... Yes, I have seen from experience that when injectable acetaminophen is administered alongside opioids, it produces a very good analgesic effect. In fact, it creates synergistic effects, and the patient's pain is effectively relieved. (P 26)

Nonpharmacological approaches in pain relief

Pharmacological pain relief methods alone are often inadequate for fully alleviating pain and are typically more effective when combined with nonpharmacological approaches. Relaxation techniques, such as deep breathing and meditation, can reduce anxiety and muscle tension, easing pain. Distraction methods, like listening to music or viewing positive imagery, help shift the patients' focus away from the pain. Psychotherapy, including counseling and cognitive-behavioral therapy, can address the psychological and emotional aspects of pain, enhancing the patient's coping abilities. In addition, physical therapy promotes pain relief by improving mobility and function through targeted exercises. These combined approaches ensure that pain relief is achieved not only physically but also psychologically and emotionally, significantly improving the patient's quality of life. One participant shared:

... When I go to a patient's bedside and see that they are restless and in severe pain, I ask them about their children, their job, what they do at home. They calm down, and then I pick up something interesting from their answers and discuss that. This mental diversion should be used during pain and especially during dressing changes, particularly in children; it works really well. (P 36)

The participants' experiences highlight that effective burn pain relief demands a holistic approach that addresses the physical, psychological, and social aspects of pain. Pharmacological treatments alone are insufficient and should be supplemented with nonpharmacological methods, psychotherapy, and physical therapy. Furthermore, interprofessional collaboration and integrating patients' experiences and perspectives into the treatment process are crucial for building trust and strengthening the patient-provider relationship.

DISCUSSION

This study aimed to explore the experiences of patients with burn injuries and healthcare providers regarding burn pain. A key category identified was "Painful and physical experiences." Participants described burn pain as an intensely agonizing and unbearable sensation, with some likening it to being engulfed in hellfire or melting under extreme temperatures at the moment of injury. This pain not only occurs at the time of injury but also persists throughout the treatment process, becoming one of the most profound and harrowing human experiences. Burn survivors often describe this pain as endless and untreatable, with many finding it incredibly difficult to endure. Beyond the physical suffering, this pain has significant psychological and emotional repercussions, which can hinder recovery and diminish quality of life. Nelson et al. (2020) highlighted that burn injuries are among the most excruciating and challenging experiences for survivors, severely impacting treatment outcomes, including wound healing, hospital stay duration, and postdischarge complications.²⁶ In addition, interventions such as dressing changes, skin grafts, and physical therapy often worsen the pain, complicating effective pain management.²⁷ Therefore, addressing this pain and striving for relief throughout the treatment process is crucial.

Another significant category identified in this study was "Psychological and mental experiences." Many patients with burn injuries report not only experiencing physical pain but also enduring substantial psychological and mental consequences. A common issue is anxiety and dread related to dressing changes, which can severely affect the patient's mental state. This anxiety often stems from the anticipation of pain and the perceived inability to control it, intensifying feelings of fear and distress. In addition, sleep disturbances due to persistent pain further complicate recovery. The empathy patients with burn injuries feel for others enduring similar pain can also contribute to feelings of hopelessness and depression, exacerbating psychological suffering. Sheira et al. (2022) noted that sleep disorders are common among burn survivors, often lasting for years after the injury, and are closely linked to emotional distress and a decline in quality of life.²⁸ Patients with burn injuries face a range of psychological challenges, including heightened anxiety, stress, depression, insomnia, and

changes in body image. Furthermore, both short- and long-term pain perception is often accompanied by psychological suffering.²⁹ These findings highlight the importance of addressing the psychological aspects of pain and providing emotional and psychological support for patients with burn injuries.

A key finding of this study was the identification of barriers to effective pain relief in patients with burn injuries. Several factors contribute to the ineffectiveness of burn pain management, including healthcare providers' limited sensitivity to patients' pain expressions, the misconception that pain relief may lead to addiction, inefficiencies in current pain relief protocols, and the side effects associated with analgesic use. Wang et al. (2017) identified significant limitations in opioid analgesics, including nausea, vomiting, constipation, gastrointestinal motility disturbances, dependence, and tolerance, which hinder effective burn pain management.³⁰ Another study pointed out that current pain control strategies fail to adequately alleviate pain and anxiety in patients with burn injuries.³¹ To improve pain relief, it is crucial to increase healthcare providers' awareness, correct misconceptions about analgesics, and revise existing therapeutic protocols. A combination of pharmacological and nonpharmacological methods, such as relaxation techniques and psychotherapy, should be integrated into treatment plans. In addition, effective communication and collaboration among treatment team members are essential to enhance care quality and pain relief. In resource-limited settings, practical strategies may include task-shifting responsibilities to trained nursing staff, use of low-cost or locally available nonpharmacological interventions (eg, guided relaxation, distraction techniques, or virtual reality alternatives), and structured protocols to optimize analgesic use while minimizing side effects. Telehealth or remote consultation with specialists can provide additional guidance and support for complex cases.

Finally, the present study highlighted the importance of a "Comprehensive pain relief approach." Given the complex nature of burn pain, its management requires an equally intricate approach. A single method is unlikely to provide effective pain relief for patients with burn injuries. An integrated strategy, incorporating insights from both healthcare providers and patients with burn injuries, is crucial for optimal pain management. Key components of this approach include effective collaboration among healthcare providers, pain relief before and after dressing changes, the combined use of analgesics, and a greater emphasis on nonpharmacological methods alongside pharmacological interventions. Practical and innovative solutions for environments with limited resources, such as nursing-led interventions, cost-effective pain management protocols, community-based psychosocial support, and technology-assisted methods, can enhance the feasibility and effectiveness of a comprehensive pain management approach. Plan et al. (2021) suggested that while pharmaceutical analgesics have traditionally been used to manage burn pain, they often prove ineffective and may have undesirable side effects. Studies have shown that nonpharmacological approaches, such as virtual reality, can effectively alleviate procedural pain in patients with burn injuries.³² In addition, effective communication between healthcare providers and patients is essential for early pain identification and more efficient pain management.³³ Therefore, a multidimensional approach that

integrates pharmacological treatments, nonpharmacological interventions, psychological support, and strong collaboration among healthcare providers is essential for effective pain relief and improved quality of life for patients with burn injuries.

Strengths and limitations

This study explored the experiences of patients with burn injuries and healthcare providers directly involved in pain management and the associated challenges. Several problems and barriers in the burn pain management process were identified. One limitation of the study was the poor physical and mental condition of some hospitalized patients with burn injuries, which could have potentially affected the accuracy and reliability of the data collected. To address this challenge, the researcher made efforts to schedule interviews when patients were in a relatively better physical and mental state. This approach helped minimize the potential negative effects of the patients' condition on data collection, thereby enhancing the accuracy and quality of the results. Another limitation is that interviews were only conducted during hospitalization, which may not fully capture the long-term experiences and challenges patients face after discharge. Future research could expand on these findings by conducting follow-up interviews postdischarge, offering deeper insights into ongoing pain management needs and recovery trajectories.

CONCLUSION

Burn pain is one of the most intense and debilitating forms of physical pain, often accompanied by significant psychological consequences such as anxiety, stress, and long-term mental health challenges. One of the main obstacles in managing burn pain is overcoming various barriers to effective relief. Traditional pain management techniques are often limited and fail to address the full complexity of burn pain. Therefore, a comprehensive, multidimensional approach is essential, one that not only manages the physical pain but also addresses the psychological and emotional aspects of the experience. Importantly, the insights gained from nursing staff provided a unique and valuable perspective, as nurses are directly and continuously involved in patient care and play a central role in assessing, communicating, and managing pain. Their close interactions with patients not only illuminate the complexity of burn pain but also underscore the need for more responsive and patient-centered strategies. Therefore, effective pain management requires a holistic approach that integrates pharmacological and non-pharmacological strategies, psychological and emotional support, and active involvement of both patients and frontline healthcare providers, particularly nurses. By leveraging these perspectives and strengthening interprofessional collaboration, healthcare teams can more effectively address the challenges of burn pain, ultimately improving patient outcomes and quality of life.

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DATA AVAILABILITY

All data are available from the corresponding author upon reasonable request via email: Sedighehfarzi@nm.mui.ac.ir

ETHICAL APPROVAL

This study was approved by the Ethics Committee of Isfahan University of Medical Sciences (Ethics Code: IR.MUI.NUREMA.REC.1403.124). All research procedures were conducted in accordance with ethical standards, and participant confidentiality was rigorously maintained. Written informed consent was obtained from all participants after a comprehensive explanation of the study objectives and procedures.

CONSENT TO PARTICIPATE

Informed consent was obtained from all individual participants included in the all research procedures were conducted in accordance with ethical standards, and participant confidentiality was rigorously maintained. Written informed consent was obtained from all participants after a comprehensive explanation of the study objectives and procedures.

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