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Özgün Araştırma / *Research Article*

Identifying the Problems Experienced By Families of Children with Burn Injuries After Discharge and The Causes of These Problems*

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Yanıklı Çocukların Ailelerinin Taburculuk Sonrası Yaşadıkları Sorunların ve Nedenlerin Belirlenmesi

ABSTRACT

Objective: *Burns alter normal life processes suddenly. It is hard both to accept burns due to accompanying physical and psychological changes and to learn how to live with the generally altered appearance caused by them. The study was conducted to identify the problems experienced by families of children with burn injuries after discharge and the causes of these problems.*
Method: *The descriptive study data were collected with the help of an introductory form, an information form for the problems experienced by parents and the State Anxiety Inventory. Statistical Package for the Social Sciences 16.0 program was used in data analysis. Study data were expressed as numbers, percentages, means using Student's t test.*
Results: *The sample included 162 families of children with burns. Of these children, 54.3% were males, while 70.4% of them had scalding and 46.3% had superficial burns. Families had experienced problems with their children concerning bathings (81.5%), social communication (77.8%), getting dressed (63.0%), using medications (61.7%), doing exercises (54.3%), feeding (40.7%) and dressing wounds (34.6%). Mean state anxiety score was found to be 47.03±7.48.*
Conclusion: *This study found that parents experienced various problems after discharge: Problems with using medication, dressing wounds, bathing, getting dressed, exercise, nutrition and social communication were experienced. It was determined that problems experienced affected the anxiety levels of the families. It is suggested for nurses to provide regular home visits or provide consultancy via telephone in order to identify problems.Identification of the problems expeirenced will also contribute to the preparation of the content discharge training programs.*

Keywords: *Child, burn, nursing, family, home care*

ÖZ

Amaç: *Yanıklar ani bir şekilde normal yaşam süreçlerini değiştirmektedir. Eşlik eden fiziksel ve psikolojik değişikliklerden dolayı yanıkları kabul etmek ve yanıkların neden olduğu genel olarak değiştirilmiş görünümle nasıl yaşayacağını öğrenmek zordur. Bu çalışma taburculuk sonrası yanık yaralanması olan çocukların ailelerinin yaşadığı sorunları ve nedenlerini belirlemek amacıyla yapıldı.*
Yöntem: *Tanımlayıcı çalışma verileri, tanımlayıcı özelliklere ait bilgi formu, ailelerin yaşadığı sorunlara ilişkin bilgi formu ve Durumluk Kaygı Envanteri yardımı ile toplandı. Veri analizinde Sosyal Bilimler İstatistik Paketi 16.0 programı kullanılarak sayı, yüzde, ortalama ve t testi hesaplandı.*
Bulgular: *Örneklemde 162 yanıklı çocuğun ailesi dahil edildi. Çocukların %54,3'ü erkek, %70,4'ü haşlanma ve %46,3'ü yüzeysel yanıktır. Ailelerin %81,5'inin banyo, %77,8'sinin sosyal iletişim, %63,0'nün giyinme, %61,7'sinin ilaç kullanma, %54,3'nün egzersiz yapma, %40,7'sinin beslenme, %34,6'sının pansuman yapma konularında sorun yaşadığı belirlendi. Ailelerin durumluk kaygı puan ortalaması 47,03±7,48 olarak bulundu.*
Sonuç: *Bu çalışma ailelerin taburcu olduktan sonra çeşitli sorunlar yaşadıklarını ortaya koydu. Bu sorunlar; ilaç kullanma, yaraları giyinme, banyo yapma, giyinme, egzersiz, beslenme ve sosyal iletişim sorunlarıdır. Yaşanan sorunların ailelerin kaygı düzeylerini etkilediği belirlendi. Hemşirelerin ailelerin yaşadıkları sorunları tespit etmek için düzenli ev ziyaretleri yapmaları veya telefonla danışmanlık yapmaları önerilmektedir. Ayrıca, yaşanan sorunların belirlenmesi taburculuk eğitiminde yer alan içeriğin hazırlanmasına katkıda bulunacaktır.*

Anahtar kelimeler: *Çocuk, yanık, hemşirelik, aile, evde bakım*

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INTRODUCTION

Burn injuries in children are serious affairs that require hospitalization and long- term rehabilitation [1]. Children's burn injuries instantly ruin their normal lives [2,3], creating difficult periods due to physical and psychological changes and altering their external appearance [4-7]. Therefore, it may take a long time for children to adapt themselves to their normal life after burn injuries [4,7].

Burn management continues at home after discharge, and family members are the primarily responsible for it [8,9]. It has been reported that families experience difficulties and anxiety during this period [10-12] since the physical problems they expeirenced alter their daily life, effect family relationships, and the need for parental and family support emerges [13-15]. Families may feel alone in caring for the child and need professional support.15 Nurses should also provide support to prevent possible problems [3,10,16,17]. No studies have been found in the literature that investigated all these topics (taking medication, dressing wounds, bathing and getting dressed, exercise, nutrition and social communication). The researchers observed that in the burn unit where the study was conducted, the mothers had problems with six areas after discharge, which are the focus of this study.

The results of this study will be instrumental in determining the kind of support for home care that should be provided to children with burn injuries and their parents. The purpose of this study was to identify the problems experienced by families of children with burn injuries after discharge and their causes.

MATERIALS and METHODS

Study Questions and Methodology

Since this is a descriptive study, no hypotheses were formed. Research questions were as follows,

1. Does sociodemographic characteristics affect problems after discharge (children's age and gender, maternal and paternal age, profession and education, socioeconomic level, social security status of the family, place of residence)?

2. Do the characteristics of the burn affect problems after discharge (type of burn, total body surface area burned, location, and degree of burn, receiving consultancy)?

3. What are the problems related to burns after discharge (using medication, dressing wounds, bathing, getting dressed, exercise, nutrition and social communication)?

4. Does the type of burn relate to the level of parental anxiety?

Study Populations

This study was conducted with the families of 162 children under the age of 18 with burn injuries who visited the burn clinic of a university hospital between January and May 2015. The burn clinic serves patients five days a week, extensively on Mondays and Wednesdays from nine to four. Medical dressings for burns are applied on Mondays, Tuesdays, Thursdays and Fridays. Wednesdays are generally spent on burn assessment. The wounds of the children who come to the outpatient clinic are dressed by the polyclinic nurses. Discharge training is provided by the nurses responsible for caring for burn injuries, training nurses and physicians. General post-burn checkups are done in the first week, first and third months and subsequently, every three months. In the first week, the children's wounds are evaluated. In later checkups, the condition of their wounds is evaluated based on external problems. In the first month after burn injuries, more problems are experienced due to the acute stress of mothers and fathers.

Data Collection Forms

This study used a child and family introductory form developed by researchers based on a review of the literature [1,2,4,7-10,13,17,18] the Data Collection Form for Problems Experienced by Parents After Discharge and the State Anxiety Inventory [19].

The child and family introductory form has two sections. The first section includes sociodemographic characteristics (child's age and gender, maternal and parenteral age, profession and education, socio-

economic level, social security status of the family, place of residence). The second section includes the characteristics of the burn (type of burn, total body surface area burnt, location, and degree of burn, receiving consultancy).

The Data Collection Form for Problems Experienced by Parents after Discharge includes questions related to the problems experienced by the families of children with burn injuries after discharge. The form has six section: taking medication, dressing wounds, bathing and getting dressed, exercise, nutrition and social communication. These sections were developed by the researchers based on the relevant literature in order to identify the problems experienced by the parents of the children with burn injuries during home care. The researchers developed this form. Because a similar form was not found in the literature. In each section, problem with burn care is responded by Yes/No Six items are provided to identify the causes of the problems experienced by parents.

Before data collection, child and family introductory form and the Data Collection Form for Problems Experienced by Parents after Discharge were reviewed by two physicians who are experts in the field of burns, two clinical nurses and two academic nurses. The forms were revised based on their views and pilot tested with the parents of 10 children with burn injuries to assess their usefulness. After the form was finalized, the data were collected.

The State Anxiety Inventory was used to determine the anxiety levels of the parents of children with burn injuries as a result of problems encountered after discharge. Because this scale is commonly used to measure how families are affected by their concerns. It is one of the most commonly used scales in the world. Implementation is simple and easy to use. It is a Likert-type scale with 20 items. It was developed by Spielberg et al. in 1970 and adapted into Turkish by Le Compte and Öner in 1985. High scores on the scale indicate high anxiety levels [19].

Data Collection

After obtaining the ethical committee's approval, the study was conducted with the parents of children with burn injuries who came for checkups or medical dressing in the first month after discharge between January and May 2015. Families were informed about the purpose and method of the study. Signed informed consent forms were obtained from the parents of children with burn injuries who came for checkups or medical dressing in the first month of discharge between January and May 2015.

Ethical Approval

To the end of implementation of the study, a written consent from the university medical faculty hospital was issued (date of endorsement: 22.12.2014; approval code: 69631334-2138-27315); and the relevant permission was issued by the board of ethics of the university noninvasive clinical research evaluation commission (date of endorsement: 22.01.2015; approval code: 2015/02-29).

Before the interview, purpose and application method of the study were explained to the families. Volunteered families were instructed to sign a consent form for the record.

Statistical Analysis

SPSS (Statistic Package for the Social Sciences) 16.0 was used for data analysis [20,21]. The threshold for significance was 0.05 [20,21]. Numbers, percentages and means were used in the data analysis of sociodemographic and burn characteristics. The significance test for the difference between two means was used to compare the problems experienced by the parents of the children with burn injuries and their mean state anxiety scores.

RESULTS

Sociodemographic characteristics of the children and their families and the features of their burns are shown in Tables 1 and 2. The mean age of the 162 children with burn injuries who participated in the study was found to be 3.4±3.38 years. It was found that 70.4% of their burn types were due to scalding. Burns covering 72.8% of total body surface area were detected in 1-10% of all incidents, and 43.8% of the children with burn injuries had burns on their

Table 1. Child and family introductory characteristics (n:162).

Introductory Characteristics	Number (n)	%
Child's Age		
0-3 years	101	62.3
4-6 years	32	19.8
7-12 years	22	13.6
13-18 years	7	4.3
Child's Gender		
Female	74	45.7
Male	88	54.3
Mother's Age		
20-29 years	59	36.4
30-39 years	86	53.1
40-59 years	17	10.5
Father's Age		
20-29 years	25	15.4
30-39 years	96	59.3
40-49 years	35	21.6
50-59 years	6	3.7
Mother's Level of Education		
Illiterate	7	4.3
Primary	102	63.0
Secondary	31	19.1
Higher Education	22	13.6
Father's Level of Education		
Illiterate	1	0.6
Primary	98	60.5
Secondary	46	28.4
Higher Education	17	10.5
Mother's Profession		
Employee	5	3.1
Retired	1	0.6
Housewife	138	85.2
Other (cosmetician etc.)	18	11.1
Father's Profession		
Civil Servant	6	3.7
Employee	83	51.2
Retired	2	1.2
Other (hospital worker etc.)	71	43.8
Socio-economic Income Level of the Family		
İncome=Expenditure	120	74.1
Income< Expenditure	4	2.5
Income> Expenditure	38	23.5
Place of Residence		
Province	116	71.6
District	37	22.8
Village	9	5.6
Total	162	100

	X±SS	Min	Max
Child's Age	3.40±3.38	0.09	17.00
Mother's Age	31.53±5.88	19.00	48.00
Father's Age	35.68±6.33	25.00	59.00
Child's Weight	15.90±11.23	6.00	79.00
Child's Height	94.07±23.98	52.00	180.00

upper extremities. In terms of degree, 46.3% of the children with burn injuries had superficial dermal

Table 2. Burn characteristics (n:162).

Burn Characteristics	Number (n)	%
Type of Burn		
Scalding/hot water	114	70.4
Scalding/hot milk	25	15.4
Contact burns (stove, iron)	17	10.5
Flame/fire	4	2.5
Electrical	2	1.2
Burned Total Body Surface Area		
1-10%	118	72.8
11-20%	23	14.2
21-30%	10	6.2
31-40%	5	3.1
41% or more	6	3.7
Degree of Burn		
Epidermal burn	12	7.4
Superficial dermal burn	75	46.3
Deep dermal burn	69	42.6
Third degree burns	6	3.7
Receiving Post Burn Psychological or Psychiatric Support		
No	91	56.2
Yes	71	43.8
Who Provided Support After Burn (n:71)*		
Psychologist	64	91.5
Psychologist or psychiatrist	7	8.5
Receiving Training or Consultancy After Discharge		
No	100	61.7
Yes	62	38.3
Who Provided Training or Consultancy After Discharge (n:62)**		
Nurse	49	80.3
Physician	8	13.0
Nurse-Physician	5	6.7
Total	162	100

**People receiving psychological or pyschiatric support after burn*
***People receiving discharge training after burn*

Table 3. Whether parents experienced problems following discharge.

Whether Parents Experienced Problems Following Discharge	Number (n)	%
Using medication		
Problems	100	61.7
No problems	62	38.3
Dressing wounds		
Problems	56	34.6
No problems	106	65.4
Taking baths		
Problems	132	81.5
No problems	30	18.5
Getting dressed		
Problems	102	63.0
No problems	60	37.0
Doing exercises		
Problems	88	54.3
No problems	74	45.7
Feeding		
Problems	66	40.7
No problems	96	59.3
Social communication		
Problems	126	77.8
No problems	36	22.2
TOTAL	162	100

burns, and 42.6% had dermal burns involving deeper layers (Tables 1 and 2).

Table 3 presents the findings concerning the parents of children with burn injuries who experienced problems and Table 4 displays the causes of these problems. It was determined that chldren of the parents experienced problems with bathing in 81.5%, social communication in 77.8%, getting dressed in 63.0%, using medication in 61.7%, doing exercises in 54.3%, feeding in 40.7%, and dressing wounds

Table 4. Causes of problems experienced after discharge.

Causes of Problems Experienced After Discharge	Number (n)	%
Problems regarding using medication (n:318)		
Not knowing the significance of the medication in improving the burn wounds	109	67.3
Not knowing how to use medication after discharge	151	93.2
The child has allergies about the medication	4	2.5
The child does not want to take medication	32	19.8
The child throws up when he/she is forced to take medication	15	9.3
Other (the family forgets to use medication etc.)	7	4.3
Problems regarding dressing wounds (n:58)		
Not knowing the importance of dressing wounds after discharge	6	3.7
The child feels pain after his wounds are dressed	19	11.7
There is no healthcare organization in close vicinity to the house	21	13.0
The child has distorted body image based on the trauma that has been experienced	4	2.5
Wounds are not dressed believing the burn injury healed	5	3.1
Other (not knowing how to dress the wound in grafting area etc.)	3	1.9
Problems regarding taking baths (n:190)		
Not knowing the importance of taking baths after discharge	7	4.3
The child is scared of taking baths	61	37.7
Fearing that the bath will hurt the area injured by burn	67	41.4
Fearing for development of infections in burn area	32	19.8
Believing that taking baths will delay healing of the burn injury	19	11.7
Other (not knowing how to give a bath in dressed areas etc.)	4	2.5
Problems regarding getting dressed (n:140)		
Not knowing the importance of the clothes the child wears after discharge	2	1.2
Fearing that the clothes that the child wears will hurt the burn injury	43	26.5
Financial difficulties to purchase clothing that is appropriate for the burn injury	16	9.9
Inability to find clothing that will protect the burn injury from sun rays	14	8.6
The child feels pain while getting dressed	59	36.4
Other (preferring larger shoes in case of burn injury in feet etc.)	6	3.7
Problems regarding doing exercises (n:115)		
Not knowing the importance of doing exercises after discharge	30	18.5
The child's pain increases during exercise	28	17.3
Fearing that exercise will damage burn injury	19	14.7
The exercises necessary to be done by the child are not taught	27	16.7
Lack of physical environment appropriate for exercises	8	4.9
Other (the mother is tense etc.)	3	1.9
Problems regarding feeding/nutrition (n:73)		
Not knowing the importance of feeding/nutrition in healing burn injury	1	0.6
Not knowing the food groups useful to heal the burn injury	1	0.6
The child does not want to eat	48	29.6
Not paying sufficient attention to child's nutrition	8	4.9
The child throws up when parents insist on feeding him/her	14	8.6
Other (the child das loss of appetite etc.)	1	0.6
Problems regarding social communication (n:204)		
The child s tense and anxious due to increased attention	83	51.2
The child wants to be alone due to changes in body image	39	24.1
The child cannot communicate because his/her friends are anxious about his/her appearance	16	9.9
The child cannot be taken to social environments since his/her burn injuries are not healed	44	27.2
The child avoids talking about bad experiences with his/her friends	15	9.3
Other (the child hides his/her burn injuries etc.)	7	4.3

**Participants provided more than one answer*

in 34.6% of the cases. Most (93.2%) of the families said that they did not know the importance of using medication after discharge, and 51.2% of them expressed that their children were tense and anxious because they showed more interest in their children after discharge. Some (41.4%) of them said that they could not bathe their children because they were afraid of hurting the burn injury, and 36.4% of them reported problems getting their children dressed due to increased pain their children felt. Families (29.6%) also mentioned problems with their children's loss of interest in eating after discharge, and 18.5% of them reported that they did not know the significance of exercise after discharge and 13.0% of them stated that they were not able to dress wounds regularly because they did not have healthcare facilities near their homes.

The families' state anxiety mean score after discharge was 47.03±7.48 points. The state anxiety mean scores of families who experienced problems with following daily living activities after discharge were as indicated in parentheses:getting dressed (48.21±7.50), dressing wounds (48.08±7.35), nutrition (47.95±6.94), social communication (47.46±7.57), using medication (47.44±7.69), bathing (47.50±7.57), doing exercises (46.53±7.57) and nutrition (46.40±7.92) A statistically significant difference was determined between the state anxiety mean scores of parents who experienced problems with getting dressed after discharge (48.21±7.50) and those who did not (45.03±7.07) (t:-2.661 p<0.05) (Table 5).

Table 5. State anxiety mean scores and comparing mean scores after discharge.

State Anxiety Mean Score	N	%	X ± SS	Min.	Max.
	162	100	47.03±7.48	31.00	62.00

Parents Experienced Problems Following Discharge		State Anxiety Mean Score X ± SS	t	p
Using medication				
Problems	(n:100)	47.44±7.69	0.869	0.386
No problems	(n:62)	46.38±7.16		
Dressing wounds				
Problems	(n:56)	48.08±7.35	1.303	0.195
No problems	(n:106)	46.48±7.53		
Bathing				
Problems	(n:132)	47.50±7.57	-1.687	0.185
No problems	(n:30)	44.96±6.85		
Getting dressed				
Problems	(n:102)	48.21±7.50	-2.661	0.009*
No problems	(n:60)	45.03±7.07		
Exercise				
Problems	(n:88)	46.53±7.57	-0.932	0.353
No problems	(n:74)	47.63±7.39		
Nutrition				
Problems	(n:66)	47.95±6.94	1.296	0.197
No problems	(n:96)	46.40±7.92		
Social communication				
Problems	(n:126)	47.46±7.57	-1.375	0.171
No problems	(n:36)	45.52±7.57		

**p<0.05*

DISCUSSION

In this study, the mean age of the 162 children with burn injuries was found to be 3.40±3.38 years which is similar to the mean age of children with burn injuries in previous studies [2,18]. The fact that children in this age group are highly involved in playing is believed to increase the incidence of burn injuries. Due to the development of autonomy and a sense of identity and improvements in motor skills in this period, children may develop dangerous behaviors and causing the frequency of home accidents to increase [7].

Of the children with burn injuries, 54.3% were males, which is similar to the findings in the literature about the gender of burn injury cases [2,10,18]. It is believed that boys experience more burn injuries because they are more active than girls by nature.

The study found that 85.2% of the participating mothers were housewives and 63.0% had completed primary school. More than half of the participating fathers (51.2%) were workers and 60.5% of them had completed primary school. The income of 74.1% of the families was equal to their expenses. In their study of family relationships after burn injuries, Moi and Gjengedal [13] determined that 50% of the children of unemployed families had more frequently experienced burn incidents. The literature, indicates that families' socioeconomic levels directly affect family relationships and child care. Thus, the children of the families with socioeconomic problems may more frequently experience burn incidents.

Most (70.4%) children experienced thermal burns

(scalding), and 10.5% of them contact burns (touching a stove or iron, etc). A study conducted in Turkey in 2013 determined that 85.6% of the children were injured by scalding, 9.6% by flames/fire, 2.6% by electricity and 1.8% by contact burns [18]. These results resemble those in literature.

This study determined that after discharge, 81.5% of the familieshad problems with bathing their children, 77.8% with social communication, 63.0% with dressing, 61.7% with medication, 54.3% with exercises, 40.7% with nutrition and 34.6% with dressing wounds. In a qualitative study conducted by Öster, Hensing, Löjdström, Sjöberg et al. [16] (n:10), the investigators found that children and families had problems with getting dressed, dressing wounds, body image, going back to their old lives and returning to school. Providing training to families before they leave the hospital about the problems that will be experienced after discharge and their solutions is crucial.

Examination of the causes of problems after discharge pointed to families' lack of knowledge (92.2%) about using medication [7]. This finding points to the fact that families are not provided with sufficient information before discharge about the effects of medication on burns and the necessity to use medication until healing is complete. It is thought that training on the use of medication should be provided at discharge with the help of printed materials or visual aids.

It was found that burn wounds of children of 13% of the families could not be dressed regularly after discharge because lack of a healthcare facility nearby. No information was found in literature about this problems. However, like the literature [4,5], this study found that there were problems with dressing wounds after discharge. It may be that the families were not able to get their children's wounds dressed regularly due to lack of information and poor socioeconomic conditions.

A study of the expectations of patients with burn injuries from their nurses, reported that 33.7% of the patients expected nurses' support with getting dressed, and 22.8% of them anticipated their support with meeting basic needs. Most (96%) patients, reported that they wanted to learn about skin care after discharge [9]. Şahin, Dal and Vural [8] also reported that families needed more precise information about selecting clothes, dressing and bathing. Some families (41.4%) participated in this study, stated that they did not bathe their children for fear of harming their burn injuries. The parents believed that clothing could hurt the burn wound may also be related to insufficient information. It is apparent that families should be informed that they should dress their children in soft, cotton, loose and light colored clothing.

Examination of the causes of problems with exercising after discharge found that 18.5% of the parents did not know the significance of exercise for the extremities. A study conducted about life quality in children after burn incidents (n:138) reported that 11% of the burn victims experienced problems with regular daily activities [7]. Doing exercises is important for children's physical, social and mental functions and it also prevents the formation of contracture due to complications. Therefore, teaching the exercises to children and their familiars via team work will minimize problems experienced after discharge.

Some (29.8%) families complained that their children did not want to eat after discharge. This may be related to loss of appetite. Studies have shown that children may experience short-term appetite loss after discharge [10,14]. It is believed that families should be patient about feeding their children and ensure that they are provided with sufficient vitamins, minerals and proteins.

Regarding social communication after discharge, 51.2% of the families reported that they paid more attention to their children because of the burn injury, and their children became tenser and more anxious as a result. Previous studies have also reported that school age children present long-term behavioral problems depending on the degree of the burn and as a consequence, their anxiety levels increase [3].

Studies have shown that families need support in burn care from relatives or other family members [1,5]. Hence, it is expected that psychological support will decrease families' burden of care However, this

study found that families who received psychological or psychiatric care, experienced greater number of problems after discharge although there was no statistically significant difference. This finding may be related to collecting data only iconcerning the first month after discharge. The process of support may not have been completed only in this one-month period. The families may have experienced greater number of problems due to short-term support.

Children's burn injuries negatively affect both lives of both parents' and children. Parents are expected to experience difficulty coping with their children's stress because they strive to help their children and apply the procedures they have learned about burn care at home. Therefore their anxiety increases [3,7,10]. This study has also found that families' mean state anxiety score was increased (47.03±7.48). The state anxiety scores of parents who experienced difficulties in the field of getting their children dressed were higher than those who did not experience problems in this area (t:-2.661 $p<0.05$). This finding may be due to the fact that getting children dressed is both a time-consuming and stressful task after a burn incident. Although there was no statistically significant difference between the state anxiety mean scores of the families who did and did not experience problems in other areas. it was determined that generally the state anxiety mean scores of families who experienced problems were higher. Hence, having many problems with home care caused their state anxiety levels to increase. If the state anxiety levels of the families had been measured immediately after the incident, they may have been even higher, but since these levels were measured approximately one month after their discharge from the hospital, they may have decreased. Their state anxiety had started to transform into trait anxiety due to problems with burns at home. Initiatives to minimize families' anxiety should start before discharge and continue at home.

Limitations and Future Directions

This study is not without limitations. However, qualitative studies on this issue should be conducted. Also support groups should be established to share the experiences of families on burn care and process. Home visits should be made at regular intervals in order to help families with problems they will encounter after discharge.

CONCLUSION

This study found that parents experienced various problems after discharge: problems with using medication, dressing wounds, bathing, getting dressed, exercise, nutrition and social communication. It takes a long time for individuals with burn injuries to adapt fully to social life. The role and function of home care nurses are crucial in this process. It is believed that providing one to one interactive training for parents using visual training materials about possible problems after discharge, ensuring regular home visits to minimize their problems and providing regular phone consultations will help to prevent development of hardships. Forming support groups for parents to share their experiences with burn care will provide support for children and parents and facilitate their adaptation to the significant changes caused by burn injuries.

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