

Pediatric Burn Management: A Qualitative Study on Nursing Perspectives and Professional Needs

Deniz TASDEMİR¹, Halil Ibrahim TASDEMİR²

¹ Burdur Mehmet Akif Ersoy University, Bucak Health School, Department of Surgery Nursing, Burdur, Türkiye

² Burdur Mehmet Akif Ersoy University, Burdur Health Services Vocational School, Burdur, Türkiye

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Abstract

Objective

This study aims to explore the perceptions, experiences, and professional needs of pediatric nurses involved in caring for burn-injured children. By examining their emotional responses, clinical challenges, and training gaps, this research aims to provide insights that can inform future improvements in pediatric burn care practices, enhance nurse well-being, and contribute to the development of more comprehensive, patient- and family-centered care models in clinical settings.

Material and Method

This study employed a qualitative descriptive design to explore the perceptions and experiences of 21 pediatric nurses working in various hospitals in two cities in Turkey. Participants were selected through purposive sampling, ensuring they had at least five years of experience in pediatric nursing. Semi-structured telephone interviews were conducted, and all interviews were audio-recorded and transcribed verbatim. A thematic analysis approach was applied to identify key themes, which were cross-validated by two independent researchers to ensure reliability.

Results

Three major themes and eight subthemes emerged

from the data: (1) Emotional and Psychological Impact (including emotional distress and coping mechanisms), (2) Clinical Challenges in Burn Care (including pain management, wound care, infection control, and communication with families), and (3) Professional and Training Needs (including lack of specialized training and the need for psychological support for nurses). Nurses reported high levels of stress and burnout due to the severity of injuries and emotional burden, inadequate pain management strategies, and difficulties in communicating with distressed families. Additionally, participants emphasized the urgent need for specialized burn care training and mental health support for healthcare providers.

Conclusion

This study highlights the emotional, clinical, and professional challenges that pediatric nurses face in burn care. Findings underscore the need for comprehensive training programs, advanced pain management strategies, and psychological support services to enhance nurse well-being and improve patient care. Addressing these challenges through policy and education reforms will help create a more effective and supportive environment for both nurses and pediatric burn patients.

Keywords: Emotional impact, Nursing perspectives, Pain management, Pediatric burn care, Pediatric surgery, Qualitative study

Correspondence: D.T. / deniztasdemir@mehmetakif.edu.tr

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ORCID IDs of the Authors: D.T: 0000-0003-2372-4418; H.I.T: 0000-0001-9893-356X



Introduction

Pediatric burn injuries are a significant global health issue, with substantial physical, psychological, and social consequences for affected children and their families (1). Burn injuries in children remain a significant epidemiological concern worldwide. Nearly one-fourth of all burn cases occur in individuals under the age of 16, with the majority affecting children younger than five (2). Burns are among the most common and severe forms of trauma in children, particularly in low- and middle-income countries where access to specialized care may be limited (3, 4). Nurses play a pivotal role in pediatric burn care, spanning the acute phase, rehabilitation, and long-term psychological support, making their perspectives and experiences crucial for improving patient outcomes.

According to the studies, burns account for over 180,000 deaths annually, with a significant proportion affecting children under five years old (5, 6). Burn injuries impact approximately two million people in the United States each year, with nearly half of these cases involving children. Among them, around 50,000 injuries are classified as moderate to severe, necessitating hospitalization. Annually, burn-related injuries account for approximately 2,500 pediatric deaths (7). The etiology of pediatric burns varies by age group, with scald burns from hot liquids being the most common among toddlers and flame-related burns more prevalent in older children and adolescents (4). The impact of these injuries extends beyond physical harm, as children with severe burns often experience psychological trauma, including post-traumatic stress disorder (PTSD), anxiety, and depression (8). Given these complexities, the role of pediatric nurses is multifaceted, encompassing pain management, wound care, emotional support, and education for both patients and their families.

The care of pediatric burn patients requires specialized knowledge and skills, as nurses are often the primary caregivers managing both the immediate and long-term effects of burn injuries. In the acute phase, nurses are responsible for stabilizing patients, assessing burn severity, managing fluid resuscitation, and providing pain relief (9). Effective pain management is critical, as studies have shown that burn wound care is associated with significant distress, requiring a combination of pharmacological and non-pharmacological interventions (10, 11). In addition to pain management, infection control is another critical responsibility, as burn wounds create an ideal environment for bacterial colonization, increasing the risk of sepsis (12).

As patients transition into the rehabilitative phase, nurses continue to play an essential role in wound care, scar management, and physical therapy coordination. Proper wound care and early mobilization have been shown to reduce the risk of contractures and improve long-term functional outcomes (13). Additionally, nurses provide emotional support to children and their families, addressing concerns related to body image, social reintegration, and psychological well-being (14). Studies have highlighted the importance of holistic, family-centered care in pediatric burn management, emphasizing the need for nurses to engage caregivers in the recovery process (15, 16).

Despite their critical role, pediatric nurses face numerous challenges in burn care, including resource limitations, emotional strain, and communication barriers with young patients (17). One of the primary concerns in pediatric burn care is the underestimation of pain, as younger children may struggle to verbalize their discomfort (8). Furthermore, burn injuries often require multiple surgical interventions, leading to prolonged hospital stays and increased stress for both patients and healthcare providers. Nurses also encounter ethical dilemmas, particularly in cases of suspected non-accidental burns, where they must balance their duty to report potential abuse while maintaining trust with the family (18).

Another significant challenge is the psychological burden associated with caring for pediatric burn patients. Research has shown that nurses frequently experience compassion fatigue and burnout due to the emotional intensity of their work (19). Given these challenges, there is a growing need for structured support systems, such as peer counseling and resilience training, to help nurses cope with the demands of pediatric burn care (20). Furthermore, ongoing professional development and specialized training programs can enhance nurses' competencies, ensuring the delivery of high-quality care (21, 22).

Pediatric burn injuries pose significant challenges for both patients and healthcare providers, necessitating a comprehensive and multidisciplinary approach to care. Nurses are central to this process, managing acute stabilization, long-term rehabilitation, and psychological support. However, the complexities of burn care, coupled with the emotional demands of the job, underscore the need for ongoing education, structured support systems, and policy improvements. By exploring the experiences of pediatric nurses, this study seeks to provide valuable insights that can inform best practices, ultimately improving outcomes for both children and their caregivers. Qualitative

research provides a unique opportunity to understand the human aspects of burn care, capturing the challenges, coping strategies, and insights of frontline nurses (23). This study aims to fill this gap by examining the perceptions of pediatric nurses regarding their roles, challenges, and best practices in burn care. Analyzing their experiences can identify areas for improvement in clinical protocols, education, and psychological support systems.

Material and Method

Study Design

This study employed a qualitative descriptive research design to explore the perspectives and perceptions of pediatric nurses regarding burn care. A qualitative approach was chosen to gain an in-depth understanding of nurses' experiences, emotions, and professional challenges in providing care to pediatric burn patients (24). The study followed a phenomenological framework, as it aimed to explore the lived experiences of nurses dealing with pediatric burn injuries in clinical settings (25). Semi-structured telephone interviews were conducted to gather rich, detailed narratives from participants, allowing them to express their thoughts freely while ensuring that key aspects of burn care were covered in a systematic manner. This method was particularly useful given the sensitive nature of burn injuries and the emotional impact of caring for pediatric patients.

Participants

The study sample consisted of 21 pediatric nurses working in various hospitals in two cities in Turkey. A purposive sampling method was used to recruit participants, ensuring that all nurses had relevant experience in pediatric burn care (26). Inclusion criteria required participants to: [1] be a registered pediatric nurse, [2] have a minimum of five years of experience in pediatric nursing, [3] have experience in treating pediatric burn patients, and [4] be willing to participate in an audio-recorded telephone interview. Nurses from diverse clinical settings, including pediatric intensive care units (PICUs), emergency departments, and burn care units, were included to ensure a broad representation of experiences. Recruitment was conducted through hospital administrations and professional nursing associations, and participation was entirely voluntary.

Data Collection

Data collection was conducted through semi-structured interviews. This approach allowed for flexibility while maintaining consistency across interviews (27). Each interview lasted approximately 30–45 minutes and

was audio-recorded with participants' consent. The interview guide was developed based on existing literature and expert feedback, covering key topics such as Nurses' experiences in pediatric burn care. Perceived challenges and emotional impact. Strategies for pain management and psychological support. Interaction with patients' families. Perceived gaps in training and resource availability

Before starting each interview, participants were provided with an overview of the study's purpose and were allowed to ask questions. Interviews were conducted in Turkish, and all audio recordings were transcribed verbatim for analysis. To ensure accuracy, transcripts were cross-checked with the original recordings.

Data Analysis

A thematic analysis approach, as outlined by Braun and Clarke (2006), was used to analyze the data (28). Thematic analysis allows for the identification, analysis, and interpretation of patterns within qualitative data, making it well-suited for exploring the perspectives of nurses. The analysis followed six steps: [1] Familiarization with Data: Transcripts were read multiple times to gain an overall understanding of the data. [2] Generating Initial Codes: Relevant segments of text were coded systematically using NVivo 12 software (QSR International, 2020). [3] Searching for Themes: Codes were grouped into potential themes that reflected key patterns in the data. [4] Reviewing Themes: Themes were refined to ensure they accurately represented the nurses' experiences. [5] Defining and Naming Themes: Clear definitions and names were assigned to each theme to capture their essence. [6] Writing the Report: Findings were synthesized and linked to relevant literature to enhance validity.

To ensure reliability, two independent researchers coded the data separately, and discrepancies were resolved through discussion until consensus was reached (29). Data saturation was achieved when no new themes emerged from additional interviews (30). To ensure the trustworthiness and credibility of the data analysis, several strategies were implemented. In addition to independent coding by two researchers, an external qualitative research expert reviewed a random selection of coded transcripts and thematic structures to verify consistency and minimize researcher bias. Regular peer debriefing sessions were conducted throughout the analysis to discuss emerging themes and ensure analytical coherence. Moreover, detailed audit trails were maintained to document analytic decisions at each stage of the process.

Ethical Considerations

Ethical approval for this study was obtained from the University Ethics Committee (Approval No: GO 2025/1330, Date: 16.04.2025). Written informed consent was obtained from all participants before the interviews, ensuring that they understood their rights and the voluntary nature of participation. Confidentiality and anonymity were strictly maintained by assigning pseudonyms to participants and securely storing all audio recordings and transcripts. Participants were informed that they could withdraw from the study at any time without any consequences.

Additionally, due to the potentially emotional nature of discussing pediatric burn care, participants were provided with information on psychological support services in case they experienced distress. Ethical guidelines outlined by the Declaration of Helsinki and the Turkish Ministry of Health’s research ethics framework were strictly followed throughout the study.

Results

The analysis of the data yielded several key themes related to pediatric nurses’ perceptions and experiences in burn care. The results are presented in two main sections: [1] Demographic characteristics of

participants, and [2] Themes and subthemes identified in the qualitative analysis.

Demographic Characteristics of Participants

A total of 21 pediatric nurses, Table 1 34.2 years (SD = 4.6) and 8.1 years (SD = 2.3) of experience in pediatric intensive care units (PICUs), emergency departments (EDs), and pediatric burn units.

Thematic Analysis of Findings

The thematic analysis resulted in three major themes and eight subthemes, as shown in Table 2. Each theme and subtheme are explained below with supporting participant quotes.

Theme 1: Clinical Challenges in Burn Care

Pain Management Difficulties

Pain management was one of the biggest challenges identified. Nurses noted that pediatric patients often experience severe pain during wound care and dressing changes, and pain relief methods are sometimes insufficient:

"Even with painkillers, many children still cry and scream during dressing changes. It's very hard to witness." (Nurse 2, Burn Unit)

Table 1 Demographic Characteristics of Participants

Characteristic	n (%)	Mean ± SD
Gender		
Female	16 (76)	
Male	5 (24)	
Age (years)		
Years of experience in pediatric nursing		34.2 ± 4.6
		8.10 ± 2.3
Workplace		
Pediatric Intensive Care Unit (PICU)	9 (42.8%)	
Emergency Department (ED)	7 (33.3%)	
Pediatric Burn Unit	5 (23.8%)	
Highest level of education		
Bachelor’s degree	15 (71.4%)	
Master’s degree	6 (28.6%)	
Previous burn care training received		
Yes	12 (57.1%)	
No	9 (42.9%)	

Table 2 Themes and Subthemes Identified in the Study

Themes	Subthemes	Codes
1. Clinical Challenges in Burn Care	1.1. Pain management difficulties	Children crying during dressing changes; ineffective analgesics; limited pharmacological options; difficulty assessing pain in young children; need for better pain management strategies; emotional difficulty during painful procedures
	1.2. Wound care and infection control	High infection risk; strict sterility demands; limited resources and time pressure; fear of contamination; importance of aseptic technique; maintaining sterile field in busy wards
	1.3. Communication with families	Parental guilt and blame; family denial of injury severity; parents' emotional outbursts; difficulty explaining prognosis; dealing with aggressive or withdrawn parents; communicating permanent scarring
2. Emotional and Psychological Impact	2.1. Emotional distress and burnout	Feeling helpless during children's pain; emotional exhaustion after shifts; secondary trauma from child suffering; feeling inadequate despite efforts; crying after work; long-term emotional burden
	2.2. Coping mechanisms and resilience	Emotional detachment as defense; peer and team support; seeking strength from family; taking walks or relaxation after shifts; faith and spiritual coping; professional role focus to reduce distress
3. Professional and Training Needs	3.1. Lack of specialized burn care training	Learning by experience ("on-the-job"); inadequate training in school; need for simulation or hands-on workshops; unfamiliarity with burn protocols; insufficient pediatric-specific burn education; desire for continuing education
	3.2. Need for psychological support for nurses	Lack of institutional psychological support; need for counseling or debriefing; coping fatigue; burnout symptoms; no mental health programs for staff; "Who cares for nurses?" sentiment

"We need better pain management strategies, especially for younger children who can't express their pain properly." (Nurse 14, ED)

Wound Care and Infection Control

Many participants emphasized the complexity of burn wound care, stating that infection control is a constant concern:

"Burn wounds are extremely prone to infection, and even the smallest mistake can have serious consequences." (Nurse 6, PICU)

"Sterility is a major issue, but in busy hospital settings, it's hard to maintain perfect conditions all the time." (Nurse 12, ED)

Communication with Families

Interacting with families was another significant challenge. Many parents experienced guilt, frustration, and fear, making it difficult to communicate treatment plans effectively:

"Parents often blame themselves for their child's burns. Some become aggressive, others are in

complete denial." (Nurse 9, Burn Unit)

"One of the hardest parts of my job is explaining to parents that their child will have permanent scars." (Nurse 20, ED)

Theme 2: Emotional and Psychological Impact

Emotional Distress and Burnout

Most nurses expressed that caring for pediatric burn patients is emotionally draining due to the severity of injuries and the suffering of children. Many reported experiencing stress, anxiety, and even symptoms of secondary trauma:

"Hearing a child scream in pain during dressing changes is something I will never get used to. It stays with me even after my shift ends." (Nurse 4, PICU)

"Some cases are too heartbreaking, especially when burns result from neglect or abuse. It makes me question humanity." (Nurse 11, ED)

Coping Mechanisms and Resilience

To manage emotional distress, nurses developed

coping mechanisms such as emotional detachment, team support, and professional counseling. Some relied on talking with colleagues, while others tried to focus on their professional duties rather than the emotional aspects:

"I try to remind myself that my role is to help, not to get emotionally involved. Otherwise, I wouldn't be able to do this job." (Nurse 8, Burn Unit)

"After a tough shift, I go for a long walk or spend time with my family. It helps me detach from work." (Nurse 17, PICU)

Theme 3: Professional and Training Needs

Lack of Specialized Burn Care Training

More than half of the participants reported feeling unprepared for pediatric burn care due to a lack of specialized training:

"We learned about burns in nursing school, but the reality is much more complicated. I wish we had more hands-on training." (Nurse 15, PICU)

"I had to learn a lot on the job because there weren't enough training programs specifically for pediatric burn care." (Nurse 5, ED)

Need for Psychological Support for Nurses

Many nurses expressed that psychological support and debriefing sessions would help them cope with work-related stress and burnout:

"We care for others, but who cares for us? Nurses also need psychological support, especially in burn units." (Nurse 3, Burn Unit)

"Sometimes I wish there was a therapist available for us after traumatic cases." (Nurse 18, PICU)

The findings of this study highlight the emotional burden, clinical challenges, and professional gaps experienced by pediatric nurses in burn care. Nurses face high levels of stress and burnout, struggle with pain management and infection control, and express a strong need for additional training and psychological support. These insights provide valuable implications for improving burn care protocols, training programs, and emotional well-being support systems for nurses.

Discussion

This study provides an in-depth exploration of pediatric nurses' experiences, challenges, and perspectives in

managing pediatric burn patients. The findings reveal three major themes: [1] Emotional and Psychological Impact, [2] Clinical Challenges in Burn Care, and [3] Professional and Training Needs. These themes align with existing literature on pediatric burn care, emphasizing the complexity of burn management and the significant role nurses play in ensuring optimal patient outcomes (1, 31).

Emotional and Psychological Impact

The study highlights the substantial emotional distress and burnout experienced by pediatric nurses, particularly when dealing with severe burn injuries in children. Participants described how witnessing pain, distress, and suffering in pediatric patients takes a significant toll on their psychological well-being. This aligns with research indicating that burn care nurses face higher levels of secondary trauma and emotional exhaustion compared to other nursing specialties (32). The emotional intensity in dealing with traumatic patient experiences is particularly high. One nurse from the Pediatric Intensive Care Unit (PICU) expressed this poignantly: "Hearing a child scream in pain during dressing changes is something I will never get used to. It stays with me even after my shift ends." Another nurse, working in the Emergency Department (ED), highlighted the moral distress they encounter: "Some cases are too heartbreaking, especially when burns result from neglect or abuse. It makes me question humanity." Moreover, the need for coping mechanisms such as peer support, professional detachment, and engaging in stress-relief activities was evident among participants. These strategies are consistent with studies that emphasize the importance of resilience-building interventions in high-stress nursing environments (33, 34). Nurses often relied on professional boundaries to manage emotional fatigue: "I remind myself that my role is to help, not to get emotionally involved. Otherwise, I wouldn't be able to do this job." (Nurse 8).

Clinical Challenges in Burn Care

The study identified pain management difficulties as one of the most challenging aspects of pediatric burn care. Many nurses expressed frustration over the limitations of existing pain relief methods, stating that pediatric patients continue to experience distress despite pharmacological interventions. These findings echo research suggesting that pediatric burn patients often receive inadequate pain management due to challenges in pain assessment and drug administration (35, 36). This difficulty was clearly articulated by one participant, underscoring the communication barrier in effective pain relief: "We need better pain management strategies, especially

for younger children who can't express their pain properly." (Nurse 14). Additionally, wound care and infection control remain critical concerns, with nurses highlighting the difficulty of maintaining sterility in fast-paced hospital settings. Studies confirm that infection is a leading cause of morbidity in pediatric burn patients, reinforcing the need for improved wound care protocols and nurse training (37). As one nurse noted, "Sterility is a major issue, but in busy hospital settings, it's hard to maintain perfect conditions all the time." (Nurse 12).

Another significant challenge was communication with families. Many nurses reported that parents of burn-injured children often experience guilt, fear, and frustration, making effective communication difficult. This aligns with research showing that parents of pediatric burn patients are at high risk for psychological distress, which can impact their ability to process medical information (1). Nurses emphasized the need for training in family-centered communication strategies to improve interactions and support parents more effectively. The emotional difficulty of these interactions was powerfully highlighted by one nurse: "One of the hardest parts of my job is explaining to parents that their child will have permanent scars." (Nurse 20).

It is also noteworthy that nurses' workplace settings appeared to influence the nature and emphasis of their experiences. For instance, nurses working in Pediatric Intensive Care Units (PICUs) tended to highlight challenges related to critical care demands, pain management during complex procedures, and emotional fatigue caused by high patient acuity. In contrast, Emergency Department (ED) nurses frequently emphasized difficulties in communication with families and the stress of providing immediate stabilization under time pressure. Meanwhile, those from specialized Burn Units often focused on the long-term aspects of wound care, infection control, and the psychological toll of repeated dressing procedures. This pattern aligns with previous studies suggesting that contextual factors such as unit type and patient turnover significantly shape nurses' emotional responses, coping mechanisms, and perceived training needs (38, 39). Understanding these contextual differences underscores the importance of designing tailored support and education programs for nurses across different clinical environments.

Professional and Training Needs

One of the most striking findings was the lack of specialized burn care training for pediatric nurses. Despite the complexity of burn management, many

participants felt unprepared for their roles, highlighting the gap in burn care education within nursing curricula. Studies indicate that structured burn care training programs can significantly improve nurses' confidence and clinical competencies (40,41). One participant highlighted this educational gap: "I had to learn a lot on the job because there were insufficient training programs specifically for pediatric burn care." (Nurse 5). Furthermore, participants expressed a strong need for psychological support services for nurses, suggesting that burnout prevention strategies should be integrated into hospital policies. This need for institutional support was frequently voiced: "We care for others, but who cares for us? Nurses also need psychological support, especially in burn units." (Nurse 3). Previous research supports this notion, recommending regular debriefing sessions, counseling services, and resilience training for nurses working in high-stress environments (32, 42). Crucially, our finding of a significant gap in specialized training for pediatric burn nurses' contrasts subtly with some existing quantitative literature. For instance, Feng et al. (2023) conducted a cross-sectional survey on nurses in burn departments and found that the overall core competencies of their participants were relatively high, with experience and years in the department being key influencing factors (40). While the nurses in our study possessed extensive pediatric nursing experience (mean 8.1 ± 2.3 years), their self-reported feeling of unpreparedness and the explicit demand for specialized pediatric burn training reveal a critical deficit not captured by general competency scores. This suggests that generic clinical experience is insufficient; the unique psychological and technical demands of pediatric burn care require tailored, hands-on education. Our qualitative findings, therefore, offer a unique contribution by highlighting the felt experience of educational inadequacy and the urgent need for context-specific training in this high-acuity specialty, which may not be fully evident in large-scale quantitative assessments.

Implications for Practice and Policy

Based on these findings, several recommendations can be made to improve pediatric burn care: Hospitals should implement mandatory specialized training programs for pediatric burn care nurses, focusing on pain management, wound care, and family communication strategies. Structured emotional support programs, including peer counseling, mental health resources, and regular debriefing sessions, should be established to help nurses cope with burnout. Hospitals should adopt multimodal pain management approaches, integrating both pharmacological and non-pharmacological techniques, such as distraction

therapy and guided imagery. Healthcare providers should develop evidence-based communication strategies to support parents and caregivers effectively. These recommendations align with global best practices in pediatric burn care and have the potential to enhance both nursing experiences and patient outcomes (43).

Limitations

While this study provides valuable insights into pediatric nurses' experiences in burn care, several limitations must be acknowledged. The study included 21 nurses from two Turkish cities. Findings may not be generalizable to other regions or healthcare settings. Future studies should involve a larger, more diverse sample to strengthen external validity. The data is based on self-reported experiences, which may be subject to recall bias or social desirability bias. Incorporating observational methods in future research could provide more objective insights into nursing practices. This study only explored nurses' perspectives and did not include patient or family viewpoints. Future research should adopt a multi-stakeholder approach, incorporating feedback from pediatric burn patients and their families. This study used qualitative methods, limiting the ability to statistically measure stress levels, burnout rates, or patient outcomes. Future research should include quantitative assessments to complement qualitative findings. Despite these limitations, the study provides a strong foundation for future research and policy improvements in pediatric burn care nursing.

Conclusion

This study sheds light on the emotional, clinical, and professional challenges faced by pediatric nurses in burn care. Findings indicate that burn care nursing is emotionally demanding, with high levels of stress, burnout, and secondary trauma. Clinical challenges, particularly in pain management, wound care, and infection control, highlight the need for improved training and support systems for nurses. Additionally, communication difficulties with families reinforce the importance of family-centered nursing approaches. To enhance pediatric burn care, healthcare institutions must prioritize specialized training programs, emotional support initiatives, and advanced pain management protocols. Policymakers and hospital administrators should recognize the psychosocial burden on nurses and implement evidence-based strategies to support their well-being. Future research should explore multi-disciplinary approaches, integrating nurses, physicians, psychologists, and family caregivers to develop holistic burn care

interventions. By addressing the gaps in training, emotional support, and clinical resources, the quality of pediatric burn care can be significantly improved, ultimately benefiting both patients and healthcare professionals.

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Conflict of Interest Statement

The authors wish to confirm that there are no known conflicts of interest associated with this publication and there has been no significant financial support for this work that could have influenced its outcome.

Ethical Approval

This study was conducted in accordance with the ethical standards outlined in the Declaration of Helsinki and approved by the Ethics Committee of Burdur Mehmet Akif Ersoy University. Ethical approval was obtained under the protocol ID GO2025/1330 on April 16, 2025. All participants were informed about the purpose of the study, and informed consent was obtained prior to data collection. Participation was voluntary, and participants were assured of their right to withdraw at any time without any penalty. Data confidentiality and anonymity were strictly maintained throughout the study process.

Consent to Participate and Publish

Written informed consent to participate and publish was obtained from all individual participants included in the study.

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Availability of Data and Materials

The authors did not specify any data sets in this Data Profile. Due to the sensitive nature of the questions asked in this study, survey respondents were assured raw data would remain confidential and would not be shared.

Artificial Intelligence Statement

The authors declare that they have not used any type of generative artificial intelligence for the writing of this manuscript, nor for the creation of images, graphics, tables, or their corresponding captions.

Authors Contributions

D.T: Conceptualization, Methodology, Software,



Validation, Formal analysis, Investigation, Resources, Data Curation, Writing - Original Draft, Writing - Review & Editing, Visualization, Supervision, Project administration.

H.I.T: Conceptualization, Software, Validation, Formal analysis, Resources, Data Curation, Writing - Original Draft, Writing - Review & Editing, Visualization, Supervision, Project administration.

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