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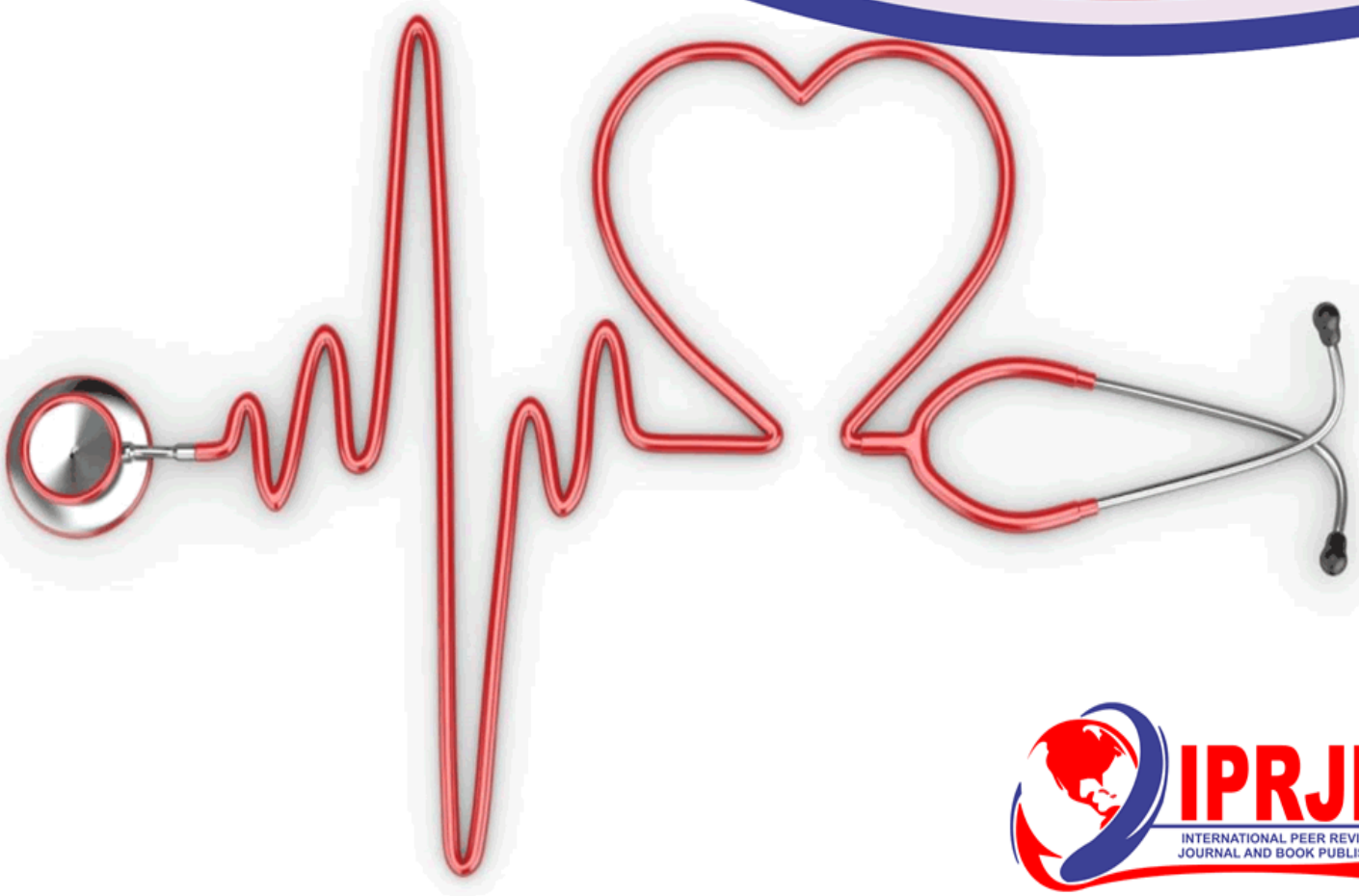

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Factors Associated With the Management of Burns in Children below Five Years at National Referral Hospital, Uganda

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Abstract

Purpose: Burn care management is a critical aspect of healthcare, particularly in low-resource settings where access to specialized care may be limited. The aim of the study was to assess factors associated with management of burns in children under five years among nurses at the Burns Unit, Kiruddu National Referral Hospital.

Methodology: A cross-sectional health facility study with a quantitative approach was conducted among 32 nurses. Data were analyzed using Fisher's exact test and binary logistic regression at 95% confidence.

Findings: The study revealed that 32% of respondents reported burn care was not well managed. Training (AOR=6.33, 95% CI=1.53–26.31, p=0.01), work experience (AOR=3.17, 95% CI=1.11–9.03, p=0.03), urban residence (AOR=2.91, 95% CI=1.03–8.23, p=0.04), timely arrival (AOR=3.89, 95% CI=1.23–12.31, p=0.02), and belief in medical therapy (AOR=4.56, 95% CI=1.23–16.91, p=0.03) were significantly associated with good management.

Unique Contribution to Theory, Practice and Policy: Training, experience, timely arrival, and belief in medical therapy are crucial to improving burn care outcomes.

Keywords: *Burn Care Management, Children under Five, Nurses*

INTRODUCTION

Burn injuries remain among the most devastating forms of trauma, particularly in children under five years of age, who are physiologically and developmentally more vulnerable to severe injury, infection, and death. Globally, burns account for an estimated 180,000 deaths annually, with the vast majority occurring in low- and middle-income countries where access to specialized burn care is limited (WHO, 2023b). Early and appropriate burn management is critical, as initial care significantly influences wound healing, functional outcomes, cosmetic appearance, length of hospital stay, and overall survival. Inadequate or delayed care often results in complications such as sepsis, permanent disability, and death (Sheridan, 2024).

In Asia, particularly India, over one million burn cases are reported annually among children under five years. This high burden has been attributed to poverty, illiteracy, unsafe domestic environments, and weak health systems, compounded by the absence of organized burn care services at primary and secondary healthcare levels and a shortage of trained healthcare workers (WHO, 2023a). Similar patterns are observed in Sub-Saharan Africa, where burn injuries affect over 30,000 patients across 14 countries, with children under five years accounting for approximately 62.5% of cases (Albertyn et al., 2014). The high morbidity and mortality associated with pediatric burns in the region have been linked to inadequate infrastructure, limited human and material resources, and suboptimal nursing practices.

In East Africa, burn injuries continue to pose a significant public health challenge. In Kenya, burns among children under eighteen years account for approximately 82% of all burn's cases managed at Moi Teaching and Referral Hospital. Delayed hospital admission, insufficient nursing staff, and poor early interventions frequently lead to preventable complications and poor outcomes (Negesa et al., 2020).

The government of Uganda through the ministry of health has decentralized burns management up to regional referral levels as well as equipping these units with logistics. Despite the interventions, nurses have remained reluctant the number of complications as a result of burns still remains large. This study explored institutional, nurse-related, and caretaker-related factors influencing burn management in children under five years.

Problem Statement

In Uganda, burn injuries account for approximately 3.4% of all admissions in referral hospitals, with children under five years representing about 59.2% of these cases (Albutt et al., 2025). These high numbers, combined with limited healthcare staffing and resource constraints, often result in suboptimal burn care and increased complications. At Kiruddu National Referral Hospital (KNRH), the burns unit has a capacity of 60 patients and receives approximately 360 burn cases annually. Despite this specialized capacity, outcomes remain poor, with only 14% of children discharged with minimal skin damage, 58% developing keloid scarring, and 28% dying from burn-related complications (KNRH Medical Records, 2023).

Although the Government of Uganda has implemented measures to strengthen burn management services, poor outcomes persist, indicating that challenges extend beyond infrastructure alone. Institutional factors such as training, workload, motivation, and availability of supplies, nurse-related factors including experience and level of education, and caretaker-related factors such as beliefs about therapy, residence, and delays in seeking care may significantly influence the quality of burn management. However, there is limited facility-based quantitative evidence examining how these factors collectively affect the management of burns among children under five years at national referral hospitals. This gap limits

evidence-based decision-making and targeted interventions, thereby necessitating the present study at Kiruddu National Referral Hospital.

Conceptual framework

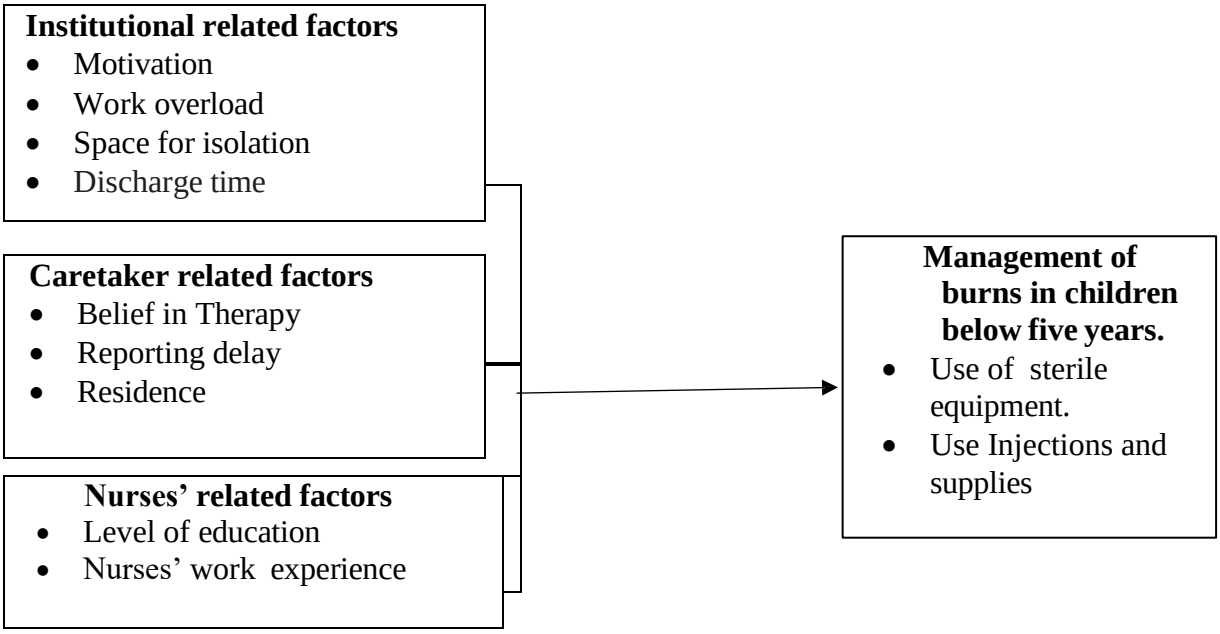

Figure 1: A conceptual framework

Source: Potokar et al., 2020

The conceptual framework was developed from (Potokar et al., 2020). It illustrates how institutional factors (motivation, workload, isolation space, discharge time), caretaker factors (beliefs, delay in reporting, residence), and nurse factors (education level, work experience) collectively influence the management of burns in children under five.

METHODOLOGY

This study used a cross-sectional, facility-based quantitative design conducted at Kiruddu National Referral Hospital, a national burns referral center with a 60-bed burns and plastic surgery unit staffed by approximately 35 nurses. The study population comprised nurses working with children under five years in the burns unit who voluntarily consented to participate, excluding those on leave, and a sample size of 32 nurses was determined using Krejcie and Morgan's (1970) table. Data were collected using a pretested structured questionnaire assessing institutional, nurse-related, and caretaker-related factors influencing burn management, with management of burns as the dependent variable. Data analysis involved descriptive statistics, Fisher's exact test for bivariate analysis, and binary logistic regression for multivariate analysis at a 95% confidence level, with p-values <0.05 considered statistically significant. Ethical approval was obtained from relevant research ethics committees, and informed consent and confidentiality were ensured throughout the study.

RESULTS

The results of the study were obtained from 32 respondents at univariate analysis, bivariate and multivariate analysis with their interpretations.

Univariate Analysis

Frequency and Percentage Distribution of Socio Demographics

Table 1: Univariate Analysis of Background Characteristics

Variable	Category	Frequency n=32	Percentage (%)
Gender	Male	8	25
	Female	24	75
Age group (years)	20 – 30	14	44
	31 – 40	10	31
	40 – 50+	8	25
Cadre	Enrolled nurse	20	63
	Nursing officer	12	38
Working experience	<1year	13	41
	1-5 years	10	31
	5- 10 years	9	28
Education status	Diploma	20	63
	Degree	12	37
Religious affiliation	Christianity	15	47
	Islam	7	22
	Others (SDA, Pentecostal)	10	31
Marital status	Single	13	41
	Married	14	44
	Lost a partner	5	16

Source: Primary Data from Kiruddu National Referral Hospital, February 2025.

The findings in Table 1 showed that most of respondents, 24 (75%) were female, majority of respondents, 14 (44%) were aged 20 – 30 years while majority 20 (63%° of respondents. Majority 2(6.2%) of the respondents had about one (1) year work experience in nursing, majority 15(47%) were Christians, 20(63%) had diploma education status and 14 (44%) were married.

Descriptive Analysis of Institutional Factors in a Graphical Form

The institutional factors were analyzed using a bar graph under descriptive analysis at univariate analysis.

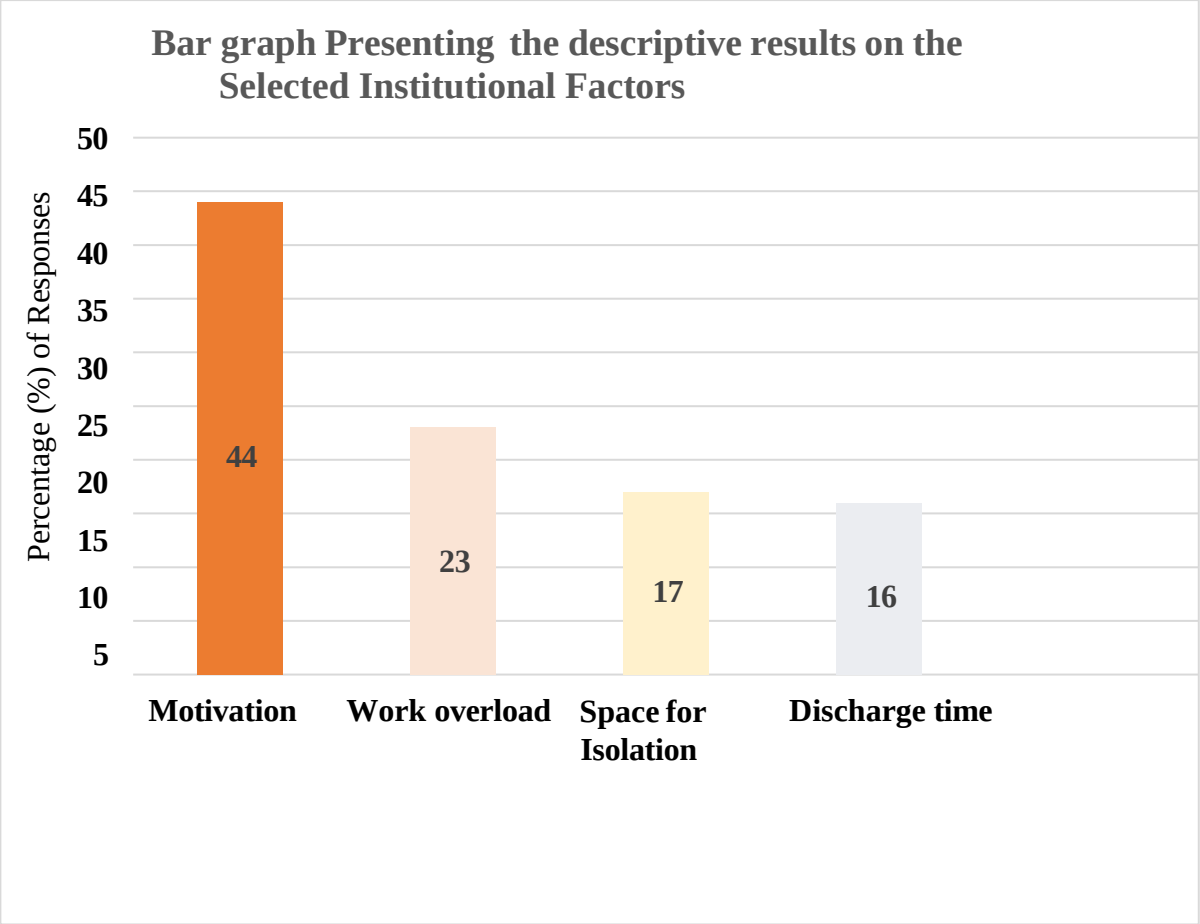

Figure 2: Descriptive statistics of Institutional factors

Source: *Primary Data from Nurses at Burns Unit Kiruddu*

Figure 2 above revealed that majority of respondents, 44% mentioned they were often motivated to manage burn among children.

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Availability of use equipment, supplies and trainings were also analyzed and presented

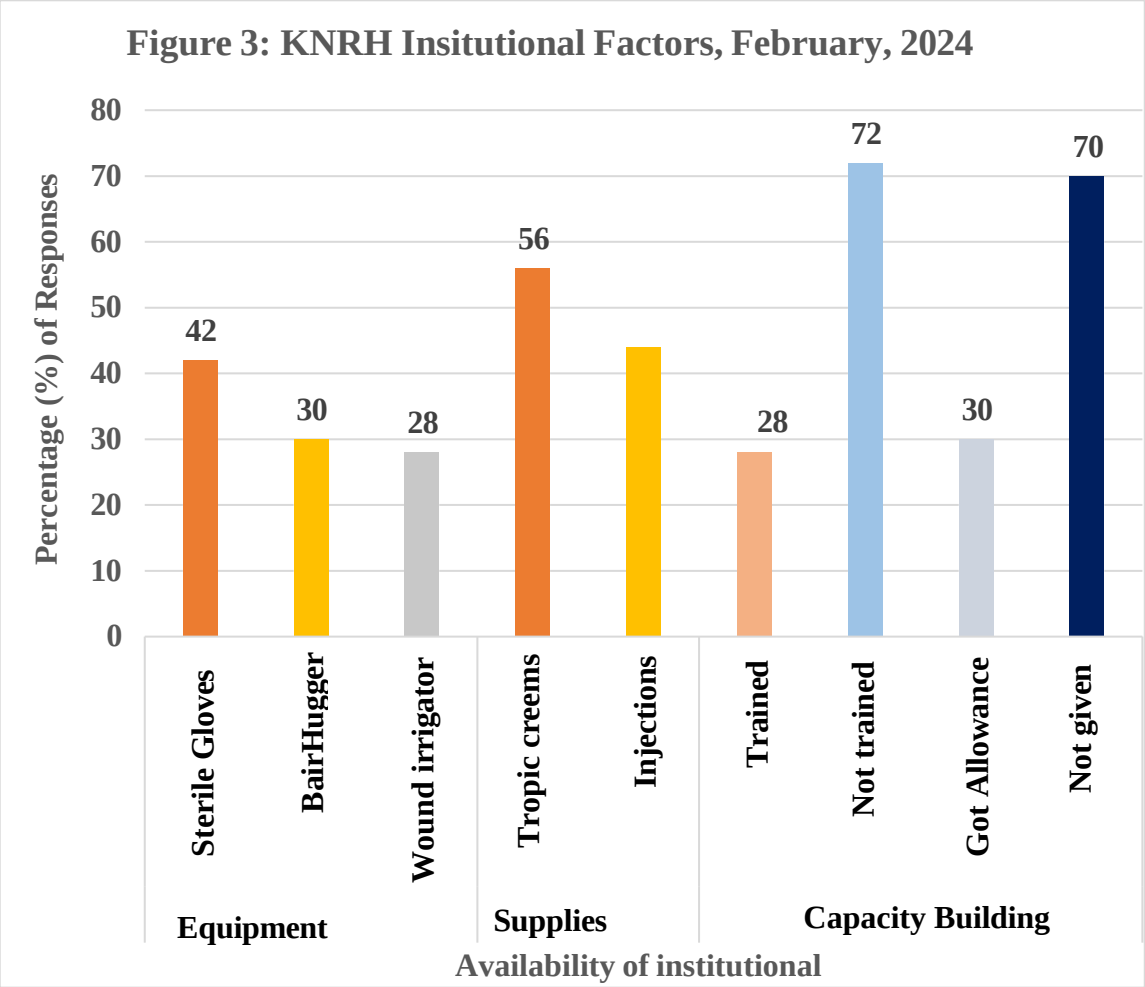

Figure 3: Institutional Factors at Kiruddu National Referral Hospital

The finding in a figure 3 above revealed that the majority (42%) of respondents mentioned that sterile gloves were the common equipment available. Regarding supplies availability, the findings showed that Tropical creams were the most applied in managing children burns as reported by majority (56%) and on capacity building, the majority (72%) of respondents had not received any training on child burn management and the majority (70%) of reported that there was no duty allowances offered to them to manage burns in children at Kiruddu National Referral Hospital over the years they had worked at the hospital.

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Caretaker Characteristics

Table 2: Frequency and Percentage Distribution of Caretaker Characteristics

Variable	Category	Frequency (n=32)	Percentage (%)
Belief in remedy	Local medicine	08	25
	Medical	14	44
	Religious divination	10	31
Residence	Urban	14	44
	Rural	18	56
Reporting delay (Arrival time)	Arrived in time	9	28
	Arrived late	23	72

Source: Primary Data from Kiruddu National Referral Hospital, February 2025.

The majority of respondents reported that care takers believed in medical healing of burn on their children, though some (25%) still believed in local medicine such as use of herbs, honey, rabbit's urine and Ash while others believe in God's divine intervention. Most of respondents, 23(72%) took arrived late at the medical care unit to receive burn therapy for the affected children at medical care unit and the majority 18(56) of respondents reported, that care givers were residing in rural areas.

Management of Burns in under-five Children

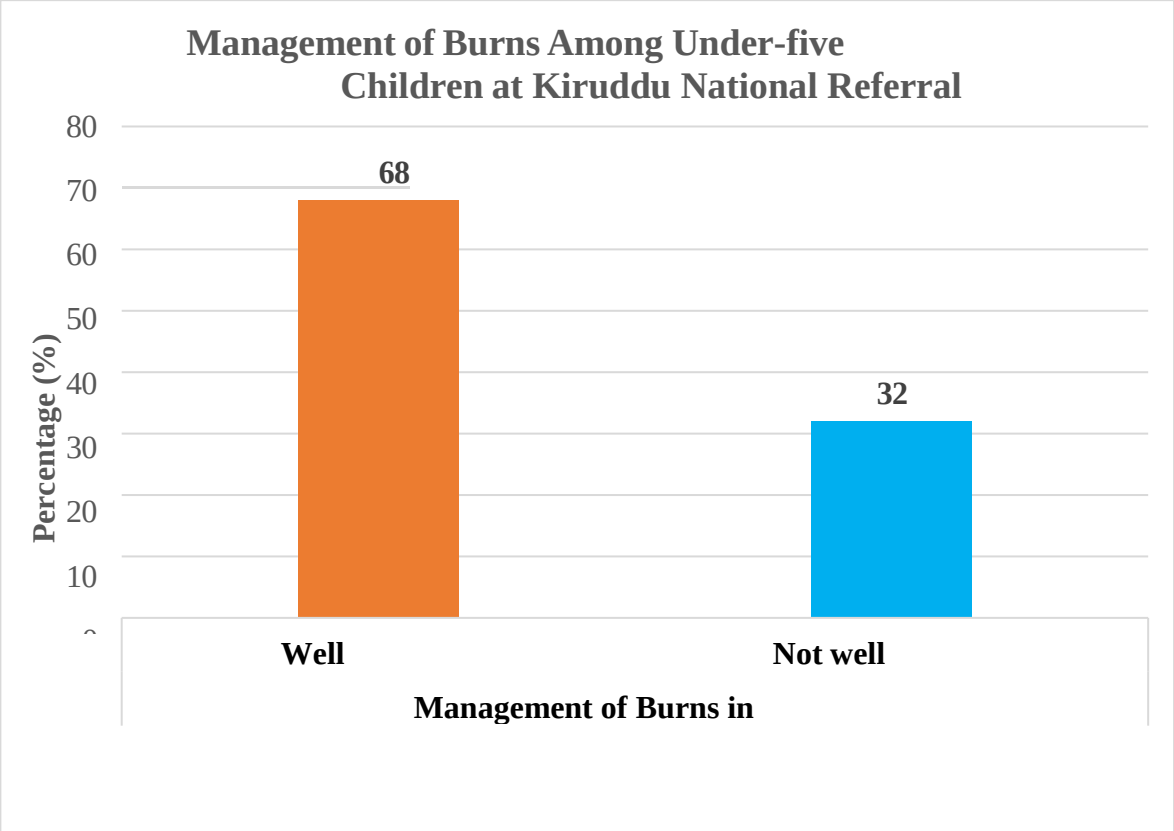

Figure 4: Management of Burn in Children at Kiruddu National Referral Hospital.

Source: Primary Data from Kiruddu National Referral Hospital, February, 2025.

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Figure 4 revealed that the majority of respondents reported that burns in children were well managed at Kiruddu National Referral Hospital, though 32% percent of nurses who didn't manage it well due to lack of sufficient training and motivation was high and might be a significant challenge at Kiruddu National Referral Hospital.

Association between Variable at Bivariate Analysis

The fact that this study used a small sample, fisher's exact model was employed at bivariate analysis in order to determine the association these variables have with management of burns in children in order to control co-variates and fit the study model at multivariate analysis at 95% confidence level.

Association between Socio-Demographic characteristics and Management of Burns

Table 3: Socio-Demographics and Burn management at Bivariate Analysis

Variable	Category	n(%)	n(%)	Fisher's Exact Test, P-value at 95% CL
Management of Burn in under five-Children		**Well managed**	**Not**	
Gender	Male	5 (63)	3 (38)	0.73
	Female	18 (75)	6 (25)	
Age group	20-30	10(71)	4(29)	0.67
	31-40	7 (70)	3 (30)	
	40-50+	6 (75)	2 (25)	
Carde	Enrolled Nurse	14 (70)	6(30)	0.45
	Nursing Officer	9 (75)	3 (25)	
Work experience	<1 year	9 (69.2%)	4 (30.8)	
	1-5 years)	7 (70)	3 (30)	0.04
	5-10 years	7 (78)	2(22)	
Education Status	Diploma	14 (70)	6 (30)	0.38
	Degree	9 (75)	3 (25)	
Religious Affiliation	Christianity	11 (73)	4 (27)	0.71
	Islam	5 (71)	2 (29)	
	Others	7 (70%)	3 (30%)	
Marital Status	Single	9 (69)	4 (3&)	0.41
	Married	10 (71)	4 (29)	
	Lost a partner	4(80)	1 (20)	

The findings in the table above show that there is no significant association between gender (p-value = 0.73), Age group (p-value = 0.67), Education status (diploma vs. degree) (p-value = 0.38), Religious affiliation (p-value = 0.71), marital status (p-value = 0.41) and enrolled nurses and nursing officers (p-value = 0.45) and burn management in under-five-children, Work experience (p-value=0.04) was found to be significantly associated with management of burn in under-five children.

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Association between Institution Factors and Management of Burns

Table 4: Association between Institutional Factors and Management of Burns at Bivariate Analysis

Variable Management of Burn in under five- Children		n(%)	n(%)	Fisher's Exact Test? P-value at 95% CL
Sterile Gloves	Available	12 (75)	4 (25)	0.04
	Not Available	6 (43)	10 (58)	
Bair Hugger	Available	9 (64)	5 (36)	0.23
	Not Available	9 (53)	9 (47)	
Wound Irrigator	Available	8 (57)	6 (43)	0.35
	Not Available	10(5%) | 18 |	8(44)	
Tropic Creams	Available	16 (64)	9 (36)	0.02
	Not Available	2 (25)	5 (62.5)	
Injections	Available	14 (61)	9 (39)	0.04
	Not Available	4 (40)	5 (56)	
Capacity Building (Trained)	Trained	9 (69.2%)	4 (30.8%)	**0.03**
	Not Trained	9 (45%)	10 (50%)	
Capacity Building (allowance)	Received	10 (62.5%) |	6 (37.5%)	0.23
	Not received	8 (47)	8 (47)	

The results in the above table show that at 95% in fisher's exact test, availability of Sterile Gloves (p-value=0.04), tropic creams (p-value=0.02), and Trained nurse (p-value=0.03) were found to be significantly associated with management f Burn in under-five children at Kiruddu National Referral Hospital. The rest of variables had no significant association and were not subjected to multivariate analysis.

Association between caretaker factors and Management of Burns

Table 5: Association between Caretaker-related Factors and Management of Burn at Bivariate Analysis

Variable Management of Burn in under five- Children		n(%)	n(%)	Fisher's Exact Test P-value at 95% CL
Residence	Urban	8 (57)	6 (43)	0.23
	Rural	4 (22)	14(78)	0.04
Belief in Therapy	Local Medicine	2 (25%)	6(75)	0.23
	Belief in Medical	8 (57)	6(43)	0.23
	Religious Divination	2(20)	8(80)	0.04
Reporting Delay	Arrived in Time	6 (67)	3 (33)	0.23
	Arrived late	6 (26)	7(74)	0.04

The results show that caregivers who believe in religious divination (p-value = 0.04,95%CL) Caregivers from rural areas (p-value = 0.04, 95%CL), Caregivers who arrived late were significantly associated with poor management of burn among children at bivariate analysis (p-

value = 0.04, 95% CL). Other factors were not significantly associated with the outcome and were not included in the multivariate model.

Relationship between Variables and Management of Burn at Multivariate Analysis

Table 6: Multivariate Analysis Results using Binary Logistic Regression Model

Variable	AOR	CI, CL= 95%	Fisher's Exact Test P-value at 95% CL
Trained nurse	6.24	2.13-20.13	**0.01**
Work Experience (1-5) years	1.72	1.05-2.82	**0.03**
Belief in Medical Therapy	6.24	1.53-15.49	**0.01**
Urban Residence	3.42	1.07-10.93	**0.04**
Arrived in Time	4.77	1.39-16.39	**0.02**
Availability of Sterile Gloves	4.26	1.07-10.93	**0.02**
Tropic Creams	3.42	1.07-10.93	**0.04**

Healthcare workers who are trained are 6.24 times more likely to provide well-managed burn care (AOR = 6.24, p-value = 0.01, CL=95%). For every additional year of experience, the odds of providing well-managed burn care increase by 72% (AOR = 1.72, CI=1.05-2.82, p-value = 0.03). Healthcare workers residing in urban areas are 3.42 times more likely to provide well-managed burn care (AOR = 3.42, CI=1.07-10.93, p-value = 0.04). Healthcare workers who arrive on time are 4.77 times more likely to provide well-managed burn care (AOR = 4.77, CI=1.39-16.39, p-value = 0.02). Healthcare workers who believe in medical therapy are 6.24 times more likely to provide well-managed burn care (AOR = 6.24, CI=1.53-15.49, p-value = 0.01). Healthcare workers with access to sterile gloves are 4.26 times more likely to provide well-managed burn care (AOR = 4.26, CI=1.07-10.93, p-value = 0.02). Healthcare workers with access to Tropic creams are 3.42 times more likely to provide well-managed burn care (AOR = 3.42, CI=1.07-10.93, p-value = 0.04, 95%).

Discussion

Demographic Factors and Management of Burn in under-five Children

The study found that urban residence is a significant predictor of well-managed burn care (AOR = 3.42, p-value = 0.04). This finding is consistent with (Brûlés et al., 2018), who found that healthcare workers in urban areas were more likely to provide high-quality burn care. However, (Marwa & Tarimo, 2019) argued that urban residence is not a guarantee of high-quality burn care, and that other factors such as training and resources also play a crucial role. (Tusiime et al., 2022) also noted that urban residence can be a proxy for other factors such as access to resources and infrastructure. The current study fills a gap in the literature by providing quantitative evidence on the relationship between urban residence and burn care management.

Institutional Factors and Management of Burn in under-five Children

Capacity building is crucial in ensuring good management of burn among under-five years. This study found that training is a significant predictor of well-managed burn care (AOR = 10.23, p-value = 0.01). This finding is consistent with (Radzikowska-Büchner et al., 2023), who emphasized the importance of training in improving burn care outcomes. Similarly, (Biswas et al., 2020) highlighted the need for regular training programs for healthcare workers to enhance their skills in burn care management.

However, (Marwa & Tarimo, 2019) argued that training alone is not sufficient to improve burn

care outcomes, and that other factors such as experience and resources also play a crucial role. (Thomson et al., 2020)also noted that training should be tailored to the specific needs of healthcare workers and should include firsthand practice. The current study fills a gap in the literature by providing quantitative evidence on the impact of training on burn care management. While earlier studies have emphasized the importance of training, this study provides a more nuanced understanding of the relationship between training and burn care outcomes.

The study found significant relationship between equipment/ supplies and management of burns, for example, that access to sterile gloves (AOR = 4.26, p-value = 0.02) and tropic creams (AOR = 3.42, p-value = 0.04 is a significant predictor of well-managed burn care This finding is consistent with (Thomson et al., 2020), who emphasized the importance of access to resources such as sterile gloves in improving burn care outcomes. However, (Biswas et al., 2020) argued that access to sterile gloves is not the only factor that decides burn care outcomes, and that other factors such as training and experience also play a crucial role. This study fills a gap in the literature by providing quantitative evidence on the impact of access to sterile gloves on burn care management.

Caretaker-related Factors and Management of Burn in under-five Children

Timely Arrival is very import to prevent delays in reporting and treatment of burns these children suffer in most circumstances. The current study found that prompt arrival is a significant predictor of well-managed burn care (OR = 4.77, p-value = 0.02). This finding is consistent with (Radzikowska-Büchner et al., 2023), who emphasized the importance of prompt arrival in improving burn care outcomes.

However, (Suzuki et al., 2024) argued that prompt arrival is not the only factor that determines burn care outcomes, and that other factors such as training and resources also play a crucial role. The current study fills a gap in the literature by providing quantitative evidence on the relationship between of prompt arrival at health facility for medical treatment and burn care management.

On the other hand, care taker's belief in a therapy matters significantly in save children from die from burns. The study found that belief in medical therapy is a significant predictor of well-managed burn care (OR = 6.24, p-value = 0.01). This finding is consistent with (Al Dhafiri et al., 2022), who emphasized the importance of healthcare workers' attitudes and beliefs in determining burn care outcomes. However,(Marwa & Tarimo, 2019) argued that belief in medical therapy is not the only factor that determines burn care outcomes, and that other factors such as training and resources also play a crucial role. This study fills a gap in the literature by providing quantitative evidence on the relationships between belief in medical therapy and burn care management.

Nurse's Characteristics and Management of Burn in under-five Children

Experience of nurses in managing burns of under-five children is important to ensure quick recovery of the burn wounds. This study found that experience is a significant predictor of well-managed burn care (OR = 1.72, p-value = 0.03). This finding is consistent with (Alemayehu et al., 2020), who found that experienced healthcare workers were more likely to provide high-quality burn care. However, (Alomar et al., 2016) argued that experience alone is not sufficient to guarantee high- quality burn care, and that other factors such as training and resources also play a crucial role. (Güldoğan et al., 2019; Manzoor et al., 2020) also noted that experience can be a double-edged sword, as more experienced healthcare workers may become complacent

and less likely to follow best practices. (Aram Najat Abdulrazzaq & Hewa Sattar Salih, 2021) found that experience was not a significant predictor of burn care outcomes in their study. However, this study fills a gap in the literature by providing quantitative evidence on the impact of experience on burn care management.

CONCLUSION AND RECOMMENDATIONS

Conclusion

This study assessed the institutional, caretaker-related, and nurse-specific factors influencing the management of burns among under-five children. The findings revealed that urban residence, training of healthcare workers, availability of essential supplies, prompt arrival at health facilities, belief in medical therapy, and nurses' experience are significant predictors of well-managed burn care.

Recommendations

Healthcare policymakers and administrators strengthen training programs, improve supply chains, and enhance community awareness to promote early care-seeking behaviors and positive attitudes toward medical treatment.

Future research should explore interventions that integrate training, resource provision, and caretaker education to sustain improvements in pediatric burn care outcomes.

Limitations

The study was faced with a challenge of small sample size at bivariate, the researchers had to adopt fisher's exact test to fit the model.

What is Already Known

Pediatric burns remain a major cause of morbidity and mortality in Uganda.

Institutional and resource-related factors affect burn management outcomes.

What this Study Adds

Quantitative evidence showing training, timely arrival, and belief in medical therapy significantly improve care quality. Highlights need for structured training and motivation programs for nurses.

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Competing Interests

There are no competing interests.

Disclosure

This manuscript is original and has not been published or submitted elsewhere.

Author Contributions

All authors conceptualized the study, collected and analyzed data, and drafted the manuscript.

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List of Abbreviations

KNRH: Kiruddu national referral hospital

SDA: Seventh-day Adventist

WHO: World Health Organization