JOURNAL OF COMPLEMENTARY MEDICINE RESEARCH
Journal of Complementary Medicine Research, ISSN: 2146-8397 Vol. 13, No. 4, 2022 (pp. 21-27)
ORIGINAL RESEARCH
WWW.JOCMR.COM

# Facilitators of Care Suffering Of Burnt Wives From Men's Perspective: A Qualitative Study

**Hassan Eslamialiabadi[1], Ahmad Nasiri[2], Gholamhosein Mahmoudirad[3]***

[1]*Ph.D. student in Nursing, Nursing and Midwifery school, Birjand University of Medical Sciences, Birjand, Iran.*
[2]*Professor of Nursing, Nursing and Midwifery school, Birjand University of Medical Sciences, Birjand, Iran.*
[3]*Professor of Nursing, Nursing and Midwifery school, Birjand University of Medical Sciences, Birjand, Iran*

## ABSTRACT

**Aim:** Men's care for women after burns causes suffering for them. How they endure these sufferings is not obvious. The aim of this study was to discover the facilitators of these sufferings from the perspective of men.

**Methods:** This was a qualitative study with a conventional content analysis. The qualitative study was conducted with face-to-face, semi-structured interviews and open-ended questions. Participants were 16 men with burnt wives. Data collection continued until saturation and Data analysis was conducted using content analysis.

**Results:** four themes and nine sub-themes were emerged: Comprehensive support of relatives (Financial support, assistance in house affairs, Mental relaxation) Personal transformation (hardiness due to the past experiences, Growth), self-sacrifice of burn victim (Emotional support for the family, despite oneself suffering, trying to maintain oneself past position), and commitment to care (Religious beliefs, care out of responsibility).

**Conclusion:** Men used some facilitators to endure the suffering of caring for their wives, which can depend in part on their social, cultural, and religious characteristics.

**Corresponding Author:** Mahmoudirad@gmail.com, Tel: 05632381400, Mobile: 09155622024

**How to cite this article:** Eslamialiabadi H, Nasiri A, Mahmoudirad G. Facilitators of Care Suffering Of Burnt Wives From Men's Perspective: A Qualitative Study. Journal of Complementary Medicine Research, Vol. 13, No. 4, 2022 (pp. 21-27).

## INTRODUCTION

Burns are injuries that can impact anyone at any time and place (Association, 2019). Their causes, prevalence, and gender distribution are different in various countries; nonetheless, they are more commonly observed in middle- and lower-income countries (Tripathee & Basnet, 2017). The prevalence, mortality, and incapacity of burns are reportedly high in Iran. About 725,000 cases of burns occur annually in Iran, 150,000 of whom are seriously injured and 3,000 cases die. Burns and their complications are still a public concern in Iran (Saberi, Fatemi, Soroush, Masoumi, & Niazi, 2016). Although the incidence of burn injuries is lower in women, as compared to that in men (33% vs. 67%), burn injuries in women assume significant importance since they encounter higher levels of mortality (Karimi et al., 2017) and more psychological complications (Khazaei et al., 2019).

Burn is a family problem affecting the whole family (Bayuo & Wong, 2021), and according to studies, when a partner experiences burn injuries, the other one faces numerous challenges, such as taking the role of caregiver (Bäckström, Willebrand, Sjöberg, & Haglund, 2018). Most spouses are not prepared for this sudden role (Bayuo & Wong, 2021) and suffer serious complications. Sometimes caregiving spouses have to travel long distances to gain access to burn centers (Ravindran, Rempel, & Ogilvie, 2013). Phillips, Fussell, & Rumsey, (2007) argue that the immersion of spouses in a caring role in the early stages of burn care is associated with a variety of emotional responses to injury, such as shock, anxiety, panic, and restlessness.

According to Bäckström et al., (2018) in burn injuries, spouses arrange for childcare and contact health insurance companies to get care facilities. On the other hand, due to the strict rules of burn wards and the focus of the staff on the injured, communication with the spouses of the injured decreased, leading to the sense of rejection among spouses. Inadequate information about patients' conditions sometimes causes anxiety, sadness, depression, confusion, helplessness, and despair in caregivers' spouses (Bayuo, 2017). The inconvenience of caregivers sometimes continues even after discharge.

Gullick, Taggart, Johnston, & Ko, (2014) stated that after discharge, the lack of support from government and medical institutions is seriously experienced by spouses, evoking feelings of confusion, forgetfulness,

KEYWORDS:
Facilitator, Suffering, Care, Qualitative Study, Women Burn.

ARTICLE HISTORY:
Received : Apr 22, 2022
Accepted : Jun 03, 2022
Published: Sep 11, 2022

DOI:
10.5455/jcmr.2022.13.04.05

loss of energy, disability, stress, depression, loss of hope, helplessness, and chaos. In addition, pain relief, reduction of side effects of medications (Ozdemir & Saritas, 2018), financial burden-bearing (Bäckström et al., 2018), The acceptance of a new and unpleasant image (Gullick et al., 2014), as well as physical limitations of the spouse (Phillips et al., 2007), were other concerns of caregivers after discharge. Despite the profound effects of burn injuries on spouses, no information was found on how these sufferings are endured by caregiving spouses.

Given that caregiving families play a vital role in the maintenance of the overall health and well-being of care recipients, understanding their experiences of care facilitators can be of great help in the performance and maintenance of this role, as well as the identification of possible strategies to promote sustainable family care. Consequently, the overall quality of life of caregivers and care receptors is potentially improved (Jeyathevan, Catharine Craven, Cameron, & Jaglal, 2020). Although studies have been conducted on caregivers of burn victims (Chiwaridzo et al., 2016; Jones et al., 2021; Rencken, Harrison, Aluisio, & Allorto, 2021), none have provided information on how to reduce the burden of care, especially in husbands. The importance of the role of husbands and their dramatic impact after their wives' injuries, as well as the absence of study in this area (not found), especially in burn injuries, highlights the necessity of further research in this field.

Given the comprehensiveness of the role of nurses and the positive impact of their support on family caregivers' outcomes (Becqué, Rietjens, van Driel, van der Heide, & Witkamp, 2019). Therefore, understanding how men endure care suffering can help health care providers alleviate this suffering. Due to the special socio-economic characteristics of burn victims in Iran (Saberi et al., 2016), as well as the effect of religious and cultural characteristics, care suffering tolerance in Iranian men can be different. therefore, this qualitative study was conducted to identify Facilitators of care suffering of burnt wives from men's perspective. The findings of this study can be used by healthcare providers and policymakers to reduce the effects of women's injury on husbands, the injured woman, and families, and improving the quality of life of all individuals involved.

# METHODS

## Design

In this research, the qualitative content analysis approach has been used for data analysis. This method is usually used to compress, describe and interpret little-known phenomena or concepts (Hsieh & Shannon, 2005). It helps to detect hidden and visible patterns (Elo et al., 2014). the flowchart of study is summarized in Figure 1.

## Ethical Considerations

The study began after the approval of the project and obtainment of the ethics code (IR.BUMS.REC.1399.299) from Birjand University of Medical Sciences (Iran). Ethical considerations were observed in all stages of the research. Objectives were explained at the beginning of the interview, written consent was obtained for participation in the interview, participants were assured of their confidentiality, were anonymous in data analysis, and they were allowed to withdraw from the study at any time during the research process.

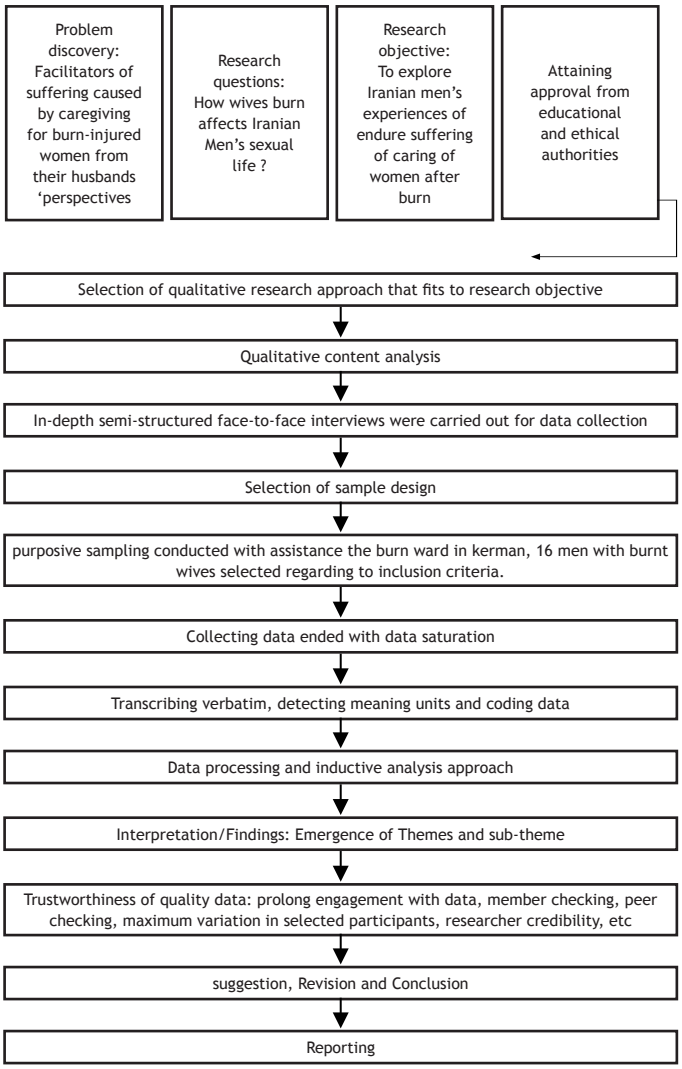


**Fig. 1:** The various steps in this qualitative approach for explaining Iranian Men's experiences about facilitators of suffering after their wives' burn

## Participants

After the necessary arrangements with burn departments of Kerman city, the list of burnt wives was determined; thereafter, oral consent was obtained via phone call to review their medical records. A total of 145 burn-injured women and their husbands agreed to have their documents examined. Out of the 145 couples who accepted to participate in the research and their hospital records were assessed, 20 cases met the inclusion criteria. Subsequently, four participants did not give consent to the interview and 16 husbands were interviewed. The inclusion criteria were as follows: husbands of women with severe burns, living in the same house with their wives, not more than two years have passed since the burn (due to high complications during this period), participants must ability to conduct face-to-face interviews, ability to speak clear Persian. Self-immolation should not have caused burns. On the other hand, the exclusion criterion was reluctance to continue the interview.

## Data Collection

In-depth semi-structured face-to-face interviews were carried out for data collection. According to participants' desire, the

location and time of interviews were determined. Data were collected from December 2020 to May 2021. The interviews lasted between 35-70 min. Among the interviews questions, we can refer to "what problems did you face after your wife's burn injury? What was your reaction to these issues? How did you manage these issues? followed by exploratory questions, such as" Explain more about this" and "Tell us about your experiences in this regard." The follow-up questions aimed to clarify relevant dimensions of the subject. All interviews were conducted in Persian by the first researcher and audio recorded. All the interviews were recorded and directly transcribed verbatim.

### Data Analysis

Information were analyzed through conventional qualitative content analysis which Creates a regular and objective way for describing the desired phenomenon (Krippendorff, 2018). Initially, by the first author, The text of each interview was read several times to gain an overall understanding of the participants' data (Graneheim & Lundman, 2004). Following that, meaning units were shown and coded, and homogeneous codes were given to subcategories. In the current study, the subcategories had maximum amount of inner homogeneity and outside heterogeneity. The sub-categories were assessed, compared and merged to build the main categories. Data were saturated after 20 interviews with 16 participants (for more probes, four participants were interviewed twice). The encoding process was performed in MAXQDA 18.

### Trustworthiness

Trustworthiness of the data and the concepts was guaranteed by indicators presented by Guba and Lincoln (Schreier, 2012). Confirmability was guaranteed by member check, as well as writing arranged memos and field notes all over the procedure of data gathering. Credibility was determined through long involvement with the data and peer assessment by two qualitative research experts. Dependability was addressed by selecting a sample of men that had rich experience through tolerance of suffering after their spouses' burn injuries. Transferability was ensured by Sampling with maximum diversity and member check.

## RESULT

The present study was performed qualitatively on 16 husbands whose wives were burn victims with burns of varying degrees and extent on different parts of the body. Burn injuries were often accompanied by malformations and functional defects. Participants were men aged 25-48 years (mean age of 36 years) (Table 1). Participants' experiences revealed that they had used some facilitators to tolerate suffering from caring for their wives. Four themes and nine sub-themes were extracted from participants' experiences. The themes and sub-themes (Table 2), along with participants' quotations, are presented as follows.

### Comprehensive Support of Relatives

One of the main themes extracted from the participants' experience was "comprehensive support of relatives" which included three sub-themes: financial support, assistance in house affairs, and mental relaxation. Most of the husbands in the present study believed that the support and help of close relatives was one of the most important factors that helped them to endure the suffering caused by caring for their spouses. The assistance of victims' family members (parents and siblings) was more prominent, and these supports were provided in various ways.

**Table 1:** Demographic characteristics of the participants

| *Participant's number* | *Participant's age* | *Areas affected by burns (Their wives)* | *Duration after burn (month)* | *Participant's job* |
|---|---|---|---|---|
| P1 | 39 | Face, body, hand | 14 months | Worker |
| P2 | 36 | Face, abdomen | 12 months | Get unemployed and get a pension |
| P3 | 48 | Legs, genital part | 8 months | Barber |
| P4 | 28 | Face, body, hands | 4 months | Employee |
| P5 | 37 | Face, body, hands | 8 months | Farmer |
| P6 | 41 | Hands, anterior part of abdomen | 6 months | Unemployed & pensioner |
| P7 | 25 | Face, neck, abdomen | 17 months | Farmer |
| P8 | 29 | Face, body, hands | 13 months | Wage day worker |
| P9 | 43 | Face, body, hands | 18 months | Seller |
| P10 | 45 | Legs, some part of body | 14 months | Self-employed |
| P11 | 38 | Hands | 18 months | Seller |
| P12 | 37 | Some part of face and hands | 6 months | Mechanic |
| P13 | 35 | Anterior part of the body and one hand | 26 months | Self-employed |
| P14 | 48 | Face | 20 months | Unemployed |
| P15 | 29 | Abdomen and anterior areas of legs | 10 months | Photographer |
| P16 | 26 | Face and anterior area of neck | 18 months | Shop keeper |

**Table 2:** Themes and Sub-Themes

| *Themes* | *Sub-Themes* |
|---|---|
| Comprehensive support of relatives | • Financial support<br>• assistance in house affairs<br>• Mental relaxation |
| Personal transformation | • Hardiness due to the past experiences<br>• Growth |
| Self-sacrifice of burn victim | • Emotional support for the family, despite oneself suffering<br>• Trying to maintain oneself past position |
| Commitment to care | • Religious beliefs<br>• care out of responsibility |

### Financial Support

Since most of the participants in the present study were from poor socio-economic class and burn treatment also imposed huge costs on them, direct "financial support" and the provision of essential goods by close relatives were vital for husbands.

"The entire expenses of my wife and her surgeries were paid by her parents …. My wife stayed with her parents for about three months after discharge…. Her parents helped us a lot by paying for her wound dressings and operations." (P7)

### Assistance in House Affairs

One of the components of relatives' support was "cooperation in house affair".

"My sister-in-law assists her (my wife) in cooking and cleaning the house…. our baby was 18 months old when my wife was burnt... during this period, my sister took care of our baby and fed it with formula." (P3)

### Mental Relaxation

The relatives' supports were not limited to financial and service assistance, and some husbands in their experiences pointed to receiving psychological and emotional support.

"When I am really upset about my wife's burn injury, I call my parents…. They give me hope and compassion … They encourage me in caring …They make me more optimistic and hopeful about life. (P14)

### Personal transformation

Another main theme of the present study was "personal transformation" which was manifested in "hardiness due to past experiences" and "growth".

### hardiness due to the past experiences

Some participants in the present study did not find caring for their spouses too hard. They equated these hardships with other problems in their daily lives and endured them more easily. Getting used to the hardships of the past life was considered one of the main reasons for enduring the difficulties of their spouses' injury.

"I have put up with a lot of problems since I was a kid... Her burn injury (wife) was severe, but it was similar to the other misfortunes that I have experienced in my life..." (P8)

### Growth

Some of the participants after their wives' injury had a more positive perspective on their wives' future lives and recovery. They strived to keep themselves optimistic and accessed the stages of growth.

"My wife's burn injury caused me to mature, and although it was difficult and we suffered greatly, it was helpful to me because it made me smarter in life and provided me with new experiences…. I even pay more attention to her now, as compared to before." (P13)

### Self-sacrifice of Burn Victims

"Self-sacrifice of burn victims" was another important theme extracted from the participants' experiences. This sacrifice had a profound effect on husbands to endure the suffering of care. This theme consisted of two sub-themes, "emotional support for the family despite their own suffering", and "trying to maintain their past position".

### Emotional Support for the Family Despite One's Own Suffering

Some participants realized that although women endured a great deal of physical and mental suffering after a burn injury, they often tried to alleviate the anxiety and stress of their husbands and other family members. Burned wives showed a kind of self-sacrifice towards others.

"My wife is very patient, even though she is suffering from severe pain, she is always worried that I will not be upset ... she motivates me with her words ... when I see this behavior, it becomes easier for me to endure hardships." (P10)

### Trying to Maintain One's Past Position

Another component of women's self-sacrifice perceived by husbands was the efforts of burned women to maintain their former situation. Some women tried to be active at home by performing their previous duties, although these actions were very difficult for them.

"She (burnt wife) always tries to work at home like before ... although her wound is painful... I tell her that let me do these things, but she says no … She does not want to annoy me." (P4)

### Commitment to Care

One of the main themes of the present study that affected husbands to endure the suffering of care was "commitment to care", which was explained in "Religious beliefs" and "care out of responsibility." Some of the participants displayed a deep commitment to caring for their spouses and did their best in this area despite enduring many hardships after their spouses' burn injuries.

### Religious Beliefs

Some participants cited adherence to religious beliefs as the reason for their commitment to caring for their burn-injured spouse. After their spouses were injured, they repeatedly resorted to spiritual beliefs, such as prayer, vows, and divine destiny to endure hardships and difficulties.

*"Religious beliefs, love, and affection were the factors that made this injury bearable for us. It means that if someone has genuine religious beliefs, he will also have feelings of love and affection." (P11)*

Some husbands stated that their wives' burn injuries were a divine destiny and they should accept it. They prayed for the healing of their spouses and their increased power to endure the harm of their spouses.

*"I always pray for my wife…Sometimes I think it is God's will and I can do nothing about it… I am not ungrateful... I say it is God's will." (P16)*

### Care out of Responsibility

Burn injuries caused widespread physical and psychological complications for both victims and their husbands. The majority of husbands took responsibility for their wives' physical and mental care. They made use of all their resources to compensate for the injury, and in some cases, they worked hard and sacrificed their own health in order to recover injuries and reduce complications.

"I live in a small house... I did not have much money, but I worked as a laborer and sent money to my wife when she was in the hospital. I am going to sell everything I own in order to pay for her hand surgery... She is a mother and I am responsible for protection... I stay with her until the end of my life whether she is sick or well... I must accept her responsibility." (P9)

Sometimes the affection and intimacy of some participants caused them to ignore the suffering of caring for their spouses. This intimacy created a kind of responsibility in them.

"… I do not hate her. She is my wife whether she is beautiful or not, black or white. I would have left her when she was burnt if I had not loved her. I love her, so I have to put up with the problems." (P5)

## DISCUSSION

The findings of this study demonstrated how husbands endured the suffering of caring for their spouses who suffer from burn injuries. In fact, women's burn injuries affected all aspects of their husbands' lives. The treatment of spouses, managing household chores, and performing routine roles imposed excessive stress and anxiety on husbands. In this situation, they used various facilitators to endure problems. One of these facilitators was the "comprehensive support of relatives", especially the relatives of the burned spouse, (Parents, siblings). Most of the participants in the present study experienced various dimensions of relatives' support, (e.g., caring, financial, and psychological support). These supports started from the moment the injury occurred and continued for a long time after that. Relatives' support can alleviate the suffering, anxiety, and care problems of burn victims and their spouses in acute and rehabilitation phases.

Phillips stated that the husbands of burn victims believed that supports should alleviate family members' reactions to burn injury (e.g., shock, fear, and rejection). Those should include counseling, protection, information about permanent scars, realistic expectations, acceptance of a changed appearance, awareness of the potential post-burn effects, perception of victims' reaction to the injury, as well as social and familial coping methods for family and the victim (Phillips et al., 2007). Griffin et al., (2017)indicated also that veterans' neurobehavioral problems and the difficulty of caring for them were associated with their wives' great suffering; nonetheless, financial support alleviated their stress and improved their well-being. A noteworthy finding of the present study was that the support was mainly received from injured women's families and this feature could be rooted in participants' cultural characteristics. Since most participants were from rural areas, expectations were different in those areas. In case of illness and injury of women, their parents and families should play a major role in supporting and caring for their daughter.

Another factor that facilitated the suffering of caregiving men was the "self-sacrifice of burn victims". Some participants indicated that their spouses suffered the pain and complications of burning alone not to annoy their husbands. Despite enduring much suffering, women tried to provide their husbands and children with emotional support, love, empathy, hope, and motivation. In addition, some burn-injured women, despite the agonizing pain they went through, tried to maintain their previous position by doing household chores (e.g., cleaning, cooking), and husbands considered that a manifestation of wives' self-sacrifice. This self-sacrifice exerted a profound effect on marital intimacy and could facilitate husbands' tolerance, increasing their efforts to reconstruct their lives.

According to Ojalammi, (2021) when one of the spouses suffers from a chronic mental illness, self-sacrifice is the main factor that maintains the relationship and increases their mutual commitment. Along the same lines, Aydogan & Dincer, (2020) pointed to a significant relationship between self-sacrifice and resilience of spouses in stressful situations in married life so that people with higher levels of self-sacrifice in their relationships in stressful situations were more resilient with their spouses. This self-sacrifice can be partly related to the contextual characteristics of burn victims in Iran. In this regard, a study found that Iranian ill women expressed deep concern about some issues, such as fear of imposing a heavy burden on husbands, loss of financial support and care from their husbands, and their husbands' extramarital affairs, (Alinejad Mofrad, Nasiri, Mahmoudi-Rad, & Homaei-Shandiz, 2021). Considering that most of the injured women in the present study were from the poor socioeconomic class, women's self-sacrifice can be ascribed to their concerns. Moreover, in Iranian Islamic culture, a great emphasis is put on the love and self-sacrifice of couples towards each other (Bahri, Latifnejad Roudsari, & Azimi Hashemi, 2017).

One of the themes extracted from the participants' experiences that affected suffering related to care was "personal transformation". Some husbands experienced fewer psychological and physical complications; moreover, they bravely surmounted the difficulties of caring for their spouses. Clark, (2002) argued that caregivers with higher levels of hardiness experienced less depression and fatigue. Samadifard & Mikaeli, (2021) conducted a study on spouses in the role of caring for veterans and indicated that the psychological hardiness of caregivers had a significant relationship with their social health. Some participants, in addition to enduring the hardships of caring for their spouses, made further progress in this situation and referred to their spouses' injury as an opportunity for their growth.

Lim, (2019) stated that there was a valuable intuition into the nature of relationships between posttraumatic growth and health behaviors at individual and dyadic levels. He added that the transformed philosophies of life for cancer survivor husband-wife dyads can particularly improve healthy behaviors of couples to cope with cancer. This hardiness and growth can be rooted in the past living conditions of participants. Consistent with the aforementioned finding, the majority of participants in the current study had difficult socioeconomic circumstances before their wives' burn injuries; therefore, they often acquired a strong and hardy personality. These living conditions may make it easier for them to endure burns' suffering and turn the threat of harm into an opportunity for growth.

The fourth theme that emerged in the present study was "commitment to care". Some husbands after the burn injury of their wives made every effort to reconstruct living conditions. Falahati, Shafiabady, Jajarmi, & Mohamadipoor, (2020) believes that increasing the spirit of acceptance and commitment in the wives of neuropsychiatric veterans increases their happiness and satisfaction with their difficult living conditions. One of the factors that could affect husbands' commitment to caring for their spouses was cultural and religious beliefs. In Islam, a great emphasis is placed on patient care. Given that all participants in the present study were Muslim, they showed a genuine commitment to caregiving for their wives and considered it in accordance with God's pleasure.

In their study on family caregivers of hemodialysis patients, Salehi-tali, Ahmadi, Zarea, & Fereidooni-Moghadam, (2018). found that one of the main factors motivating caregivers to care was their religious and cultural values. These factors reduce the pain of caring and make caregiving easier for them. Cultural structures influence how care is taken in other cultures as well. The findings of a study performed in Japan by Yamaguchi et al. pointed to the effect of cultural structures on the care of adults with cancer by family caregivers (Yamaguchi, Cohen, & Uza, 2016). Another concept that affected commitment to care was responsibility, that is to say, some husbands considered it their responsibility to take care of their wives. They tried to pay for their spouses' treatment and care by overworking, borrowing, and even selling their properties.

In a similar vein, Salehi-tali et al., (2018) reported that the sense of responsibility of family caregivers towards patients was as the basis of their commitment. Caregivers felt they had to be accountable to their patients; therefore, duty and responsibility lead to their commitment to care. In a related study, Alnazly, (2016) noted that while caring, caregivers who were patients' wives were less suffered and more comfortable. Sometimes intimacy and love between couples could affect their responsibility in caring for each other. Shim studied caregiving for a spouse with dementia and discovered that caregivers' love, empathy, and acceptance of changes caused them to have a positive view of caregiving (Shim, Barroso, & Davis, 2012).

## CONCLUSION

This study suggested new contextual information about How to endure the suffering of care in Iranian men after their wives burn that was not openly discovered before and which perhaps applicable for others in such contexts. In addition, health care providers should provide educational and psychological support to increase the health of burnt women's spouses, given their unique characteristics.

### Acknowledgment

The authors wish to announce their gratitude to all the participants, their family, and healthcare personnel in this study. They also thank the staff of Birjand University of Medical Sciences and Kerman Burn Department for their cooperation.

### Ethical Standards

- The study was done with ethics code (IR.BUMS.REC.1399.299) from Birjand University of Medical Sciences (Iran). written consent was obtained for participation in the interview.
- We have no conflicts of interest to disclose and received no funding for this study

### Authorship contributions

Study design and interpretation, and supervision of the research project was performed by A. N., and Gh. M. study design, data gathering and analysis, and writing of the manuscript was performed by H. E.

## REFRENCES

1. Alinejad Mofrad, S., Nasiri, A., Mahmoudi-Rad, G. H., & Homaei-Shandiz, F. (2021). Women experience about the challenges of gynecological cancer: A qualitative study. *Koomesh, 23*(6), 756-766.
2. Alnazly, E. (2016). Coping strategies and socio-demographic characteristics among Jordanian caregivers of patients receiving hemodialysis. *Saudi Journal of Kidney Diseases and Transplantation, 27*(1), 101.
3. Association, A. B. (2019). National Burn Repository 2019 Update, Report of Data from 2009–2018. *American Burn Association: Chicago, IL, USA*.
4. Aydogan, D., & Dincer, D. (2020). Creating resilient marriage relationships: Self-pruning and the mediation role sacrifice with satisfaction. *Current Psychology, 39*(2), 500-510.
5. Bäckström, J., Willebrand, M., Sjöberg, F., & Haglund, K. (2018). Being a family member of a burn survivor–Experiences and needs. *Burns Open, 2*(4), 193-198.
6. Bahri, N., Latifnejad Roudsari, R., & Azimi Hashemi, M. (2017). "Adopting self-sacrifice": how Iranian women cope with the sexual problems during the menopausal transition? An exploratory qualitative study. *Journal of Psychosomatic Obstetrics & Gynecology, 38*(3), 180-188.
7. Bayuo, J. (2017). *Experiences of Family Caregivers of Elderly Burned Patients at the Komfo Anokye Teaching Hospital, Ghana*. University Of Ghana.
8. Bayuo, J., & Wong, F. K. Y. (2021). Issues and concerns of family members of burn patients: a scoping review. *Burns, 47*(3), 503-524.
9. Becqué, Y. N., Rietjens, J. A., van Driel, A. G., van der Heide, A., & Witkamp, E. (2019). Nursing interventions to support family caregivers in end-of-life care at home: a systematic narrative review. *International journal of nursing studies, 97*, 28-39.
10. Chiwaridzo, M., Zinyando, V. J., Dambi, J. M., Kaseke, F., Munambah, N., & Mudawarima, T. (2016). Perspectives of caregivers towards physiotherapy treatment for children with burns in Harare, Zimbabwe: A cross-sectional study. *Burns & Trauma, 4*.
11. Clark, P. C. (2002). Effects of individual and family hardiness on caregiver depression and fatigue. *Research in Nursing & Health, 25*(1), 37-48.

12. Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative content analysis: A focus on trustworthiness. *SAGE open, 4*(1), 2158244014522633.
13. Falahati, M., Shafiabady, A., Jajarmi, M., & Mohamadipoor, M. (2020). Effectiveness of Acceptance and Commitment Therapy and Logotherapy on Happiness of Veterans' Spouses. *Iranian Journal of War and Public Health, 12*(1), 43-51.
14. Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse education today, 24*(2), 105-112.
15. Griffin, J. M., Lee, M. K., Bangerter, L. R., Van Houtven, C. H., Friedemann-Sánchez, G., Phelan, S. M., . . . Meis, L. A. (2017). Burden and mental health among caregivers of veterans with traumatic brain injury/polytrauma. *American journal of orthopsychiatry, 87*(2), 139.
16. Gullick, J. G., Taggart, S. B., Johnston, R. A., & Ko, N. (2014). The trauma bubble: patient and family experience of serious burn injury. *Journal of Burn Care & Research, 35*(6), e413-e427.
17. Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative health research, 15*(9), 1277-1288.
18. Jeyathevan, G., Catharine Craven, B., Cameron, J. I., & Jaglal, S. B. (2020). Facilitators and barriers to supporting individuals with spinal cord injury in the community: experiences of family caregivers and care recipients. *Disability and rehabilitation, 42*(13), 1844-1854.
19. Jones, T. M., Bhanji, A., Ahuja, G., Bakhtari, R., Cai, X., Garfinkel, S., . . . Weinstein, A. A. (2021). Examination of Health Information Needs of Caregivers of and Individuals with Burn Injuries. *Journal of Burn Care & Research*.
20. Karimi, K., Faraklas, I., Lewis, G., Ha, D., Walker, B., Zhai, Y., . . . Dissanaike, S. (2017). Increased mortality in women: sex differences in burn outcomes. *Burns & Trauma, 5*.
21. Khazaei, S., Shirani, F., Afshari, M., Jenabi, E., Hamzei, Z., Torabi, M., & Bathaei, T. (2019). Etiology and outcome of burns in Hamadan, Iran: A registry-based study. *Archives of Trauma Research, 8*(3), 144-148.
22. Krippendorff, K. (2018). *Content analysis: An introduction to its methodology*: Sage publications.
23. Lim, J.-w. (2019). The role of post-traumatic growth in promoting healthy behavior for couples coping with cancer. *Supportive Care in Cancer, 27*(3), 829-838.
24. Ojalammi, J. M. (2021). Making meaning by sacrifice–self and relationship commitment in Finnish spouses and partners of people with mental illness. *Journal of Family Studies*, 1-18.
25. Ozdemir, A., & Saritas, S. (2018). Is the Quality of Life of Turkish Burn Patient's Family Affected During Acute Care? *International Journal of Caring Sciences, 11*(2).
26. Phillips, C., Fussell, A., & Rumsey, N. (2007). Considerations for psychosocial support following burn injury—a family perspective. *Burns, 33*(8), 986-994.
27. Ravindran, V., Rempel, G. R., & Ogilvie, L. (2013). Embracing survival: A grounded theory study of parenting children who have sustained burns. *Burns, 39*(4), 589-598.
28. Rencken, C. A., Harrison, A. D., Aluisio, A. R., & Allorto, N. (2021). a qualitative analysis of burn injury patient and caregiver experiences in Kwazulu-Natal, South Africa: enduring the transition to a post-burn life. *European Burn Journal, 2*(3), 75-87.
29. Saberi, M., Fatemi, M., Soroush, M., Masoumi, M., & Niazi, M. (2016). Burn epidemiology in Iran: a meta-analysis study.
30. Salehi-tali, S., Ahmadi, F., Zarea, K., & Fereidooni-Moghadam, M. (2018). Commitment to care: the most important coping strategies among family caregivers of patients undergoing haemodialysis. *Scandinavian journal of caring sciences, 32*(1), 82-91.
31. Samadifard, H. R., & Mikaeli, N. (2021). Social Health in the Spouses of Veterans: The Role of Psychological Hardiness, Spiritual Wellbeing and Perceived Stress. *Journal of Military Medicine, 23*(3), 194-200.
32. Schreier, M. (2012). *Qualitative content analysis in practice*: Sage publications.
33. Shim, B., Barroso, J., & Davis, L. L. (2012). A comparative qualitative analysis of stories of spousal caregivers of people with dementia: Negative, ambivalent, and positive experiences. *International journal of nursing studies, 49*(2), 220-229.
34. Tripathee, S., & Basnet, J. (2017). Epidemiology of burns in Nepal: a systematic review. *Burns Trauma*.
35. Yamaguchi, S., Cohen, S. R., & Uza, M. (2016). Family caregiving in Japan: The influence of cultural constructs in the care of adults with cancer. *Journal of Family Nursing, 22*(3), 392-418.