

KNOWLEDGE, ATTITUDE AND PRACTICE IN BURN
FIRST AID AMONG NURSING STUDENT AT
SCHOOL OF HEALTH SCIENCES,
UNIVERSITI SAINS MALAYSIA

MUHAMMAD SHAFIQ BIN MUNIR

SCHOOL OF HEALTH SCIENCES
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UNIVERSITI SAINS MALAYSIA

by

MUHAMMAD SHAFIQ BIN MUNIR

Dissertation submitted in partial fulfilment of
Degree of Bachelor In Nursing (Honours)

2024

CERTIFICATE

This is to certify that the dissertation entitled “Knowledge, Attitude and Practice in Burn First Aid Among Nursing Student at School Of Health Sciences, Universiti Sains Malaysia” is the research work done by Mr. “Muhammad Shafiq Bin Munir” during the period from October 2023 until June 2024 under my supervision. I have read this dissertation, and, in my opinion, it conforms to acceptable standards of supervision of scholarly presentation and is fully adequate, in scope and quality, as a dissertation to be submitted in partial fulfilment for the degree of Bachelor of Nursing (Honours).

Main supervisor,



.....
Pn Nur Adibah Solihin Sulaiman
Lecturer,
School of Health Sciences Universiti
Sains Malaysia
Health Campus
16150 Kubang Kerian Kelantan,
Malaysia

Date: 08/08/2024

Co supervisor,



.....
Dr. Norhasmah Binti Mohd Zain
Lecturer,
School of Health Sciences Universiti
Sains Malaysia
Health Campus
16150 Kubang Kerian Kelantan,
Malaysia

Date: 08/08/2024

DECLARATIONS

I hereby declare that this dissertation is the result of my investigations, except where otherwise stated and duly acknowledged. I also declare that it has not been previously or concurrently submitted as a whole for any other degrees at Universiti Sains Malaysia or other institutions. I grant Universiti Sains Malaysia the right to use the dissertation for teaching, research and promotional purposes.



.....
Muhammad Shafiq Bin Munir
Degree of Bachelor in Nursing (Honours),
School of Health Sciences,
Health Campus,
Universiti Sains Malaysia,
16150 Kubang Kerian,
Kelantan, Malaysia.

Date: 08/08/2024
.....

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Table of Contents

CERTIFICATE.....	1
DECLARATIONS.....	2
ACKNOWLEDGEMENT.....	3
Table of Contents.....	4
Table of Figures.....	7
List of Tables.....	7
LIST OF ABBREVIATION.....	9
ABSTRAK.....	10
ABSTRACT.....	11
CHAPTER 1: INTRODUCTION.....	12
1.1 Background of the study.....	12
1.2 Problem Statement.....	13
1.3 Research Question.....	15
1.4 Research Objective.....	16
1.4.1 General Objective.....	16
1.4.2 Specific Objective.....	16
1.5 Hypothesis.....	16
1.6 Conceptual and Operational Definitions.....	17
1.7 Significance of The Study.....	18
CHAPTER 2: LITERATURE REVIEW.....	20
2.1 Introduction.....	20
2.2 Overview and Management of Burn.....	20
2.2.1 Overview of Burn.....	20
2.2.2 Management of Burn first aid.....	21
2.2.3 Knowledge and Practice of Burn First Aid.....	22
2.2.4 Attitude of Burn First Aid.....	23
2.2.5 Association of Knowledge, Attitude and Practice (KAP).....	23
2.2.6 Sociodemographic Factors that influence level of KAP.....	24
2.3 Theoretical/Conceptual Framework of the Study.....	25
CHAPTER 3: RESEARCH METHODOLOGY.....	28
3.1 Introduction.....	28
3.2 Research Design.....	28
3.3 Research location.....	28
3.4 Research duration.....	28
3.5 Research population.....	29
3.6 Subject criteria.....	29
3.6.1 Inclusion Criteria.....	29
3.6.2 Exclusion Criteria.....	29
3.7 Sampling Plan.....	29
3.7.1 Sample Size Estimation.....	29

3.7.2 Sampling Method.....	33
3.8 Research Instrument.....	33
3.8.1 Translation of Instrument.....	34
3.8.2 Validity and Reliability.....	34
3.9 Variable.....	34
3.9.1 Variable Measurement.....	35
3.9.2 Variable Scoring.....	35
3.10 Data Collection Plan.....	35
3.10.1 Flow Chart of Data Collection.....	37
3.11 Data Analysis.....	38
3.12 Ethical Consideration.....	38
CHAPTER 4: RESULT.....	40
4.1 Introduction.....	40
4.2 Sociodemographic Data.....	40
4.3 Knowledge of Burn First Aid.....	42
4.4 Attitude of Burn First Aid.....	45
4.5 Practice of burn first aid.....	48
4.6 The association between level of knowledge and sociodemographic.....	51
4.7 The association between level of attitude and sociodemographic.....	53
4.8 The association between level of practice and sociodemographic.....	55
CHAPTER 5: DISCUSSION.....	58
5.1 Introduction.....	58
5.2 Knowledge of Burn First Aid and association with sociodemographic.....	58
5.3 Attitude of Burn First Aid and association with sociodemographic.....	59
5.4 Practice of Burn First Aid and association with sociodemographic.....	60
5.5 Strength and Limitation of the study.....	61
CHAPTER 6: CONCLUSION.....	63
6.1 Summary of research finding.....	63
6.2 Implication and recommendation.....	64
6.2.1 Nursing Practice.....	64
6.2.2 Nursing Education.....	64
6.2.3 Nursing Research.....	65
6.3 Contribution to theory development.....	65
6.4 Conclusion.....	66
CHAPTER 7: REFERENCES.....	67
APPENDIXES.....	70
Appendix A : Instrument.....	70
Appendix B : Permission from the Author.....	75
Appendix C: Research Information and Consent Form.....	76
Appendix D: Participant’s Information & Consent Form.....	80
Appendix E : Participant’s Material Publication Consent Form.....	81

Appendix F: GANTT CHART..... 82
Appendix H: Ethical approval..... 84

Table of Figures

Figure 1 Death rate due to burn in Malaysia.	13
Figure 2 The Health belief model proposed by Rosenstock	27
Figure 3 Adapted Health Belief Model	29
Figure 4 Flow Chart of Data Collection Process	39

List of Tables

Table 4.2: <i>Socio-demographic data of nursing students in Health Campus, USM(n=165)</i>	40
Table 4.3.1: <i>Knowledge in burn first aid among Nursing students in USM Health campus. (n=165)</i>	42
Table 4.3.2: <i>Overall Meanscore of knowledge in burn first aid among Nursing students in USM Health campus. (n=165)</i>	44
Table 4.3.3: <i>Level of knowledge in burn first aid among Nursing students in USM Health campus. (n=165)</i>	45
Table 4.4: <i>Attitude in burn first aid among Nursing students in USM Health campus. (n=165)</i>	46
Table 4.4.2: <i>Overall Meanscore of attitude in burn first aid among Nursing students in USM Health campus. (n=165)</i>	47
Table 4.4.3: <i>Level of Attitude in burn first aid among Nursing students in USM Health campus. (n=165)</i>	48
Table 4.5.1 <i>Practice in burn first aid among Nursing students in USM Health campus. (n=165)</i>	49
Table 4.5.2: <i>Overall Meanscore of practice in burn first aid among Nursing students in USM Health campus. (n=165)</i>	51

Table 4.5.3: <i>Level of practice in burn first aid among Nursing students in USM Health campus. (n=165)</i>	51
Table 4.6: <i>The association between level of knowledge and sociodemographic of burn first aid among Nursing students in USM Health campus. (n=165)</i>	52
Table 4.6: <i>The association between level of Attitude and sociodemographic of burn first aid among Nursing students in USM Health campus. (n=165)</i>	54
Table 4.6: <i>The association between level of Practice and sociodemographic of burn first aid among Nursing students in USM Health campus. (n=165)</i>	56

LIST OF ABBREVIATION

WHO	World Health Organization
TBSA	Total Body Surface Area
COR	Crude Odds Ratio
AOR	Adjusted Odds Ratio

PENGETAHUAN, SIKAP DAN AMALAN DALAM PERTOLONGAN CEMAS
KEBAKARAN DALAM KALANGAN PELAJAR KEJURURAWATAN DI PUSAT
PENGAJIAN SAINS KESIHATAN, UNIVERSITI SAINS MALAYSIA

ABSTRAK

Kecederaan akibat kebakaran adalah isu kesihatan awam yang signifikan di seluruh dunia, mempengaruhi morbiditi, mortaliti, dan kualiti hidup. Walaupun terdapat kemajuan dalam pengetahuan dan protokol pertolongan cemas kebakaran, masih terdapat kekurangan dalam amalan dan persepsi dalam kalangan pelajar kejururawatan. Kajian ini bertujuan menentukan pengetahuan, sikap, dan amalan (KAP) mengenai pertolongan cemas kebakaran dalam kalangan pelajar kejururawatan di Kampus Kesihatan Universiti Sains Malaysia. Kajian ini menggunakan reka bentuk keratan-rentas, melibatkan 165 pelajar kejururawatan yang dipilih melalui persampelan rawak mudah. Data dikumpulkan menggunakan soal selidik berstruktur yang menilai pengetahuan, sikap, dan amalan peserta. Keputusan menunjukkan bahawa skor pengetahuan purata adalah 3.802, dengan 52.4% responden menunjukkan pengetahuan yang baik. Skor sikap purata adalah 3.464, dengan 49.4% responden menunjukkan sikap yang baik. Skor amalan purata adalah 0.652, dengan 49.4% responden menunjukkan amalan yang kurang baik. Analisis menunjukkan pengetahuan, sikap, dan amalan berbeza antara responden. Hubungan antara sosiodemografi dan KAP diuji menggunakan ujian Chi-square menunjukkan hubungan yang signifikan antara pengetahuan yang lebih baik dengan tahun pengajian yang lebih tinggi ($p=0.021$), pendidikan peringkat ijazah ($p=0.046$), dan kesedaran awal mengenai pertolongan cemas kebakaran ($p=0.016$). Pelajar ijazah menunjukkan amalan yang jauh lebih baik ($p=0.017$). Akhir sekali, umur, penyertaan dalam latihan pertolongan cemas kebakaran, masa latihan, pengalaman kebakaran peribadi, dan tahap sikap pelajar terhadap pertolongan cemas kebakaran tidak mempengaruhi tahap pengetahuan atau amalan dengan signifikan. Perbincangan menekankan kepentingan mengintegrasikan latihan pertolongan cemas kebakaran dalam kurikulum kejururawatan. Kajian ini menyimpulkan bahawa menangani jurang pendidikan ini penting untuk meningkatkan kesiapsiagaan dan hasil penjagaan kebakaran.

KNOWLEDGE, ATTITUDE AND PRACTICE IN BURN FIRST AID AMONG
NURSING STUDENT AT SCHOOL OF HEALTH SCIENCES,
UNIVERSITI SAINS MALAYSIA

ABSTRACT

Burn injuries represent a significant public health concern globally, with substantial impacts on morbidity, mortality, and quality of life. Despite advancements in burn injury knowledge and first aid protocols, a notable gap exists in understanding the practices and perceptions of burn first aid among nursing students. This study aims to determine the knowledge, attitudes, and practices (KAP) regarding burn first aid among nursing students at Universiti Sains Malaysia Health Campus. A cross-sectional study design was employed, involving 165 nursing students who were selected through convenience sampling. Data were collected using a structured questionnaire that assessed participants' knowledge, attitudes, and practices concerning burn first aid. The findings reveal that the mean knowledge score was 3.802, with 88 respondents (52.4%) demonstrating good knowledge of burn first aid. The mean attitude score was 3.464, with 83 respondents (49.4%) showing a favourable attitude, while the mean practice score was 0.652, with 83 respondents (49.4%) displaying poor practice. Descriptive analysis indicated that knowledge, attitudes, and practices varied among respondents, highlighting areas needing improvement. Association between sociodemographic and KAP was tested using Chi-square test showed significant associations between better knowledge and advanced years of study ($p=0.021$), degree-level education ($p=0.046$), and prior awareness of burn first aid ($p=0.016$). Degree students exhibited significantly better practices ($p=0.017$). However, age, participation in burn first aid training, timing of training, personal burn experience, and level of attitudes were not significantly influence knowledge or practice levels. The study concludes that addressing these educational gaps is crucial for improving overall burn care preparedness and outcomes. By ensuring timely and effective responses to burn incidents, the quality of patient care can be significantly enhanced.

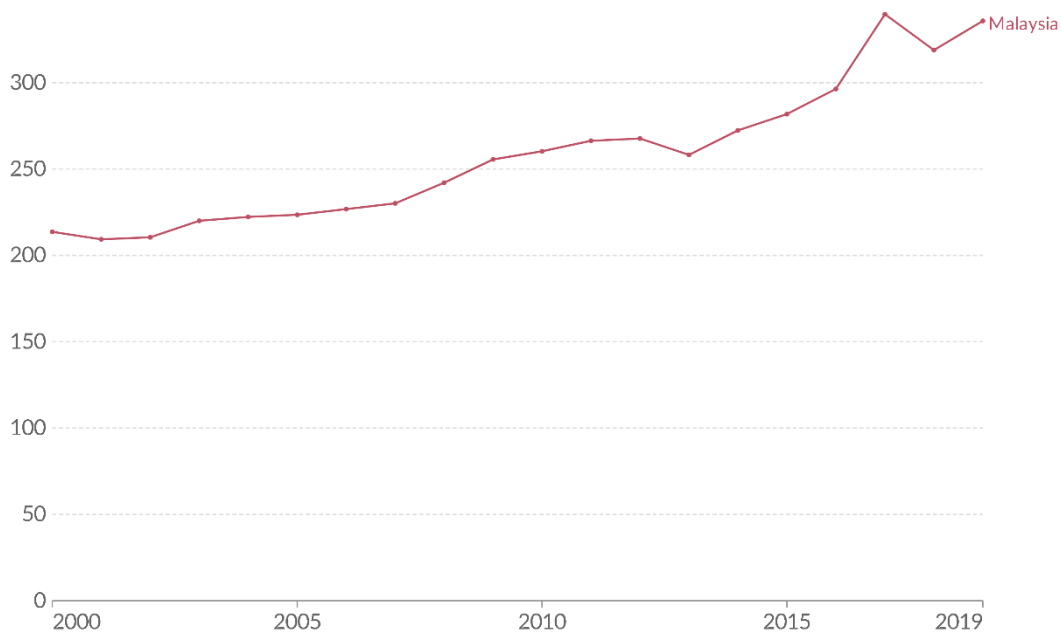
CHAPTER 1: INTRODUCTION

1.1 Background of the study

Burn injuries represent a significant public health concern globally, with a substantial impact on morbidity, mortality, and quality of life. According to the World Health Organization (WHO), an estimated 180,000 deaths occur annually due to burn related complications and millions more suffer from severe physical and psychological consequences. In which most burn injuries commonly occur at home and workplace (Burns, 2017). Based on statistics analyse by WHO Global Health Estimates (2020) the mortality rate due to burn trauma in Malaysia has increased from 0.9% (214) in 2000 to 1.1% (336) in death per 100,000 people in 2019 as shown in the table below (Global Change Data Lab, 2020). Prevalence of fire in the past two years were 6.4% and burn injury among children were alarmingly standing at 54%(Mani, 2019)

Deaths from fires and burns, 2000 to 2019

Annual number of deaths due to fire, heat and hot substances.



Data source: WHO, Global Health Estimates (2020)

OurWorldInData.org/causes-of-death | CC BY

Figure 1 Death rate due to burn in Malaysia.

Burns are defined by the National Institutes of Health as injuries to the skin that affect both the thicker, deeper dermis and the thin, outer epidermis. About 4% of burns are electrical, 3% are chemical, and 86% are caused by heat injury. Based on a study

conducted by Schaefer & Szymanski (2023) flame and scald burns are the leading causes of burns in children and adults. More adults are injured with flame burns while children younger than five years old are more often injured with scald burns. (Schaefer & Szymanski, 2023). The extent of skin damage and the depth of tissue destruction are the two main factors that determine how severe a burn is. The recovery process following a burn can also be influenced by other variables, including age, previous health status, the location of the burn injury, and the severity of any associated injuries. The likelihood of survival is influenced by the percentage of skin injury. A second-degree burn that covers 70% of the body can be survived by most people, but only a small percentage of people can withstand a third-degree burn that covers 50% of the body. (Burn, 2023)

While nursing professionals are often the first responders in the healthcare setting for such incidents. Early intervention from either the patients themselves or general public can further enhance the timeliness and effectiveness of future treatment for the patients. According to a study commissioned by Oliver (2017) a window of opportunity following injury for the provision of bystander first aid before the arrival of the emergency medical services could potentially improve outcomes. Underscoring the importance of comprehensive education and training in burn first aid. Immediate and appropriate first aid measures are crucial in lowering the severity of burns and preventing further complications, further reducing the duration of the hospital and the extent of surgical intervention, as a result improving the patient outcomes. Current burn management coupled with specialized intensive care treatment led to the survival of young and healthy individuals sustaining major burn injury (Tan Chor Lip, 2019). Emphasizing the importance of a comprehensive grasp of burn first aid extends not only to healthcare professionals but also to the wider community, underlining its significance in ensuring timely and effective responses to burn incidents.

1.2 Problem Statement

Despite advances in burn injury knowledge and first aid protocols, there exists a noteworthy gap in understanding the practices and perceptions of burn first aid. Society employs various methods for treating burn injuries. Unfortunately, many of these

suggested treatments are still practiced even though there is no reason or strong evidence to support their effectiveness. Common prehospital remedies, including cold or lukewarm water, ice, oils, powders, and natural plant therapies, are frequently utilized despite limited research evidence. In Malaysia, a prevailing belief in traditional treatments persists, with many prefer for home remedies like soy sauce, butter, or toothpaste rather than seeking immediate professional assistance, commonly for minor injuries such as minor burns occurring at home. (Halil, 2021) This inclination toward unconventional treatments may not significantly impact negatively for minor burns below 10% total burn surface area (TBSA) for first-degree and second-degree burns depending on the affected area on an adult. However, for major burns exceeding 20% TBSA or third-degree burns, the risk of future complication are high.(Schaefer & Szymanski, 2023)

In emergency situations, a lack of first aid knowledge poses risks of injury, disability, and even avoidable deaths. First aid encompasses recognizing life-threatening conditions and taking appropriate actions to sustain the injured or ill person until medical treatment becomes accessible (Mohd Sharif, 2018). Despite a high likelihood (93%) of individuals calling for an ambulance when encountering injuries, the application of first aid interventions is not frequent. Approximately half of the cases examined in a previous study revealed a reluctance to administer any first aid while awaiting emergency medical services (Stafford, 2016). This reluctance may stem from insufficient knowledge and a particular attitude toward the problem. A study involving 375 secondary school students in Malaysia suggested that their hesitancy to perform first aid might be attributed to low confidence, a fear of making mistakes, or reluctance to assist victims of a different gender. Notably, a positive attitude was observed when the victim was a family member (Mohd Sharif, 2018). Furthermore, according to Halil, (2021) the level of knowledge about and practices used to burn first aid among parents of under-age children in one of the residential areas in Malaysia was found to be low, and various methods are used to manage burn injury at home, which he emphasizes every region of every continent in the world has an issue with knowledge deficiency regarding burn first aid, particularly among the adults and guardians of children.

While there is previous study regarding first aid that is conducted on similar responder, a specification study regarding burn first aid was limited and mostly the

targeted respondents were caregivers, guardians of children, and adult in Malaysia. High school graduates, that represent a diverse demographic, may lack adequate education and awareness regarding burn first aid, contributing to the continuation of ineffective or potentially harmful practices. Similarly, nursing students, who are on the path to becoming healthcare professionals, may possess varying levels of knowledge and attitudes that can impact their provision of effective burn first aid. Understanding the perspectives and practices of high school graduates is crucial as they are often bystanders in burn incidents, and their responses can significantly impact patient outcomes. Additionally, exploring the knowledge, attitudes and practices of nursing students is essential as they are future healthcare providers who will play an important role in delivering immediate care to burn victims.

Despite the critical nature of burn first aid, the literature falls short in addressing the specific dynamics within these two distinct groups. Therefore, the proposed study aims to bridge this gap by investigating the knowledge, attitudes and practice related to burn first aid among the nursing students, ultimately informing targeted educational interventions and improving overall burn care preparedness.

1.3 Research Question

The research question for this study are:

1. What is the level of knowledge in burn first aid among Nursing students in Universiti Sains Malaysia?
2. What is the level of attitude in burn first aid among Nursing students in Universiti Sains Malaysia?
3. What is the level of practice in burn first aid among Nursing students in Universiti Sains Malaysia?

4. Is there any association between sociodemographic with knowledge, attitude and practice regarding burn first aid among Nursing students in Universiti Sains Malaysia?

1.4 Research Objective

Research objectives are divided into general and specific objectives.

1.4.1 General Objective

To determine the knowledge, attitude and practice in burn first aid among nursing student at Universiti Sains Malaysia Health Campus.

1.4.2 Specific Objective

1. To identify the level of knowledge in burn first aid among Nursing students in USM Health campus
2. To identify the level of attitude in burn first aid among Nursing students in USM Health campus
3. To identify the level of practice in burn first aid among Nursing students in USM Health campus
4. To identify association between sociodemographic factor with knowledge, attitude and practice of burn first aid among Nursing students in USM Health campus

1.5 Hypothesis

The null hypothesis (H_0) and alternative hypothesis (H_1) for this study are:

1. H_0 : There is no significant association, between sociodemographic with knowledge, attitude and practice of burn first aid among Nursing students in USM Health campus

H_1 : There is significant association, between sociodemographic with knowledge, attitude and practice of burn first aid among Nursing students in USM Health campus

1.6 Conceptual and Operational Definitions

TERMS	CONCEPTUAL DEFINITION	OPERATIONAL DEFINITION
Burn First Aid	<p>According to World Health Organization (2017), the definition of burn is an injury to the skin or other organic tissue that were primarily caused by heat or due to radiation, radioactivity, electricity, friction, or contact with chemical (Burns, 2017)</p> <p>First aid refers to medical attention that is usually administered immediately after the injury occurs and at the location where it occurred. It often consists of a one-time, short-term treatment and requires little technology or training to administer. (Medical and First Aid, n.d.)</p>	<p>Refers to the immediate and appropriate medical measures taken to address injuries resulting from exposure to thermal, chemical, electrical, or radiation sources. In order to reduce tissue damage and avoid problems, this includes putting out the fire, taking off clothing, irrigating the burns, and administering basic treatment, depending on the degree of the burn. A series of targeted measures and interventions that are referred to as burn first aid are intended to lessen discomfort, accelerate healing, and enhance the prognosis of burn victims. (Burns, 2017)</p>
Knowledge of burn first aid	<p>Knowledge is the cognitive capacity to apprehend and understand information, facts, or skills, often derived from experience, education, or introspection. It involves the integration of information into a meaningful framework, allowing individuals to make informed decisions, solve problems, and</p>	<p>refers to the understanding and awareness of nursing students regarding the appropriate and evidence-based procedures involved in providing first aid for burn injuries. This includes knowledge of immediate actions,</p>

	adapt to new situations.(Rescher & Nicholas, n.d.)	and proper techniques, related to burn first aid.(Gete, 2022)
Attitude of burn first aid	Attitude is a positive, negative, or mixed evaluation of an object expressed at some level of intensity. It is an expression of a favourable or unfavourable evaluation of a person, place, thing, or event. These are fundamental determinants of our perceptions of and actions toward all aspects of our social environment. (Muntasir, 2023)	Refers to participant evaluation and inclination of nursing students at Universiti Sains Malaysia Health Campus toward burn first aid practices, that include perceptions towards burn first aid, (Gete, 2022)
Practice of burn first aid	The action or process of performing or doing something (Collins Dictionary, 2023).	Refers, to the observable actions and behaviours of nursing students at Universiti Sains Malaysia Health Campus when providing burn first aid, including the application of knowledge and adherence to protocols.(Halil, 2021)

1.7 Significance of The Study

This study are carried out to determine the knowledge, attitudes and practices of burn first aid among nursing student at Universiti Sains Malaysia Health Campus. While formal education in this area is typically provided in later stages of nursing programs, there is a need to assess the baseline knowledge of prior Graduated students. Understanding their initial exposure to the study of burn first aid is not only essential in tailoring for educational approaches, but this also allow to assess the effectiveness of variations in knowledge acquisition of their early education such as through school curriculum, awareness campaign, or media outlet. Which make this study also serves as a foundation for understanding the impact of formal and informal education on burn first aid knowledge levels.

This assessment allows for the identification of any pre-existing knowledge gaps, the identification of common practices, beliefs, and misconceptions. Despite advances in burn care, in Malaysia used of traditional and home remedies are often preferred. This study seeks to analysis the preparedness of nursing professionals in managing burn-related emergencies.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

In this chapter, the reviewing of current literature on the knowledge and attitude in burn first aid among nursing students at Universiti Sains Malaysia. This chapter also detailed the conceptual framework chosen for this study.

2.2 Overview and Management of Burn

2.2.1 Overview of Burn

Burns are commonly thought of as injury to the skin caused by excessive heat. More broadly, burns result from traumatic injuries to the skin or other tissues primarily caused by thermal or other acute exposures. Burns occur when some or all of the cells in the skin or other tissues are destroyed by heat, electrical discharge, friction, chemicals, or radiation (Phillip L Rice, 2023). Scalding is the leading cause of burn injury for children (Schaefer & Szymanski, 2023). Both infants and the older adults are at the greatest risk for burn injury. most common place in which burn injuries occurred was at home, comprising 87.2% of the reported injuries. (Abu Ibaid, 2022)

Type of burn depth is divided into two type which is Superficial burns and Deep burns. Superficial burn includes first-degree and superficial second-degree burns, affect the epidermis above the basal layer, presenting as dry, red, and painful, similar to a sunburn. Second-degree burns extend into the dermis, characterized by moist, red, blanching, blistered skin with heightened pain. Deep burns, ranging from deep second-degree to fourth-degree burns, involve damage to deeper dermal layers. Deep second-degree burns exhibit less moisture, blanching, and pain, Third-degree burns extend through the entire skin thickness, manifesting in any colour which is white, black, red, brown, with dry and less painful characteristics. Fourth degree burns reach into muscle, tendon, or bone. (CHEMM, 2006).

Burn injuries are often categorized into major and minor burns based on the depth of the tissue involvement and the percentage of total body surface area (TBSA)

involved. A major burn are characterized by significant tissue damage and covers a substantial percentage of the total body surface area (TBSA). These burns often require specialized medical attention and interventions, that include fluid resuscitation and possible surgical procedures. The American Burn Association emphasizes that burns exceeding 20-25% TBSA are considered major and can be associated with severe complications, including fluid imbalance and systemic inflammatory response (American Burn Association, 2019). A minor burn is characterized by limited tissue involvement and typically covers a smaller percentage of the total body surface area. These burns are often superficial and may include first-degree or small second-degree burns. Minor burns can often be managed with basic first aid measures, such as cool water application and over the counter pain medications. The specific threshold for defining minor burns may vary, but they generally involve less than 20% TBSA (CDC, 2020).

2.2.2 Management of Burn first aid

To provide immediate burn first aid, it is important to first stop the burning process. This involves removing clothing and irrigating the burns thoroughly. In the case of flames, the fire can be extinguished by rolling on the ground, applying a blanket, or using water or other fire-extinguishing liquids. To reduce the temperature of the burn, it is recommended to use cool running water. In instances of chemical burns, the chemical agent should be promptly removed or diluted by irrigating with large volumes of water. After administering first aid, the patient should be wrapped in a clean cloth or sheet and transported to the nearest appropriate medical facility for further care. (Burns, 2017)

In the context of first-degree or minor second-degree burns, optimal initial intervention involves promptly immersing the affected area in cool tap water. This not only restrict the burning process but also disperses heat energy from the wound. Subsequently, the burn should be cleansed with mild soap and water and gently dried through blotting. For smaller burns intended for frequent cleansing, leaving the area exposed is permissible. Conversely, for larger burns, the application of a dry, voluminous, sterile dressing is advisable to mitigate pain and shield against environmental factors. The utilization of home remedies, such as butter or petroleum jelly, is cautioned against due to their potential to trap heat and exacerbate damage. Similarly, the use of antiseptics and irritating substances is discouraged, adhering to the

principle of avoiding substances that one would be hesitant to put in their eye. In the case of third-degree burns, immediate professional medical attention is imperative, marking them as true medical emergencies. Diverging from the approach for lesser burns, immersion in cool water is contraindicated for third-degree burns, as it may exacerbate the circulatory shock associated with these injuries. Instead, these burns should be covered with ample sterile dressings or freshly laundered bed linens. The removal of adhered clothing and the application of ointments, salves, or sprays are discouraged. Elevation is recommended for burns on the feet and legs, while burned hands should be positioned above heart level. Close vigilance of the victim's breathing is essential, and artificial respiration should be administered if breathing ceases. (Burn, 2023)

2.2.3 Knowledge and Practice of Burn First Aid

In a comprehensive investigation conducted by a separate study, the outcomes of a systematic review involving 5046 medical science students across thirteen studies revealed a moderate level of knowledge regarding burn first aid.(Alizadeh Otaghvar, 2023) Within the cohort of Saudi university students, a noteworthy 61.8% had encountered burn injuries either personally or within their families. Despite this exposure, a significant proportion refrained from administering any initial aid following the incidents, indicating potential unfavourable outcomes. The application of basic first aid measures could have substantially improved these situations. Additionally, a considerable majority of those who did employ the correct first aid method, specifically applying water to the burn area, failed to adhere to the recommended duration. Merely 5 out of 112 students acknowledged applying water for more than 15 minutes. The study participants also demonstrated a limited understanding of appropriate first aid techniques, as only approximately half of the sample provided the correct responses to the three hypothetical burn scenarios presented to them.(Batais, 2021)

In the previous study conducted on parents, 90% of parents surveyed did not think of all the steps to burns first aid. This was despite being in a comparatively calm setting with time to think. Particularly concerning was the lack of knowledge that clothes should be stripped, with 61% of parents omitting to state that they would do this. Several parents remarked that they thought that this would further damage the skin. Whilst others would apply inappropriate topical products.(Graham, 2012) Furthermore

on another previous study mentioned, caregivers' knowledge of burning first aid in those attending burn units was found to be poor in 202(66.2%) of study participants. (Gete, 2022)

Based on a study conducted in Malaysia, the study has identified the level of knowledge about, and practices used to burn first aid among parents of under-age children in one of the residential areas in Malaysia. The level of knowledge was found to be low, and various methods are used to manage burn injury at home, which are based on the local context.(Halil, 2021). Other than that, A five-year retrospective audit was performed on database from year 2012 to 2016 of Burn Unit of Hospital Universiti Sains Malaysia (HUSM, Kelantan which involved 485 patients within east coast region of Malaysia. Mean age of the patients is 17.3 years old. The audit on first aid practices for burn injury showed poor practice where out of 485 burned patients, 261 patients (53.8%) claimed that they are practicing first aid but only 24 out of 485 patients (5%) practice the correct way with 222 patients receiving no first aid and 2 missing data.(Sul Na, 2020)

2.2.4 Attitude of Burn First Aid

The number of potentially preventable prehospital deaths seems to have remained high and unchanged, despite major advances in trauma care over the previous two decades. Bystanders witness the event in the majority of cases but, while making the call for assistance, first aid intervention of any kind is infrequent. Approximately half of the cases examined in a previous study revealed a reluctance to administer any first aid while awaiting emergency medical services (Stafford, 2016). This reluctance may stem from insufficient knowledge and a particular attitude toward the problem. A study involving 375 secondary school students in Malaysia suggested that their hesitancy to perform first aid might be attributed to low confidence, a fear of making mistakes, or reluctance to assist victims of a different gender. Notably, a positive attitude was observed when the victim was a family member (Mohd Sharif, 2018)

2.2.5 Association of Knowledge, Attitude and Practice (KAP)

The study conducted by Tolouei (2023) revealed a strong correlation between the levels of knowledge, attitude, and practice regarding burn first aid. The findings

indicated that as individuals acquire more knowledge about burn first aid, their attitudes toward it become more positive. This connection can be explained by the idea that gaining knowledge raises awareness about the significance of timely and appropriate actions in treating burns, fostering a positive attitude. In turn, individuals with positive attitudes are more inclined to seek and acquire further knowledge in this domain. Knowledge serves as the bedrock for attitudes and practices, with individuals more likely to adopt positive attitudes and engage in effective practices when armed with accurate and comprehensive knowledge. For instance, nursing students well-versed in burn first aid are prone to develop positive attitudes toward timely intervention and proper practices. Conversely, a lack of knowledge may lead to negative attitudes and ineffective practices.

2.2.6 Sociodemographic Factors that influence level of KAP

Based on a study conducted on caregiver, several factors influence caregivers' knowledge, attitude, and practice toward burn first aid. The caregivers' knowledge was significantly associated with their sex, residence area, and information sources such as family, friends, colleagues, guardians, health professionals, school, and mass media. Attitude was influenced by the caregivers' knowledge level and their beliefs and perceptions about burn injuries, including the effectiveness of traditional remedies and the preventability of burn injuries. Practice was also influenced by the location of the study, with variations between a tertiary level hospital and a nationwide survey, as well as previous burn first aid training, which positively impacted caregivers' mean practice scores. Additionally, socioeconomic status played a role, as the use of traditional home remedies was associated with lower economic standing. (Gete, 2022)

According to a comprehensive study conducted by Alizadeh Otaghvar, (2023) Factors such as the experience of first aid training, academic year, clinical experience, and economic status had a significant positive relationship with the knowledge of medical science students about first aid for burns. Also, factors such as age, academic specialisation, academic year, information sources, and father's occupation had a significant relationship with the knowledge of participant about first aid for burns.