

Prevention of Pressure Ulcers: Literature Review

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Pressure ulcer injury (PUI) can be uncomfortable and detrimental to healthcare expenses. Pressure ulcers injury can happen to many residents in nursing homes. PUI risk is classified using the Braden Scale for pressure sore risk. The Braden Scale examines six elements associated with PUI risk: moisture, exercise, mobility, nutrition, friction/shear, and sensory perception; it ranges from 6-23. Residents with scores of 18 or higher (no risk) or less than 10 (severe risk) (Grešš Halász et al., 2021). Due to immobility, advancing age, and co-morbidities, many nursing home residents risk developing a pressure ulcer injury, a localized region of tissue injury to the skin and underlying tissue. Although there are recommendations for preventing pressure ulcer injury, they may not be well followed. Care bundles are a collection of techniques based on research that help practitioners put the findings into action. Also, adding psychological theory into their construction may make care bundles more effective.

Nurses' Knowledge and Attitudes towards Prevention of Pressure Ulcers

For immobile patients, pressure ulcer injury (PUI) continues to be a major complication and a hassle for medical staff. The prevalence and incidence are still concerning. The skills and attitudes of nurses are crucial to prevention. The purpose of this study was to evaluate nurses' attitudes and knowledge regarding PUI prevention. Any localized damage to the skin and supporting soft tissue, typically over a bony prominence, tissue necrosis, and ultimately death, is referred to as a pressure injury. According to this study, US long-term care (LTC) facilities ranged between 3.6% to 59%; the prevalence ranged from 8.2% to 32.2% (Grešš Halász et al., 2021). Damage can lead to consequences like amputation, septic infection, decreased quality of life in terms of one's health, and early death. The annual cost of treatment in the US is about \$9.1 to \$11.6 billion, which is significantly more than the cost of prevention (Grešš Halász et al.,

2021). Prevention should be a top concern, given the population's growing share of senior citizens. High-density foam support surfaces, more regular electronic medical risk reports, and digital aural cues to aid on-time repositioning are just a few examples of the new technology utilized to avoid PUI.

Key Points

This study's design was a quantitative exploratory study to determine the knowledge and attitudes of nurses toward the prevention of pressure ulcer injury. In East Slovakian, nurses were presented with pressure ulcer damage to determine their treatment knowledge. This study shows registered nurses who provided direct care to patients with pressure ulcer injuries in an acute and long-term setting. The author invited four hundred sixty randomly chosen nurses to participate in this study. Grešš Halász et al. (2021) suggested the measurement instruments Pressure Ulcer Knowledge Assessment Tool (PUKAT) and Attitudes towards Pressure Ulcers Prevention Tool (APUPT) to determine the knowledge of the nurses of pressure injuries. The findings showed that nurses had poor attitudes (67.9%) and insufficient knowledge (45.5%) on pressure ulcer prevention. There was also a substantial knowledge gap between educational levels ($p = 0.031$) and work departments ($p = 0.048$) (Grešš Halász et al., 2021).

Assumptions

Pressure sores are still a significant problem everywhere. This descriptive study aimed to evaluate nurses' knowledge from four significant Eastern Slovak hospitals on preventing pressure ulcers. In this study, the author used five hypotheses to assess the degree of knowledge, attitudes, relationships, and differences between variables of the nurses working with patients with pressure ulcer injuries (Grešš Halász et al., 2021). The findings indicated a lack of attitudes and understanding regarding pressure ulcer prevention. Despite the rapid development of preventive

techniques and new technologies, pressure ulcers are a leading source of severe health complications and high mortality rates. The prevalence of pressure sores is a vital sign of the high caliber of professional care. It appears that the Slovak healthcare system does not have it under enough control. The data collection and reporting burden fall on settings, which may work hard to maintain the standard of care. The findings of this study also highlight a lack of understanding and attitudes to pressure ulcer prevention. The goal should center on geographic regions where pressure ulcers, the application of preventive measures and their applicability, the knowledge and attitudes of healthcare professionals regarding pressure ulcers, and the education and its system in tissue viability and wound care on a national scale (Grešš Halász et al., 2021).

Deficit/Conclusion

According to the currently available information, Slovakia appears to have meager incidence rates of pressure ulcers compared to other nations. It is questionable whether pressure ulcers are monitored and controlled in Slovak healthcare facilities. In order to handle complex pressure ulcer care, the authors set out to assess the degree of knowledge and attitudes toward pressure ulcer prevention. They also compared their findings to previous studies to conclude future studies on education and practice. Addressing the research's findings could offer a clearer picture of the current focus of nursing education on practice on pressure ulcers and could lay the groundwork for pedagogical and practical training and motivation of healthcare professionals in wound management.

References

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